


Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2009</b> calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009		<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C</b> Name of organization HOSPICE OF MICHIGAN INC  Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/suite 400 MACK AVENUE  City or town, state or country, and ZIP + 4 DETROIT, MI 48201		<b>D</b> Employer identification number 38-2255529  <b>E</b> Telephone number (313) 578-5000  <b>G</b> Gross receipts \$ 73,112,457	
		<b>F</b> Name and address of principal officer DOROTHY DEREMO 400 MACK AVENUE DETROIT, MI 48201		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶			
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
<b>J Website:</b> ▶ WWW.HOM.ORG							
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1994		<b>M</b> State of legal domicile MI			

Part I		Summary		
Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities TO ENSURE QUALITY OF LIFE, COMFORT, & PEACE FOR OUR PATIENTS & PROVIDE SUPPORT FOR THEIR LOVED ONES DURING THEIR END-OF-LIFE EXPERIENCE WE WILL SERVE EVERYONE IN OUR COMMUNITY WHO NEEDS & SEEKS OUR CARE		
	<b>2</b>	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 2	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 2	
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b> 67	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> 1,15	
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	3,896,007	3,267,837
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,218,807	61,721,217
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,612,281	-135,188
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	100,920	151,844
			64,603,453	65,005,710
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	33,029,987	32,984,762
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <u>1,185,065</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	33,946,553	34,085,426
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	66,976,540	67,070,188
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12	-2,373,087	-2,064,478
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	<b>20</b>	Total assets (Part X, line 16)	26,561,432	28,500,545
	<b>21</b>	Total liabilities (Part X, line 26)	14,030,032	18,151,825
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	12,531,400	10,348,720

<b>Part II Signature Block</b>					
<b>Sign Here</b>	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			2010-08-05 Date	
	ROBERT CAHILL CFO Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature		Date	Check if self-employed <input checked="checked" type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		CROWE HORWATH LLP 70 West Madison Street Suite 700 Chicago, IL 606024903		EIN
					Phone no (312) 899-7000

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

OUR MISSION IS TO ENSURE QUALITY OF LIFE, COMFORT, AND PEACE FOR OUR PATIENTS AND PROVIDE SUPPORT FOR THEIR LOVED ONES DURING THEIR END-OF-LIFE EXPERIENCE WE WILL SERVE EVERYONE IN OUR COMMUNITIES WHO NEEDS AND SEEKS OUR CARE AND STRIVE TO IMPROVE THE STATE OF COMFORT CARE (CONTINUED IN SCHEDULE O)

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 54,327,784 including grants of \$ 0 ) (Revenue \$ 61,907,203 )

HOSPICE OF MICHIGAN (HOM) PROVIDES SERVICES TO MEET THE EMOTIONAL, SPIRITUAL, AND PHYSICAL NEEDS OF OUR PATIENTS AND THEIR FAMILIES HOSPICE PUTS THE FAMILY AND PATIENT AT THE CENTER OF CARE PLANNING, AND BY WORKING CLOSELY WITH PHYSICIANS AND CAREGIVERS, PROVIDES COMPREHENSIVE, COMPASSIONATE CARE FOR INDIVIDUALS NEARING THE END OF LIFE OUR SERVICES INCLUDE PAIN AND SYMPTOM MANAGEMENT, EMOTIONAL AND SPIRITUAL SUPPORT, HOME HEALTH AIDES AND TRAINED VOLUNTEERS, RESPITE FOR FAMILY CAREGIVERS, MEDICATIONS, EQUIPMENT, AND SUPPLIES, GRIEF SUPPORT FOR LOVED ONES HOSPICE OF MICHIGAN PROVIDES SERVICES WHEREVER THE PATIENT IS LIVING OR RECEIVING CARE IT MAY BE IN A HOSPITAL, NURSING HOME, ASSISTED LIVING FACILITY, OR HOME FOR THE AGED WE WORK WITH PATIENTS, FAMILIES, AND THEIR CARE PROVIDERS TO ASSURE A SEAMLESS CONTINUUM OF QUALITY END-OF-LIFE CARE WORKING CLOSELY WITH THE PATIENT, FAMILY, AND STAFF, THE HOM TEAM OFFERS COMPREHENSIVE SUPPORT THAT ADDRESSES THE PHYSICAL, EMOTIONAL, AND SPIRITUAL CONCERNS THAT CAN ARISE WHEN A PERSON IS AT THE END OF LIFE WHEN WE PROVIDE HOSPICE CARE IN A FACILITY, WE WORK WITH THE FACILITY'S STAFF TO ESTABLISH A COLLABORATIVE PLAN OF CARE WE CONSIDER FACILITY STAFF PART OF THE CARE-GIVING TEAM AND PROVIDE TRAINING IN END-OF-LIFE CARE, BASED ON THE NEED OF EACH FACILITY (CONTINUED IN SCHEDULE O)

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )







