

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0047
2006
 Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

| | | | |
|---|--|---|--|
| 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 number 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 481545010 | F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) |

G Web site: WWW.ANGELAHOSPICE.ORG

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 11,996,868

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 instructions.)
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 | | Expenses | | Net Assets | |
|------------|---|----------------|-----------|------------|--|
| 1 | Contributions, gifts, grants, and similar amounts received | | | | |
| a | Contributions to donor advised funds | 1a | | | |
| b | Direct public support (not included on line 1a) | 1b | 1,706,814 | | |
| c | Indirect public support (not included on line 1a) | 1c | 148,268 | | |
| d | Government contributions (grants) (not included on line 1a) | 1d | | | |
| e | Total (add lines 1a through 1d) (cash \$ 1,855,082 noncash \$ _____) | 1e | | 1,855,082 | |
| 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | 9,634,608 | |
| 3 | Membership dues and assessments | 3 | | | |
| 4 | Interest on savings and temporary cash investments | 4 | | 47,757 | |
| 5 | Dividends and interest from securities | 5 | | 4,903 | |
| 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 | 8b | 1,275 | |
| c | Gain or (loss) (attach schedule) | 8c | | -1,275 | |
| d | Net gain or (loss) Combine line 8c, columns (A) and (B) | 8d | | -1,275 | |
| 9 | Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/> | | | | |
| a | Gross revenue (not including \$ _____ of contributions reported on line 1b) | 9a | 27,665 | | |
| b | Less direct expenses other than fundraising expenses | 9b | | | |
| c | Net income or (loss) from special events Subtract line 9b from line 9a | 9c | | 27,665 | |
| 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 | | 426,853 | |
| 12 | Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | 12 | | 11,995,593 | |
| 13 | Program services (from line 44, column (B)) | 13 | | 9,272,510 | |
| 14 | Management and general (from line 44, column (C)) | 14 | | 1,634,068 | |
| 15 | Fundraising (from line 44, column (D)) | 15 | | 80,790 | |
| 16 | Payments to affiliates (attach schedule) | 16 | | | |
| 17 | Total expenses Add lines 16 and 44, column (A) | 17 | | 10,987,368 | |
| 18 | Excess or (deficit) for the year Subtract line 17 from line 12 | 18 | | 1,008,225 | |
| 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | 7,193,499 | |
| 20 | Other changes in net assets or fund balances (attach explanation) | 20 | | 31,374 | |
| 21 | Net assets or fund balances at end of year Combine lines 18, 19, and 20 | 21 | | 8,233,098 | |

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 | |
|---|------------|----------------------|----------------------------|-----------------|--------|
| 22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22a | | | | |
| 22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22b | | | | |
| 23 Specific assistance to individuals (attach schedule) | 23 | | | | |
| 24 Benefits paid to or for members (attach schedule) | 24 | | | | |
| 25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule) <input type="checkbox"/> | 25a | 70,000 | 14,000 | 56,000 | |
| b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule) | 25b | | | | |
| c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | 25c | | | | |
| 26 Salaries and wages of employees not included on lines 25a, b and c | 26 | 5,399,473 | 4,679,996 | 719,477 | |
| 27 Pension plan contributions not included on lines 25a, b and c | 27 | 45,716 | 41,988 | 3,728 | |
| 28 Employee benefits not included on lines 25a - 27 | 28 | 709,744 | 615,623 | 94,121 | |
| 29 Payroll taxes | 29 | 414,535 | 358,207 | 56,328 | |
| 30 Professional fundraising fees | 30 | | | | |
| 31 Accounting fees | 31 | 59,930 | | 59,930 | |
| 32 Legal fees | 32 | 173 | | 173 | |
| 33 Supplies | 33 | 695,151 | 695,151 | | |
| 34 Telephone | 34 | 50,927 | 15,571 | 35,356 | |
| 35 Postage and shipping | 35 | 55,716 | 8,278 | 47,438 | |
| 36 Occupancy | 36 | | | | |
| 37 Equipment rental and maintenance | 37 | 13,535 | | 13,535 | |
| 38 Printing and publications | 38 | | | | |
| 39 Travel | 39 | 182,003 | 173,150 | 8,853 | |
| 40 Conferences, conventions, and meetings | 40 | 32,735 | 21,497 | 11,238 | |
| 41 Interest | 41 | 27,697 | 12,305 | 15,392 | |
| 42 Depreciation, depletion, etc (attach schedule) <input type="checkbox"/> | 42 | 228,495 | 118,157 | 110,338 | |
| 43 Other expenses not covered above (itemize) | 43a | | | | |
| a See Additional Data Table | 43b | | | | |
| b | 43c | | | | |
| c | 43d | | | | |
| d | 43e | | | | |
| e | 43f | | | | |
| f | 43g | | | | |
| g | | | | | |
| 44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 44 | 10,987,368 | 9,272,510 | 1,634,068 | 80,790 |

