

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2021, or fiscal year beginning 2021, and ending 20

2021

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

HOSPICE OF LENAWE

EIN or SSN

****-***4012**

Name and title of officer or person subject to tax

**TRAVIS HAVENS
PRESIDENT AND CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>10,216,019</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **BRICKLEY DELONG, P.C.** to enter my PIN **32510** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date ▶ **05/24/22**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ **ERIC P. VANDOP, CPA**

Date ▶ **05/24/22**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">HOSPICE OF LENAWE</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">1903 WOLF CREEK HIGHWAY</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">ADRIAN MI 49221</p>	D Employer identification number <p style="text-align: center;">** - *** 4012</p> E Telephone number <p style="text-align: center;">517-263-2323</p> G Gross receipts\$ 11,152,427
F Name and address of principal officer: <p style="text-align: center;">TRAVIS HAVENS 1903 WOLF CREEK HIGHWAY ADRIAN MI 49221</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HOSPICEOFLENAWE.EORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1981 M State of legal domicile: MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">HOSPICE OF LENAWE PROVIDES COMPASSIONATE PATIENT AND FAMILY CENTERED CARE TO THE PEOPLE OF OUR COMMUNITY DURING AND AFTER THE LAST SEASON OF LIFE.</p>																			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
	3 Number of voting members of the governing body (Part VI, line 1a)	20																		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	20																		
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	136																		
	6 Total number of volunteers (estimate if necessary)	122																		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0																		
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	0																		
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">1,082,983</td> <td style="text-align: right;">1,693,256</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">8,935,456</td> <td style="text-align: right;">8,084,277</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">210,538</td> <td style="text-align: right;">374,055</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">58,086</td> <td style="text-align: right;">64,431</td> </tr> <tr> <td>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">10,287,063</td> <td style="text-align: right;">10,216,019</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	1,082,983	1,693,256	9 Program service revenue (Part VIII, line 2g)	8,935,456	8,084,277	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	210,538	374,055	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58,086	64,431	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,287,063	10,216,019
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Part II Signature Block

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.

Sign Here	Signature of officer <p style="text-align: center;">TRAVIS HAVENS</p> Type or print name and title	Date <p style="text-align: center;">PRESIDENT AND CEO</p>
Paid Preparer Use Only	Print/Type preparer's name ERIC P. VANDOP, CPA	Preparer's signature ERIC P. VANDOP, CPA
	Date 05/24/22	Check <input type="checkbox"/> if self-employed PTIN *****
	Firm's name ▶ BRICKLEY DELONG, P.C. PO BOX 999 Firm's address ▶ MUSKEGON, MI 49443-0999	Firm's EIN ▶ ** - *** 8116 Phone no. 231-726-5800

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

HOSPICE OF LENAWE PROVIDES COMPASSIONATE PATIENT AND FAMILY CENTERED CARE TO THE PEOPLE OF OUR COMMUNITY DURING AND AFTER THE LAST SEASON OF LIFE.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ **5,430,118** including grants of\$) (Revenue \$ **4,590,752**)

DIRECT CARE - HOME CARE

A SPECIALIZED, INTERDISCIPLINARY TEAM TAILORS A PLAN OF CARE FOR EACH PATIENT AND FAMILY/CAREGIVER WITH A TERMINAL DIAGNOSIS. THE PLAN CONSIDERS PHYSICAL, EMOTIONAL, SOCIAL AND SPIRITUAL NEEDS. INCLUDED IN THE INTERDISCIPLINARY TEAM ARE REGISTERED NURSES, LICENSED PRACTICAL NURSES, SOCIAL WORKERS, CERTIFIED NURSING ASSISTANTS, SPIRITUAL CARE STAFF AND VOLUNTEERS. THE HOME CARE INTERDISCIPLINARY TEAM SERVES PATIENTS IN WHATEVER SETTING THEY CALL "HOME". 472 PATIENTS WERE PROVIDED SUPPORT SERVICE AND MEDICAL SUPPLIES.

4b (Code:) (Expenses \$ **1,738,450** including grants of\$) (Revenue \$ **3,493,525**)

DIRECT CARE - HOSPICE HOME:

IN JULY 2012 HOSPICE OF LENAWE OPENED AN 8-BED IN-PATIENT UNIT WHICH SERVES PATIENTS AT ALL LEVELS OF CARE (ROUTINE, GIP, RESPITE AND CONTINUOUS). THE UNIT IS STAFFED WITH A SPECIALIZED, INTERDISCIPLINARY TEAM THAT TAILORS A PLAN OF CARE FOR EACH PATIENT. THE PLAN CONSIDERS PHYSICAL, EMOTIONAL, SOCIAL AND SPIRITUAL NEEDS. INCLUDED IN THE INTERDISCIPLINARY TEAM ARE REGISTERED NURSES, LICENSED PRACTICAL NURSES, SOCIAL WORKERS, CERTIFIED NURSING ASSISTANTS, SPIRITUAL CARE STAFF AND VOLUNTEERS. 129 PATIENTS WERE PROVIDED SUPPORT SERVICE AND MEDICAL SUPPLIES.