4e

Total program service expenses

\$ 54,327,784




Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . .</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . .</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . .</i> 	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25 . . . .</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . .</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . .</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . .</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . . .</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . .</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV . . . .</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . .</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . .</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . .</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . .</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . .</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . .</i> 	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . .</i> 	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . .</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . .</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	258		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	679		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				2b
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b		
4a	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)? . . . . .			4a	No
	b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No	
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			7f	No	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966? . . . . .			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders . . . . .			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	22	
b	Enter the number of voting members that are independent . . .	1b	21	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ LEE ANN MYERS CONTROLLER 400 MACK AVENUE DETROIT, MI 48201 (313) 578-5000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization’s tax year Use Schedule J-2 if additional space is needed

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization’s **current** key employees See instructions for definition of "key employee "
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization’s **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors , institutional trustees , officers , key employees , highest compensated employees , and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOROTHY DEREMO PRESIDENT & CHIEF EXECUTIVE OFFICER	40	X		X				447,008	0	37,412
LLOYD HANSEN CHAIRMAN	1	X		X				0	0	0
JANE MCNAMARA SECRETARY & TREASURER	1	X		X				0	0	0
JOHN R MAURER MD VICE CHAIR	1	X		X				0	0	0
JANICE WHITEHOUSE TRUSTEE	1	X						0	0	0
SANFORD J LINDEN TRUSTEE	1	X						0	0	0
HON JUDITH TREPECK TRUSTEE	1	X						0	0	0
SAMUEL OJO TRUSTEE	1	X						0	0	0
KEITH E CRAIN TRUSTEE	1	X						0	0	0
LAWRENCE D BOS SR TRUSTEE	1	X						0	0	0
GERALD FITZGERALD TRUSTEE	1	X						0	0	0
HON JUDGE STEPHEN J MURPHY TRUSTEE	1	X						0	0	0
HESSSEL BUD BOUMA III PHD TRUSTEE	1	X						0	0	0
JAMES B FAHNER MD TRUSTEE	1	X						0	0	0
KURT LUDLOW TRUSTEE	1	X						0	0	0
ALLAN NACHMAN ESQ TRUSTEE	1	X						0	0	0
LINDA THOMPSON ADAMS PHD TRUSTEE	1	X						0	0	0

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY SANDERS TRUSTEE	1	X						0	0	0
PHILIP MCCORKLE JR TRUSTEE	1	X						0	0	0
RUTHANN BRINTNALL PHD TRUSTEE	1	X						0	0	0
LOIS PINCUS COHN TRUSTEE	1	X						0	0	0
MARK KINSLER TRUSTEE	1	X						0	0	0
ROBERT CAHILL CHIEF FINANCIAL OFFICER	40			X				274,768	0	32,638
DR MICHAEL PALETTA CHIEF MEDICAL OFFICER	40				X			258,101	0	19,809
STEPHEN LARKIN CHIEF MARKETING OFFICER	40				X			210,815	0	13,276
PATRICK MILLER CHIEF OPERATING OFFICER	40				X			232,612	0	20,022
MARCIE HILLARY CHIEF FUNDRAISING OFFICER	40				X			196,979	0	17,280
LEE ANN MYERS CORPORATE CONTROLLER	40					X		121,175	0	7,179
DR DAVID MCAREE MEDICAL DIRECTOR	40					X		204,110	0	11,259
DR TERRI MACK MEDICAL DIRECTOR	40					X		152,478	0	9,202
TIMOTHY MOORED CORPORATE DIRECTOR OF SUPPLY CHAIN MANAGEMENT	40					X		114,862	0	6,776
MARK SHEAR CORPORATE DIRECTOR OF WORK LIFE SERVICES	40					X		109,624	0	6,759
1b Total								2,322,532	0	181,612