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) and (4) orgs, and 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 <input type="checkbox"/> | 9,272,510 |
| b (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) | 9,272,510 |

Part IV Balance Sheets (See 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 |
| Assets | 45 Cash—non-interest-bearing | 254,068 | 45 | 467,468 |
| | 46 Savings and temporary cash investments | 307,967 | 46 | 875,498 |
| | 47a Accounts receivable | 47a 1,208,442 | | |
| | b Less allowance for doubtful accounts | 47b 100,000 | 1,042,338 | 47c 1,108,442 |
| | 48a Pledges receivable | 48a | | |
| | b Less allowance for doubtful accounts | 48b | | 48c |
| | 49 Grants receivable | 30,000 | 49 | 30,000 |
| | 50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) | | 50a | |
| | b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) | | 50b | |
| | 51a Other notes and loans receivable (attach schedule) | 51a | | |
| | b Less allowance for doubtful accounts | 51b | | 51c |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | 188,183 | 53 | 216,127 |
| | 54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 415,941 | 54a | 471,241 |
| | b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54b | |
| 55a Investments—land, buildings, and equipment basis | 55a | | | |
| b Less accumulated depreciation (attach schedule) | 55b | | 55c | |
| 56 Investments—other (attach schedule) | | 56 | | |
| 57a Land, buildings, and equipment basis | 57a 8,435,827 | | | |
| b Less accumulated depreciation (attach schedule) | 57b 2,371,749 | 6,581,740 | 57c  6,064,078 | |
| 58 Other assets, including program-related investments (describe <input type="checkbox"/> _____) | 3,205 | 58  | 3,829 | |
| 59 Total assets (must equal line 74) Add lines 45 through 58 | 8,823,442 | 59 | 9,236,683 | |
| Liabilities | 60 Accounts payable and accrued expenses | 903,584 | 60 | 921,349 |
| | 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) | 726,359 | 64b  | 82,236 |
| | 65 Other liabilities (describe <input type="checkbox"/> _____) | | 65 | |
| 66 Total liabilities Add lines 60 through 65 | 1,629,943 | 66 | 1,003,585 | |
| 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 | 6,997,422 | 67 | 7,530,799 |
| | 68 Temporarily restricted | 127,929 | 68 | 129,695 |
| | 69 Permanently restricted | 68,148 | 69 | 572,604 |
| | 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 and column (B) must equal line 21) | 7,193,499 | 73 | 8,233,098 |
| | 74 Total liabilities and net assets / fund balances Add lines 66 and 73 | 8,823,442 | 74 | 9,236,683 |

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 | 12,026,967 |
| b | Amounts included on line a but not on Part I, line 12 | | |
| 1 | Net unrealized gains on investments | b1 | 31,374 |
| 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 | 31,374 |
| c | Subtract line b from line a | c | 11,995,593 |
| 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 | 31,374 |
| e | Total revenue (Part I, line 12) Add lines c and d | e | 11,995,593 |

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

| | | | |
|----------|---|-----------|------------|
| a | Total expenses and losses per audited financial statements | a | 10,987,368 |
| b | Amounts included on line a but not on 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 | 10,987,368 |
| 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 | 10,987,368 |