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 16

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0



Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a171,344	3,267,837						
	b	Membership dues . . . . .	1b0							
	c	Fundraising events . . . . .	1c209,013							
	d	Related organizations . . . .	1d0							
	e	Government grants (contributions)	1e0							
	f	All other contributions, gifts, grants, and similar amounts not included above	1f2,887,480							
	g	Noncash contributions included in lines 1a-1f \$ 13,682								
	h	Total. Add lines 1a-1f . . . . .								
Program Service Revenue			Business Code							
	2a	NET PROGRAM SERVICE REVENUE		61,721,217	61,721,217	0	0			
	b			0	0	0	0			
	c			0	0	0	0			
	d			0	0	0	0			
	e			0	0	0	0			
	f	All other program service revenue		0	0	0	0			
	g	Total. Add lines 2a-2f . . . . .		61,721,217						
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		130,602	0	0	130,602			
	4	Income from investment of tax-exempt bond proceeds . .		0	0	0	0			
	5	Royalties . . . . .		0	0	0	0			
	6a	Gross Rents	(i) Real	(ii) Personal	0	0	0	0		
			0	0						
			b	Less rental expenses					0	0
			c	Rental income or (loss)					0	0
	d	Net rental income or (loss) . . . . .		0	0	0	0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	-265,790	0	0	-265,790		
			7,597,802	0						
			b	Less cost or other basis and sales expenses					7,845,365	18,227
			c	Gain or (loss)					-247,563	-18,227
	d	Net gain or (loss) . . . . .		-265,790	0	0	-265,790			
	8a	Gross income from fundraising events (not including \$ 32,156 of contributions reported on line 1c) See Part IV, line 18 . . . .	a	209,013	-34,142	0	0	-34,142		
				b					Less direct expenses . . . . .	b66,298
				c					Net income or (loss) from fundraising events . .	
	9a	Gross income from gaming activities See Part IV, line 19 . . . .	a	0	0	0	0			
				b				Less direct expenses . . . . .	b0	
				c				Net income or (loss) from gaming activities . .		
	10a	Gross sales of inventory, less returns and allowances . . . .	a	0	0	0	0			
				b				Less cost of goods sold . . . . .	b0	
				c				Net income or (loss) from sales of inventory . .		
	Miscellaneous Revenue		Business Code							
11a	REIMBURSEMENTS AND OTHER		185,986	185,986	0	0				
b			0	0	0	0				
c			0	0	0	0				
d	All other revenue . . . . .		0	0	0	0				
e	Total. Add lines 11a-11d . . . . .		185,986							
12	Total revenue. See Instructions . . . . .		65,005,710	61,907,203	0	-169,330				

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees . . . . .	1,697,570	494,867	1,002,153	200,550
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
7	Other salaries and wages	23,984,055	18,481,460	5,043,975	458,620
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,052,902	850,363	183,261	19,278
9	Other employee benefits . . . . .	4,392,664	3,530,942	782,715	79,007
10	Payroll taxes . . . . .	1,857,571	1,503,587	322,007	31,977
11	Fees for services (non-employees)				
a	Management . . . . .	0	0	0	0
b	Legal . . . . .	103,103	0	96,508	6,595
c	Accounting . . . . .	93,975	0	93,975	0
d	Lobbying . . . . .	2,196	2,196	0	0
e	Professional fundraising See Part IV, line 17 . . . . .	0			0
f	Investment management fees . . . . .	11,741	0	11,741	0
g	Other . . . . .	1,402,672	464,677	917,182	20,813
12	Advertising and promotion . . . . .	203,638	3,572	184,956	15,110
13	Office expenses . . . . .	4,244,732	3,531,282	566,069	147,381
14	Information technology . . . . .	0	0	0	0
15	Royalties . . . . .	0	0	0	0
16	Occupancy . . . . .	1,528,509	1,528,509	0	0
17	Travel . . . . .	2,309,082	1,841,410	423,545	44,127
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
19	Conferences, conventions, and meetings . . . . .	181,808	35,007	142,624	4,177
20	Interest . . . . .	310,728	44,967	265,761	0
21	Payments to affiliates . . . . .	0	0	0	0
22	Depreciation, depletion, and amortization . . . . .	1,236,537	33,348	1,203,189	0
23	Insurance . . . . .	191,721	0	191,721	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	CONTRACTED ROOM AND BOARD	16,522,162	16,522,162	0	0
b	PHARMACY	2,980,464	2,980,464	0	0
c	CONTRACTED INPATIENT AND RESPITE	1,526,054	1,526,054	0	0
d	BAD DEBT EXPENSE	246,988	246,988	0	0
e	FUNDRAISING EXPENSES	118,180	0	0	118,180
f	All other expenses	871,136	705,929	125,957	39,250
25	Total functional expenses. Add lines 1 through 24f	67,070,188	54,327,784	11,557,339	1,185,065
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			59,762	1	50,407
	2	Savings and temporary cash investments . . . . .			1,784,304	2	3,539,261
	3	Pledges and grants receivable, net . . . . .			573,403	3	600,156
	4	Accounts receivable, net . . . . .			6,168,920	4	7,351,230
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			0	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .			0	6	
	7	Notes and loans receivable, net . . . . .			0	7	
	8	Inventories for sale or use . . . . .			64,619	8	67,179
	9	Prepaid expenses and deferred charges . . . . .			350,918	9	230,864
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	16,348,654			
	b	Less accumulated depreciation . . . . .	10b	6,803,302	10,628,727	10c	9,545,352
	11	Investments—publicly traded securities . . . . .			6,095,410	11	5,809,587
	12	Investments—other securities. See Part IV, line 11 . . . . .			0	12	0
	13	Investments—program-related. See Part IV, line 11 . . . . .			0	13	0
	14	Intangible assets . . . . .			0	14	
	15	Other assets. See Part IV, line 11 . . . . .			835,369	15	1,306,509
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			26,561,432	16	28,500,545
Liabilities	17	Accounts payable and accrued expenses . . . . .			6,980,388	17	10,066,601
	18	Grants payable . . . . .			0	18	
	19	Deferred revenue . . . . .			0	19	
	20	Tax-exempt bond liabilities . . . . .			5,755,000	20	5,255,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			0	21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			0	22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			0	23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			350,000	24	2,150,000
	25	Other liabilities. Complete Part X of Schedule D . . . . .			944,644	25	680,224
	26	Total liabilities. Add lines 17 through 25 . . . . .			14,030,032	26	18,151,825
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			7,188,410	27	4,915,069
	28	Temporarily restricted net assets . . . . .			2,038,767	28	1,876,928
	29	Permanently restricted net assets . . . . .			3,304,223	29	3,556,723
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .			0	30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .			0	31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .			0	32	
	33	Total net assets or fund balances . . . . .			12,531,400	33	10,348,720
	34	Total liabilities and net assets/fund balances . . . . .			26,561,432	34	28,500,545

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
HOSPICE OF MICHIGAN INC

Employer identification number  
38-2255529

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☒

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 exempt 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).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,960,544	5,677,938	3,925,907	3,896,007	3,267,837	20,728,233
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	54,887,390	53,307,115	56,515,938	62,218,807	61,721,217	288,650,467
3Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6Total. Add lines 1 through 5	58,847,934	58,985,053	60,441,845	66,114,814	64,989,054	309,378,700
7aAmounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
cAdd lines 7a and 7b	0	0	0	0	0	0
8Public Support (Subtract line 7c from line 6 )						309,378,700

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	58,847,934	58,985,053	60,441,845	66,114,814	64,989,054	309,378,700
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	299,436	272,901	328,877	230,135	130,602	1,261,951
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
cAdd lines 10a and 10b	299,436	272,901	328,877	230,135	130,602	1,261,951
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0			0	0
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )	154,979	175,825	134,863	207,676	218,142	891,485
13Total support (Add lines 9, 10c, 11 and 12 )	59,302,349	59,433,779	60,905,585	66,552,625	65,337,798	311,532,136
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	99.309 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	98.91 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0.405 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.42 %
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
OTHER INCOME, SCHEDULE A, PART III, SECTION B, LINE 12, MISCELLANEOUS INCOME RECEIVED IN FURTHERANCE OF THE ORGANIZATION'S TAX-EXEMPT PURPOSE ,



SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public  
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization HOSPICE OF MICHIGAN INC	Employer identification number 38-2255529
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 

☐ Yes ☐ No
- 4a

Was a correction made? 

☐ Yes ☐ No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year? 

☐ Yes ☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
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														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
	a Volunteers?		No		
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
	c Media advertisements?		No		
	d Mailings to members, legislators, or the public?		No		
	e Publications, or published or broadcast statements?		No		
	f Grants to other organizations for lobbying purposes?		No		
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			33,100
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
	i Other activities? If "Yes," describe in Part IV	Yes			2,196
	j Total lines 1c through 1i				35,296
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Other lobbying activities	Schedule C, Part II-B, Line 1i	THROUGH MEMBERSHIP DUES TO THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION AND THE MICHIGAN HOSPICE AND PALLIATIVE CARE ORGANIZATION, HOSPICE OF MICHIGAN HAS INDIRECTLY PARTICIPATED IN LOBBYING ACTIVITIES. WE ALSO TRANSITIONED A STAFF MEMBER'S ROLL PART-TIME TO PRESERVING THE MEDICAID HOSPICE BENEFIT AT THE STATE LEVEL THROUGH CONTACT WITH LEGISLATORS AND GOVERNMENT OFFICIALS.

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> HOSPICE OF MICHIGAN INC	<b>Employer identification number</b> 38-2255529
--	---

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶\_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶\_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶\_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	4,502,893	5,116,506			
b Contributions . . . . .	262,932	612,651			
c Investment earnings or losses . . . . .	-157,359	-1,467,143			
d Grants or scholarships . . . . .	0	0			
e Other expenditures for facilities and programs . . . . .	56,771	60,005			
f Administrative expenses . . . . .	0	19,424			
g End of year balance . . . . .	4,551,695	4,502,893			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 21 6 % %

b

Permanent endowment ▶ 78 2 % %

c

Term endowment ▶ 0 2 % %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

3a(i)

No

(ii) related organizations . . . . .

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	0	0		0
b Buildings . . . . .	0	9,009,626	2,153,642	6,855,984
c Leasehold improvements . . . . .	0	757,331	350,507	406,824
d Equipment . . . . .	0	6,581,697	4,299,153	2,282,544
e Other . . . . .	0	0	0	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				9,545,352

Schedule D (Form 990) 2009



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	165,005,710
2	Total expenses (Form 990, Part IX, column (A), line 25)	267,070,188
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-2,064,478
4	Net unrealized gains (losses) on investments	4-118,202
5	Donated services and use of facilities	50
6	Investment expenses	60
7	Prior period adjustments	70
8	Other (Describe in Part XIV)	80
9	Total adjustments (net) Add lines 4 - 8	9-118,202
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-2,182,680