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) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|---|--|--|---|--|
| SR MARY RENETTA RUMPZ 36800 SCHOOLCRAFT LIVONIA, MI 48150 | PRESIDENT 2 00 | 0 | 0 | 0 |
| SR MARY CYNTHIA ANN MACHLIK 36800 SCHOOLCRAFT LIVONIA, MI 48150 | VICE-PRES 2 00 | 0 | 0 | 0 |
| SR MARY ALFONSA VANOVERBERGHE 36800 SCHOOLCRAFT LIVONIA, MI 48150 | TREASURER 2 00 | 0 | 0 | 0 |
| SR MARY MARGARET KIJEK 36800 SCHOOLCRAFT LIVONIA, MI 48150 | COUNCILR III 2 00 | 0 | 0 | 0 |
| SR MARY GIOVANNI 36800 SCHOOLCRAFT LIVONIA, MI 48150 | PRES/CEO 40 00 | 70,000 | 4,880 | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a-75d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? 75d: Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (If not paid enter -0-), (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? 77: Were any changes made in the organizing or governing documents but not reported to the IRS? 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: 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? 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? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct or indirect political expenditures. 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

Yes No

| | | | |
|--|-------------------|------------|-----------|
| <p>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?</p> | <p>82a</p> | | <p>No</p> |
| <p>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)</p> | <p>82b</p> | | |
| <p>83a Did the organization comply with the public inspection requirements for returns and exemption applications?</p> | <p>83a</p> | <p>Yes</p> | |
| <p>b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?</p> | <p>83b</p> | <p>Yes</p> | |
| <p>84a Did the organization solicit any contributions or gifts that were not tax deductible?</p> | <p>84a</p> | | <p>No</p> |
| <p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p> | <p>84b</p> | | |
| <p>85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?</p> | <p>85a</p> | | |
| <p>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 the prior year</p> | <p>85b</p> | | |
| <p>c Dues assessments, and similar amounts from members</p> | <p>85c</p> | | |
| <p>d Section 162(e) lobbying and political expenditures</p> | <p>85d</p> | | |
| <p>e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices</p> | <p>85e</p> | | |
| <p>f Taxable amount of lobbying and political expenditures (line 85d less 85e)</p> | <p>85f</p> | | |
| <p>g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?</p> | <p>85g</p> | | |
| <p>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?</p> | <p>85h</p> | | |
| <p>86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12</p> | <p>86a</p> | | |
| <p>b Gross receipts, included on line 12, for public use of club facilities</p> | <p>86b</p> | | |
| <p>87 501(c)(12) orgs. Enter a Gross income from members or shareholders</p> | <p>87a</p> | | |
| <p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p> | <p>87b</p> | | |
| <p>88a 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</p> | <p>88a</p> | | <p>No</p> |
| <p>b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI</p> | <p>88b</p> | | <p>No</p> |
| <p>89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____</p> | | | |
| <p>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</p> | <p>89b</p> | | <p>No</p> |
| <p>c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____</p> | | | |
| <p>d Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> _____</p> | | | |
| <p>e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?</p> | <p>89e</p> | | <p>No</p> |
| <p>f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?</p> | <p>89f</p> | | <p>No</p> |
| <p>g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?</p> | <p>89g</p> | | <p>No</p> |
| <p>90a List the states with which a copy of this return is filed <input type="checkbox"/> MI</p> | | | |
| <p>b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)</p> | <p>90b</p> | <p>141</p> | |
| <p>91a The books are in care of <input type="checkbox"/> SR MARY GIOVANNI Telephone no <input type="checkbox"/> (734) 464-7810 14100 NEWBURGH Located at <input type="checkbox"/> LIVONIA, MI ZIP + 4 <input type="checkbox"/> 48154</p> | | | |
| <p>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)?</p> | <p>91b</p> | <p>Yes</p> | <p>No</p> |
| <p>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____</p> | | | |
| <p>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</p> | | | |

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year

92

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 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, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, 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.)