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	165,095,552
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a	-118,202
b	Donated services and use of facilities . . . . .2b	219,785
c	Recoveries of prior year grants . . . . .2c	0
d	Other (Describe in Part XIV) . . . . .2d	0
e	Add lines 2a through 2d . . . . .2e	101,583
3	Subtract line 2e from line 1 . . . . .3	64,993,969
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	11,741
b	Other (Describe in Part XIV) . . . . .4b	0
c	Add lines 4a and 4b . . . . .4c	11,741
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .5	65,005,710

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	167,278,232
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a	219,785
b	Prior year adjustments . . . . .2b	0
c	Other losses . . . . .2c	0
d	Other (Describe in Part XIV) . . . . .2d	0
e	Add lines 2a through 2d . . . . .2e	219,785
3	Subtract line 2e from line 1 . . . . .3	67,058,447
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	11,741
b	Other (Describe in Part XIV) . . . . .4b	0
c	Add lines 4a and 4b . . . . .4c	11,741
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .5	67,070,188

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	HOSPICE OF MICHIGAN HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PERPETUAL SOURCE OF SUPPORT TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO PRESERVE THE PURCHASING POWER OF THE ENDOWMENT ASSETS
FIN 48 footnote	Schedule D, Part X, Line 2	HOSPICE OF MICHIGAN (HOM) IS A NOT-FOR-PROFIT CORPORATION WHICH HAS BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). ACCORDINGLY, NO TAX PROVISION IS RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. CURRENT ACCOUNTING STANDARDS REQUIRE HOM TO DISCLOSE THE AMOUNT OF POTENTIAL BENEFIT OR OBLIGATION TO BE REALIZED AS A RESULT OF AN EXAMINATION PERFORMED BY A TAXING AUTHORITY FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008. MANAGEMENT HAS DETERMINED THAT HOM DOES NOT HAVE ANY TAX POSITIONS THAT RESULT IN ANY UNCERTAINTIES REGARDING THE POSSIBLE IMPACT ON HOM'S CONSOLIDATED FINANCIAL STATEMENTS.

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization  
HOSPICE OF MICHIGAN INC

Employer identification number  
38-2255529

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.



Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			WALK AND REMEMBER	CRYSTAL ROSE BALL		(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts . . . .	114,919	126,250		241,169
	2	Less Charitable contributions . . . .	111,644	97,369		209,013
	3	Gross income (line 1 minus line 2) . . . .	3,275	28,881		32,156
Direct Expenses	4	Cash prizes . . . .	0	0		0
	5	Non-cash prizes . . . .	0	0		0
	6	Rent/facility costs . . . .	0	0		0
	7	Food and beverages . . . .	0	0		0
	8	Entertainment . . . .	0	0		0
	9	Other direct expenses . . . .	14,202	52,096		66,298
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .				66,298
	11	Net income summary Combine lines 3, column d, and line 10. . . . .				-34,142

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
	1	Gross revenue . . . . .				
Direct Expenses	2	Cash prizes . . . . .				
	3	Non-cash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . .				
	8	Net gaming income summary Combine lines 1, column d, and line 7 . . . . .				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b	If "No," Explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►			
Address ►			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ►			
Address ►			
<b>16</b>	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
HOSPICE OF MICHIGAN INC

Employer identification number  
38-2255529

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DR DAVID MCAREE	(i)	204,110	0	0	11,259	0	215,369	0
	(ii)	0	0	0	0	0	0	0
DR MICHAEL PALETTA	(i)	244,809	0	13,292	14,277	5,532	277,910	0
	(ii)	0	0	0	0	0	0	0
DOROTHY DEREMO	(i)	329,061	86,135	31,812	23,208	14,204	484,420	86,135
	(ii)	0	0	0	0	0	0	0
DR TERRI MACK	(i)	152,478	0	0	9,202	0	161,680	0
	(ii)	0	0	0	0	0	0	0
ROBERT CAHILL	(i)	261,176	0	13,592	14,740	17,898	307,406	0
	(ii)	0	0	0	0	0	0	0
STEPHEN LARKIN	(i)	197,133	0	13,682	12,596	680	224,091	0
	(ii)	0	0	0	0	0	0	0
PATRICK MILLER	(i)	219,320	0	13,292	10,614	9,408	252,634	0
	(ii)	0	0	0	0	0	0	0
MARCIE HILLARY	(i)	183,687	0	13,292	10,683	6,597	214,259	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Travel for companions	Schedule J, Part I, Line 1a	THE CEO'S SPOUSE PARTICIPATES IN VARIOUS EVENTS, AND HIS TRAVEL EXPENSES WERE PAID BY HOSPICE OF MICHIGAN. THESE EXPENSES WERE TREATED AS TAXABLE COMPENSATION AND INCLUDED IN THE CEO'S FORM W-2.
Health or social club dues or initiation fees	Schedule J, Part I, Line 1a	DUES WERE PAID TO THE ECONOMIC CLUB OF DETROIT AND THE DETROIT ATHLETIC CLUB FOR DOROTHY DEREMO AND MARCIE HILLARY. USE IS SOLELY FOR BUSINESS PURPOSES, WHICH IS REQUIRED TO BE DOCUMENTED BY BOTH INDIVIDUALS, AND WAS THEREFORE NOT CONSIDERED A TAXABLE BENEFIT TO THE RECIPIENTS.

SCHEDULE O  
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
HOSPICE OF MICHIGAN INC

Employer identification number  
38-2255529

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	A FINAL DRAFT OF THE FULL FORM 990 IS REVIEWED WITH OUR TAX ADVISORS AND APPROVED BY AN EXECUTIVE COMMITTEE OF THE BOARD, AND THEN A COPY OF THE FULL FORM 990 DRAFT IS SENT OUT TO EACH VOTING MEMBER OF THE GOVERNING BODY
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	PROCEDURE EMPLOYEES, BOTH PAID AND UNPAID (FROM HERE FORWARD REFERRED TO AS "EMPLOYEE"), AND BOARD MEMBERS, HAVE A FUNDAMENTAL OBLIGATION TO ACT IN THE BEST INTEREST OF PATIENT CARE AND HOSPICE OF MICHIGAN (HOM) EVERY BOARD MEMBER AND EMPLOYEE IS RESPONSIBLE FOR ACTING CONSISTENT WITH THIS OBLIGATION WHEN ENGAGING IN ACTIVITIES, AND SHOULD NOT LET OTHER PERSONAL AND FINANCIAL INTERESTS INTERFERE WITH THIS OBLIGATION GENERAL PRACTICE GUIDELINES (1) HOSPICE OF MICHIGAN REQUIRES THAT ALL MEMBERS OF ITS BOARDS OF TRUSTEES AND EMPLOYEES DISCLOSE INTERESTS THAT COULD RESULT IN A CONFLICT ANNUALLY, ALL BOARD MEMBERS SIGN OFF ON A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY SITUATION WHICH MAY REPRESENT A CONFLICT THE CORPORATE COMPLIANCE OFFICER (CCO) ALSO HAS ACCESS TO THE BOARD AT LEAST ANNUALLY THE ORGANIZATION ALSO UTILIZES C-TRAC (CROWE TAX RISK ASSESSMENT AND CONTROL), A TOOL PROVIDED BY OUR TAX ADVISORS, TO SEND CONFLICT OF INTEREST SURVEYS TO ALL VOTING BOARD MEMBERS, EXECUTIVES, AND THE HIGHEST PAID STAFF (2) ALL BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO SUBMIT A DISCLOSURE STATEMENT, IF THERE IS A CONFLICT OF INTEREST THAT MEETS THE STATED DEFINITION, AT THE BEGINNING OF EMPLOYMENT OR TERM (3) IF A MATTER ARISES IN WHICH A MEMBER OF THE BOARD OR EMPLOYEE HAS A CONFLICT OF INTEREST, THE INDIVIDUAL SHALL PROMPTLY DISCLOSE IT TO THE CEO, OR THE CASE OF THE CEO, THE BOARD CHAIRPERSON (4) AN INDIVIDUAL WITH A POTENTIAL CONFLICT OF INTEREST SHALL NOT PROCEED TO MAKE ANY DECISION OR TAKE ANY ACTION ON BEHALF OF THE ORGANIZATION WITHOUT APPROVAL OF THE BOARD OF TRUSTEES (5) HOM EMPLOYEES ARE PRECLUDED FROM ENGAGING IN ACTIVITIES WITH ANY "VENDOR OR SUPPLIER BUSINESS" (AS THAT TERM IS DEFINED IN THE POLICY) THAT DOES OR SEEKS BUSINESS WITH HOM WHICH MAY RESULT IN A PERSONAL BENEFIT TO THE EMPLOYEE AT THE EXPENSE OF HOM OR MAY INFLUENCE THE EMPLOYEE'S DECISIONS ON MATTERS INVOLVING HOM AND A VENDOR OR SUPPLIER BUSINESS
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES MEETS ANNUALLY IN MARCH TO REVIEW AND APPROVE AS APPROPRIATE, FUNDS TO BE ALLOCATED FOR TOTAL COMPENSATION FOR THE ORGANIZATION'S PRESIDENT/CEO, INCLUDING BASE SALARY, BONUS, CAR ALLOWANCE, AND OTHER BENEFITS THE EXECUTIVE COMMITTEE ALSO DETERMINES IF THE PRESIDENT/CEO'S CONTRACT NEEDS TO BE UPDATED OR RENEWED AT THIS TIME MINUTES ARE TAKEN UP UNTIL THE POINT WHERE DISCUSSION OF COMPENSATION TAKES PLACE AND VOTE/DECISION IS MADE IN REGARDS TO COMPENSATION THE CEO AND EXECUTIVE ASSISTANT ARE EXCUSED FROM THE MEETING AT THIS POINT WHILE DISCUSSION AND DECISION IS MADE IN ADDITION, AN EXTERNAL COMPENSATION STUDY IS PERFORMED AT LEAST EVERY THREE YEARS TO ASSESS EXECUTIVE COMPENSATION THE COMPENSATION STUDY AIMS TO PRICE POSITIONS AT MARKET BY USING LOCAL, NATIONAL, AND INDUSTRY SPECIFIC SURVEY DATA