Table with 2 columns: 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.

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

Table with 5 columns: (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.

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? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

| | | |
|--|------------|-----------|
| 106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity | Yes | No |
| | | No |

| | (A) Name and address of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| Totals | | | | |

| | | |
|---|------------|-----------|
| 107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity | Yes | No |
| | | No |

| | (A) Name and address of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| Totals | | | | |

| | | |
|--|------------|-----------|
| 108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above? | Yes | No |
| | | |

Please Sign Here

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

| | |
|--|--------------------|
| ***** Signature of officer | 2008-02-14 Date |
| SISTER MARY GIOVANNI PRESIDENT Type or print name and title | |

| | | | | |
|---------------------------------|---|--------------------|--|---|
| Paid Preparer's Use Only | Preparer's signature PAUL A WILKIE | Date 2008-02-14 | Check if self-employed <input checked="" type="checkbox"/> | Preparer's SSN or PTIN (See Gen Inst W) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 WILKIE & MILLER CPAS PC 10 W SQUARE LAKE RD SUITE 220 BLOOMFIELD HILLS, MI 48302 | | | EIN Phone no (248) 335-0677 |

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

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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2006

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
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 2 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 benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| DR JAMES BOAL 14100 NEWBURGH LIVONIA, MI 48154 | MEDICAL DIR 40 00 | 142,656 | 9,082 | 0 |
| DR SAFWAN KAZMOUZ 14100 NEWBURGH LIVONIA, MI 48154 | PHYSICIAN 40 00 | 130,625 | 7,441 | 0 |
| MARY BETH MONING 14100 NEWBURGH LIVONIA, MI 48154 | CC ADMINISTR 40 00 | 77,507 | 7,610 | 0 |
| MICHELLE WILLINGHAM-TUBBS 14100 NEWBURGH LIVONIA, MI 48154 | RN 40 00 | 69,925 | 7,891 | 0 |
| WENDY WINKLER 14100 NEWBURGH LIVONIA, MI 48154 | HC CLIN MGR 40 00 | 65,998 | 7,291 | 0 |
| Total number of other employees paid over \$50,000 | 19 | | | |

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 for 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 | | |

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, include 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 1 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> | 1 | | No |
| <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> | 2a | | No |
| <p>a Sale, exchange, or leasing property?</p> | 2b | Yes | |
| <p>b Lending of money or other extension of credit?</p> | 2c | | No |
| <p>c Furnishing of goods, services, or facilities?</p> | 2d | Yes | |
| <p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 📄</p> | 2e | | No |
| <p>e Transfer of any part of its income or assets?</p> | 3a | | No |
| <p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p> | 3b | | No |
| <p>b Did the organization have a section 403(b) annuity plan for its employees?</p> | 3c | | No |
| <p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p> | 3d | | No |
| <p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p> | 4a | | No |
| <p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p> | 4b | | |
| <p>b Did the organization make any taxable distributions under section 4966?</p> | 4c | | |
| <p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p> | | | |
| <p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p> | | | |
| <p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p> | | | |
| <p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0 _____</p> | | | |
| <p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0 _____</p> | | | |

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 - Type I
 - Type II
 - Type III - Functionally Integrated
 - Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support? |
|---|---------------------------------------|--|---|----|---------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| Total | | | | | |