Public Disclosure	Form 990, Part VI, Section C, Line 19	FINANCIAL STATEMENTS ARE PROVIDED ANNUALLY IN THE ANNUAL REPORT THAT IS LOCATED ON OUR EXTERNAL WEBSITE (WWW.HOM.ORG) OTHER SPECIFIC DOCUMENTS CAN BE AVAILABLE UPON REQUEST
PROCESS USED TO ESTABLISH COMPENSATION OF OTHER OFFICERS/KEY EMPLOYEES	FORM 990, PART VI, SECTION B, LINE 15B	ANNUALLY IN MARCH, THE PRESIDENT/CEO REVIEWS AND APPROVES AS APPROPRIATE, FUNDS TO BE ALLOCATED FOR TOTAL COMPENSATION, WHICH INCLUDES BASE SALARY, BONUS, CAR ALLOWANCE, AND OTHER BENEFITS, FOR OTHER OFFICERS OF THE ORGANIZATION IN ADDITION, AN EXTERNAL COMPENSATION STUDY IS PERFORMED AT LEAST EVERY THREE YEARS TO ASSESS COMPENSATION THE COMPENSATION STUDY AIMS TO PRICE POSITIONS AT MARKET BY USING LOCAL, NATIONAL, AND INDUSTRY SPECIFIC SURVEY DATA
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	CONTINUED FROM PART III OUR VISION IS THAT HOSPICE OF MICHIGAN WILL BE MICHIGAN'S LEADING PROVIDER OF COMFORT CARE SERVICES TO INDIVIDUALS AND FAMILIES COPING WITH A LIFE-LIMITING ILLNESS OUR VALUES INCLUDE (1) QUALITY SERVICE - TO PROVIDE THE HIGHEST QUALITY SERVICE, RESPOND TO OUR PATIENTS' AND FAMILIES' NEEDS, AND AFFIRM PATIENT SELF-DETERMINATION, EMPOWERMENT, AND CHOICE (2) TEAMWORK - TO TREAT EVERYONE WITH RESPECT AND ENCOURAGE STAFF'S PERSONAL AND PROFESSIONAL DEVELOPMENT, (3) RESOURCE STEWARDSHIP - TO DEMONSTRATE GOOD STEWARDSHIP OF OUR RESOURCES, AND (4) MISSION OUTREACH - TO ACKNOWLEDGE AND EMBRACE RELIGIOUS, ETHNIC, AND CULTURAL DIVERSITY
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	CONTINUED FROM PART III DURING THE YEAR ENDED DECEMBER 31, 2009, HOM PROVIDED \$198,187 IN CHARITY CARE ADDITIONAL 2009 SERVICE ACCOMPLISHMENTS INCLUDE (I) HOM PROVIDES OUR PATIENTS, OUR PATIENT'S FAMILIES AND FAMILIES IN THE COMMUNITIES WE SERVE GRIEF SUPPORT SERVICES THROUGH ONE-ON-ONE COUNSELING OR GROUP SESSIONS GRIEF SUPPORT IS NOT REIMBURSED BY ANY INSURANCE, AND IN 2009 WE SPENT APPROXIMATELY \$770,000 PROVIDING THESE SERVICES (II) HOM PROVIDES A PEDIATRIC PROGRAM WHICH INCLUDES A PEDIATRIC HOSPICE PROGRAM, A PEDIATRIC EARLY CARE PROGRAM AND A PERINATAL PROGRAM IN 2009, HOM CONTRIBUTED AN ADDITIONAL \$200,000 TO SUPPORT THESE THREE PROGRAMS, WHICH WAS NOT REIMBURSED BY INSURANCE (III) HOM LAUNCHED A RENEWED EFFORT IN THE RESEARCH AREA WITH THE ADDITION OF A PHYSICIAN FROM WAYNE STATE UNIVERSITY TO HEAD OUR RESEARCH DEPARTMENT HE WILL BE LOOKING AT GRANT FUNDED RESEARCH PROJECTS REGARDING END OF LIFE CARE ISSUES (IV) HOM LAUNCHED 2ND DEGREE 2ND CAREER IN NURSING PROGRAM IN PARTNERSHIP WITH GRAND VALLEY STATE UNIVERSITY OUR FIRST STUDENT STARTED THE PROGRAM AND IS SET TO GRADUATE MAY 2010 AND WILL THEN JOIN HOSPICE OF MICHIGAN FOR AN 8 MONTH INTERNSHIP AT THE CONCLUSION OF THE INTERNSHIP, HE/SHE WILL THEN BECOME A MEMBER OF THE HOSPICE OF MICHIGAN PATIENT CARE STAFF (V) HOM ROLLED OUT FLEET OF WINDOWS MOBILE DEVICES TO ALL CLINICAL STAFF INCLUDING PHYSICIANS WHICH HAS INCREASED THE COVERAGE AREA RESULTING IN BETTER SERVICE, HAS ALLOWED FOR MORE REMOTE ADMINISTRATIVE CAPABILITIES, SUCH AS DOCUMENTATION OF TASKS OVER THE SERVICE PROVIDER NETWORK VERSUS AN INDEPENDENT INTERNET SERVICE PROVIDER IMPROVING QUALITY OF LIFE FOR STAFF WHO WERE CHALLENGED WITH INTERNET CONNECTIVITY, AND TIMELY DOCUMENTATION OF PATIENT VISITS IT HAS ALSO REDUCED VARIATION IN DEVICES ALLOWING INFORMATION SERVICES TO SUPPORT ALL THE DEVICES REMOTELY (VI) HOM DEVELOPED AND INITIATED A VOLUNTEER DEATH VIGIL PROGRAM WHERE VOLUNTEERS ARE AVAILABLE TO SIT WITH PATIENTS AND FAMILIES DURING THE ACTIVE PHASE OF DYING THIS PROVIDES PRESENCE, COMFORT AND SUPPORT FOR THOSE WHO STRUGGLE TO COPE AT THIS DIFFICULT TIME (VII) HOM MAINTAINED 1,100 VOLUNTEERS WHICH RESULTED IN OVER 43,000 VOLUNTEER HOURS AND A COST SAVINGS OF \$695,000 (VIII) THE HOSPICE AIDE CHPNA CERTIFICATION COURSE HELD EACH QUARTER RESULTED IN 44 HOSPICE AIDES BECOMING CERTIFIED (IX) HOM'S DOCUMENTARY "EXCEPT FOR SIX" WAS SELECTED FOR BROADCAST ON SEVERAL PBS AFFILIATES THROUGHOUT MICHIGAN A CONTRACT WAS SIGNED WITH A NATIONAL MEDIA OUTLET TO DISTRIBUTE THE FILM ACROSS THE COUNTRY SO FAR, SEVEN CITIES HAVE PURCHASED A LICENSE TO THE FILM (X) DURING THIS TIME OF HEALTHCARE REFORM AND THE CENTERS FOR MEDICARE AND MEDICAID SERVICES CONSIDERING CHANGES TO THE CURRENT MEDICARE HOSPICE REIMBURSEMENT, WE PROVIDED AN EXTENSIVE AMOUNT OF COST AND UTILIZATION DATA TO THOSE CHARGED WITH SUBMITTING RECOMMENDATIONS SINCE THE CURRENT HOSPICE CLAIM SUBMISSION REQUIREMENTS AND COST REPORTING DO NOT ALWAYS PROVIDE THE WHOLE PICTURE OF HOSPICE CARE (XI) FOR THE FIRST TIME, HOM WAS NAMED ONE OF WEST AND SE MICHIGAN'S "101 BEST AND BRIGHTEST COMPANIES TO WORK FOR" THE DESIGNATION COMES FROM THE MICHIGAN BUSINESS AND PROFESSIONAL ASSOCIATION AND IS HIGHLY DESIRED BY ORGANIZATIONS THROUGHOUT MICHIGAN TO BE CONSIDERED, A COMPANY MUST BE NOMINATED BY AN EMPLOYEE, ASSESSED BY AN INDEPENDENT RESEARCH FIRM ON SEVERAL KEY MEASURES, INCLUDING COMMUNICATION, COMMUNITY INITIATIVES, COMPENSATION/BENEFITS, DIVERSITY, AND EMPLOYEE EDUCATION/DEVELOPMENT AS WELL AS, EMPLOYEE ENGAGEMENT/COMMITMENT, RETENTION, RECRUITMENT AND WORK-LIFE BALANCE



**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	SUPPORTIVE CARE SERVICES OF MICHIGAN INC	P	250,948
(2)	SUPPORTIVE CARE SERVICES OF MICHIGAN INC	Q	638,715
(3)	SUPPORTIVE CARE SERVICES OF MICHIGAN INC	R	400,068
(4)			
(5)			
(6)			

**Part VI**   **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:

Software Version:

EIN: 38-2255529

Name: HOSPICE OF MICHIGAN INC

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PROGRAM SERVICE REVENUE		61,721,217	61,721,217	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CONTRACTED ROOM AND BOARD	16,522,162	16,522,162	0	0
PHARMACY	2,980,464	2,980,464	0	0
CONTRACTED INPATIENT AND RESPITE	1,526,054	1,526,054	0	0
BAD DEBT EXPENSE	246,988	246,988	0	0
FUNDRAISING EXPENSES	118,180	0	0	118,180