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total |
|---|-----------|-----------|-----------|-----------|----------------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants See line 28) | 1,335,823 | 1,445,864 | 1,252,152 | 1,190,901 | 5,224,740 |
| 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 | 8,221,444 | 6,905,436 | 6,761,024 | 6,139,297 | 28,027,201 |
| 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 | 35,018 | 28,576 | 17,239 | 13,623 | 94,456 |
| 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 | 6,796 | 3,517 | 3,276 | 13,702 | 27,291 |
| 23 Total of lines 15 through 22 | 9,599,081 | 8,383,393 | 8,033,691 | 7,357,523 | 33,373,688 |
| 24 Line 23 minus line 17 | 1,377,637 | 1,477,957 | 1,272,667 | 1,218,226 | 5,346,487 |
| 25 Enter 1% of line 23 | 95,991 | 83,834 | 80,337 | 73,575 | |
| 26 Organizations described on lines 10 or 11: | | | | | |
| a Enter 2% of amount in column (e), line 24 | | | | | 26a 106,930 |
| 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 2002 through 2005 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 5,346,487 |
| d Add Amounts from column (e) for lines | 18 94,456 | 19 0 | | | 26d 121,747 |
| | 22 | 26b | | | 26e 5,224,740 |
| e Public support (line 26c minus line 26d total) | | | | | 26e |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 97.72 % |
| 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 (2005) _____ (2004) _____ (2003) _____ (2002) _____ | | | | | |
| 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 (2005) _____ (2004) _____ (2003) _____ (2002) _____ | | | | | |
| c Add Amounts from column (e) for lines | 15 _____ | 16 _____ | | | 27c _____ |
| | 17 _____ | 20 _____ | 21 _____ | | |
| 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 2002 through 2005, 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)

| | | 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? | | |
| b | Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis? | | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | | |
| | If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) | | |
| | | | |
| 33 | Does the organization discriminate by race in any way with respect to | | |
| a | Students' rights or privileges? | | |
| b | Admissions policies? | | |
| c | Employment of faculty or administrative staff? | | |
| d | Scholarships or other financial assistance? | | |
| e | Educational policies? | | |
| f | Use of facilities? | | |
| g | Athletic programs? | | |
| h | Other extracurricular activities? | | |
| | 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? | | |
| 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 | | |
| 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 | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

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

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 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 | 41 | | |
| 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 13 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) a | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|--------------------|--------------------|--------------------|---------------------|
| | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (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 13 of the instructions.)

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

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2006

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

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.

Table with 5 rows for Part I calculations: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 13 rows for Part II calculations: 6-13 (a) Description of property, (b) Cost, (c) Elected cost, 7-13 (a) Description of property, (b) Cost, (c) Elected cost.

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)

Table with 4 rows for Part II calculations: 14 Special allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation.

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

Section A

Table with 2 rows for Part III Section A: 17 MACRS deductions, 18 Grouping assets.

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Section C: 20a Class life, b 12-year, c 40-year.

Part IV Summary (see instructions)

Table with 3 rows for Part IV Summary: 21 Listed property, 22 Total, 23 For assets shown above.

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 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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special allowances and business use percentages.

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 cover total miles driven and personal use availability.

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 instructions)

Table with 2 columns: Yes, No. Rows 37-41 cover policy statements and requirements for vehicle use by employees.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

Additional Data

Software ID:
Software Version:
EIN: 38-2755767
Name: ANGELA HOSPICE HOME CARE INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

| <i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i> | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|-------------|-----------|----------------------|----------------------------|-----------------|
| a LIGHT UP A LIFE | 43a | | | | |
| b FUNDRAISING EXPENSES | 43b | 51,251 | | | 51,251 |
| c GOLF OUTING | 43c | | | | |
| d FUNDRAISING EXPENSES | 43d | 14,382 | | | 14,382 |
| e TREE OF LIFE | 43e | | | | |
| f FUNDRAISING EXPENSES | 43f | 6,916 | | | 6,916 |
| g MARY ANGELA RUN | 43g | | | | |
| h FUNDRAISING EXPENSES | 43h | 6,576 | | | 6,576 |
| i OTHER | 43i | | | | |
| j FUNDRAISING EXPENSES | 43j | 1,665 | | | 1,665 |
| k EXPENSES | 43k | | | | |
| l MEDICAL EQUIPMENT | 43l | 187,575 | 187,575 | | |
| m PROGRAM EXPENSES | 43m | 106,947 | 64,595 | 42,352 | |
| n NURSING HOMES/HOSPITAL COSTS | 43n | 1,338,982 | 1,338,982 | | |
| o CONTRACT SERVICES | 43o | 44,175 | 44,175 | | |
| p DIETARY SUPPLIES | 43p | 38,878 | 38,878 | | |
| q LAUNDRY/HOUSEKEEPING SUPPLIES | 43q | 44,106 | 44,106 | | |
| r AMBULANCE COSTS/X-RAY COSTS | 43r | 50,683 | 50,683 | | |
| s DUES & LICENSES | 43s | 85,267 | 57,602 | 27,665 | |
| t PALLIATIVE THERAPY | 43t | 3,673 | 3,673 | | |
| u MISCELLANEOUS | 43u | 30,033 | | 30,033 | |
| v OFFICE EXPENSES | 43v | 44,382 | 2,853 | 41,529 | |
| w BAD DEBT EXPENSE | 43w | 57,849 | 57,849 | | |
| x REPAIRS AND MAINTENANCE | 43x | 123,171 | 92,006 | 31,165 | |
| y UTILITIES | 43y | 176,295 | 132,221 | 44,074 | |
| z INSURANCE | 43z | 87,171 | 65,378 | 21,793 | |
| aa ADVERTISING AND PROMOTION | 43aa | 86,569 | | 86,569 | |
| ab COMPUTER SUPPORT | 43ab | 65,714 | | 65,714 | |
| ac BANK CHARGES | 43ac | 11,267 | | 11,267 | |
| ad ABANDONMENT OF CONST COSTS | 43ad | 338,011 | 338,011 | | |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Gain/Loss from Sale of Other Assets Schedule

Name: ANGELA HOSPICE HOME CARE INC

EIN: 38-2755767

| Name | Date Acquired | How Acquired | Date Sold | Purchaser Name | Gross Sales Price | Basis | Sales Expenses | Total (net) | Accumulated Depreciation |
|---|---------------|--------------|-----------|----------------|-------------------|--------|----------------|-------------|--------------------------|
| ALPINE LIFT W/CHAIR & STRAP | 1993-11 | PURCHASE | 2006-12 | | | 3,600 | | | 3,600 |
| 4 LAMP TABLES | 1993-12 | PURCHASE | 2006-12 | | | 799 | | | 799 |
| 4 WING CHAIR | 1993-12 | PURCHASE | 2006-12 | | | 1,212 | | | 1,212 |
| 4 WALNUT LA-Z-BOY RECLINERS | 1993-12 | PURCHASE | 2006-12 | | | 1,963 | | | 1,963 |
| DISHWASHER | 1998-11 | PURCHASE | 2006-12 | | | 3,350 | | | 3,350 |
| ALPINE SCALE | 1994-03 | PURCHASE | 2006-12 | | | 1,710 | | | 1,710 |
| LASERJET 4L PRINTER | 1993-09 | PURCHASE | 2006-12 | | | 709 | | | 709 |
| HP LASERJET 4L PRINTER | 1995-07 | PURCHASE | 2006-12 | | | 509 | | | 509 |
| ADOBE FREE HAND STUDIO | 1996-11 | PURCHASE | 2006-12 | | | 429 | | | 429 |
| 14 FUJITSU LIFEBOOKS/MODEMS (CAP LEASE) | 2002-03 | PURCHASE | 2006-12 | | | 43,869 | | | 43,869 |
| 3 LAPTOPS-FIRSTCORP (CAP LEASE) | 2002-11 | PURCHASE | 2006-12 | | | 6,955 | | -1,275 | 5,680 |
| INSIGHT-20 E-MAIL SOFTWARE LICENSES | 2003-07 | PURCHASE | 2006-12 | | | 1,863 | | | 1,863 |

TY 2006 Land etc. Schedule**Name:** ANGELA HOSPICE HOME CARE INC**EIN:** 38-2755767

| Category/Item | Cost/Other Basis | Accumulated Depreciation | Book Value |
|------------------------------------|-------------------------|---------------------------------|-------------------|
| BUILDING | 3,844,464 | 1,312,810 | 2,531,654 |
| OFFICE FURNITURE & EQUIPMENT | 892,006 | 693,875 | 198,131 |
| BUILDING IMPROVEMENTS | 754,857 | 365,064 | 389,793 |
| CONSULTING AND RLTD FEES-EXPANSION | | | |
| | 2,944,500 | | 2,944,500 |

TY 2006 Mortgages and Notes Payable Schedule

Name: ANGELA HOSPICE HOME CARE INC

EIN: 38-2755767

Total Mortgage Amount:

| | |
|--|---------------------------------|
| Item No. | 1 |
| Lender's Name | FELICIAN SISTERS OSF OF LIVONIA |
| Lender's Title | |
| Relationship to Insider | PARENT |
| Original Amount of Loan | 2000000 |
| Balance Due | |
| Date of Note | 1994-06 |
| Maturity Date | 2016-06 |
| Repayment Terms | 13,000/MTH INC INT |
| Interest Rate | 0.0300 |
| Security Provided by Borrower | BUILDING |
| Purpose of Loan | CONSTRUCT BUILDING |
| Description of Lender Consideration | |
| Consideration FMV | |

| | |
|--|------------------------|
| Item No. | 2 |
| Lender's Name | VARIOUS CAPITAL LEASES |
| Lender's Title | |
| Relationship to Insider | NONE |
| Original Amount of Loan | 148808 |
| Balance Due | 82236 |
| Date of Note | |
| Maturity Date | 2011-06 |
| Repayment Terms | 4,671/MTH INC INT |
| Interest Rate | 0.1200 |
| Security Provided by Borrower | EQUIPMENT |
| Purpose of Loan | PURCHASE EQUIPMENT |
| Description of Lender Consideration | |
| Consideration FMV | |

TY 2006 Officer Compensation Schedule

Name: ANGELA HOSPICE HOME CARE INC

EIN: 38-2755767

| | Compensation | EE Benefit Plans | Expense Acct |
|---------------------------|---------------------|-------------------------|---------------------|
| Program Services | 14,000 | | |
| Mgmt & General | 56,000 | | |
| Fundraising | | | |

TY 2006 Other Assets Schedule

Name: ANGELA HOSPICE HOME CARE INC

EIN: 38-2755767

| Description | Beginning of Year Amount | End of Year Amount |
|--------------------|--------------------------|--------------------|
| CSV LIFE INSURANCE | 3,205 | 3,829 |

TY 2006 Other Changes in Net Assets Schedule

Name: ANGELA HOSPICE HOME CARE INC

EIN: 38-2755767

| Description | Amount |
|-------------------------------------|--------|
| NET UNREALIZED GAINS ON INVESTMENTS | 31,374 |

TY 2006 Special Events Schedule

Name: ANGELA HOSPICE HOME CARE INC

EIN: 38-2755767

| Event Name | Gross Receipts | Contributions | Gross Revenue | Direct Expense | Net Income (Loss) |
|-----------------------|----------------|---------------|---------------|----------------|-------------------|
| LIGHT UP A LIFE | 141,359 | 124,254 | 17,105 | | 17,105 |
| TREE OF LIFE | 115,889 | 115,889 | | | |
| GOLF OUTING | 48,248 | 37,688 | 10,560 | | 10,560 |
| MARY ANGELA RUN OTHER | 42,414 | 42,414 | | | |
| TOTAL | 347,910 | 320,245 | 27,665 | | 27,665 |

TY 2006 Other Income Schedule

Name: ANGELA HOSPICE HOME CARE INC

EIN: 38-2755767

| Description | 2003 | 2002 | 2001 | 2000 | Total |
|----------------------|-------|-------|-------|--------|--------|
| MISCELLANEOUS INCOME | 6,796 | 3,517 | 3,276 | 13,702 | 27,291 |

TY 2006 Self Dealing Statement**Name:** ANGELA HOSPICE HOME CARE INC**EIN:** 38-2755767

| Line Number | Explanation |
|--------------------|---------------------------------|
| 2b | SEE FORM 990, PART IV, LINE 64B |