4c (Code:) (Expenses \$ **523,465** including grants of\$) (Revenue \$)

SOCIAL WORK AND SPIRITUAL CARE:

SOCIAL WORKERS AND SPIRITUAL CARE STAFF ARE AN INTEGRAL PART OF THE SPECIALIZED, INTERDISCIPLINARY TEAM THAT PREPARES A PLAN OF CARE FOR EACH PATIENT. THEY PROVIDE COUNSELING AND SPIRITUAL SUPPORT FOR HOME CARE AND HOSPICE HOME PATIENTS AND FAMILIES. 601 PATIENTS WERE SERVED, INCLUSIVE OF THE FIRST TWO PROGRAMS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ **389,225** including grants of\$) (Revenue \$)

4e Total program service expenses **8,081,258**

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 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>	X	
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>		X
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>		X
25b			X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
26			X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
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>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
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>		X
32			X
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>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
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>		X
37			X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	
38		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			11
b	Enter the number of Forms W-2G included on 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?	X	
1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	136		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		X	
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	6a		X	
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		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring 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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 20		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 20		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O.		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
15b			
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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 **▶ MI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

THE ORGANIZATION 1903 WOLF CREEK HIGHWAY MI 49221 517-263-2323
ADRIAN

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

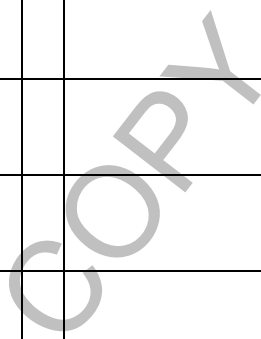
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and 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.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) JUSTIN VOORHEES MEDICAL DIRECTOR	40.00 0.00									
(2) TRAVIS HAVENS PRESIDENT AND CEO	40.00 0.00			X						
(3) AMY FRANCOEUR DIR. OF PATIENT CARE	40.00 0.00					X				
(4) BOB VOGEL CHAIR	0.50 0.00	X		X				0	0	0
(5) AMY BERGMAN VICE CHAIR	0.50 0.00	X		X				0	0	0
(6) CHRIS CLARKE TREASURER	0.50 0.00	X		X				0	0	0
(7) JULIE GOLL SECRETARY	0.50 0.00	X		X				0	0	0
(8) LEE JOHNSON PAST CHAIR	0.50 0.00	X		X				0	0	0
(9) HOLLEIGH BAKER DIRECTOR	0.50 0.00	X						0	0	0
(10) JOHN BARNHART DIRECTOR	0.50 0.00	X						0	0	0
(11) MARGARET COYNE DIRECTOR	0.50 0.00	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(12) MARIA CRANE	0.50									
DIRECTOR	0.00	X						0	0	0
(13) JEFF DANLEY	0.50									
DIRECTOR	0.00	X						0	0	0
(14) PATT HAYES	0.50									
DIRECTOR	0.00	X						0	0	0
(15) JEANETTE HENAGAN	0.50									
DIRECTOR	0.00	X						0	0	0
(16) MARY MYERS BOHN	0.50									
DIRECTOR	0.00	X						0	0	0
(17) MICHAEL OLSAVER	0.50									
DIRECTOR	0.00	X						0	0	0
(18) DANIEL PENA	0.50									
DIRECTOR	0.00	X						0	0	0
(19) JOANN NEGRETE SPADE	0.50									
DIRECTOR	0.00	X						0	0	0
1b Subtotal								449,222		69,545
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								449,222		69,545



2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	3,352					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	1,114,807					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	575,097					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			1,693,256				
Program Service Revenue	2a HOSPICE-MEDICARE/CAID	Business Code		7,787,820	7,787,820			
	b HOSPICE-INS. / PRIVATE PAY			296,457	296,457			
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			8,084,277				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			72,166			72,166	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
	b Less: rental expenses	6b						
	c Rental inc. or (loss)	6c						
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,223,345				
			(ii) Other					
	b Less: cost or other basis and sales exps.	7b	919,943	1,513				
c Gain or (loss)	7c	303,402	-1,513					
d Net gain or (loss)				301,889	-1,513		303,402	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		77,319					
		b Less: direct expenses	8b	14,952				
		c Net income or (loss) from fundraising events			62,367			62,367
9a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a MISCELLANEOUS	Business Code		2,064	2,064			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			2,064				
12 Total revenue. See instructions			10,216,019	8,084,828	0	437,935		

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).

Check if Schedule O contains a response or note to any line in this Part IX

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	397,107	331,240	65,867	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,662,679	3,918,290	648,890	95,499
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	122,446	97,975	22,443	2,028
9 Other employee benefits	850,803	677,875	157,814	15,114
10 Payroll taxes	379,315	317,139	54,938	7,238
11 Fees for services (nonemployees):				
a Management				
b Legal	2,970		2,970	
c Accounting	21,095		21,095	
d Lobbying	872		872	
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	24,084		24,084	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	47,061		37,061	10,000
12 Advertising and promotion	44,230	8,104	36,126	
13 Office expenses	99,375	58,493	39,972	910
14 Information technology	91,147		91,147	
15 Royalties				
16 Occupancy	176,125	154,902	21,223	
17 Travel	165,277	162,538	1,765	974
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,651	10,815	1,102	8,734
20 Interest	2,377	1,184	1,193	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	292,272	190,476	101,796	
23 Insurance	62,155	50,153	12,002	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PATIENT CARE	2,047,201	2,047,201		
b PROVIDER RELIEF FUND	77,965	37,281	25,200	15,484
c MISCELLANEOUS	60,854	14,193	43,359	3,302
d BAD DEBT EXPENSE	46,020	1,020		45,000
e All other expenses	33,989	2,379	30,101	1,509
25 Total functional expenses. Add lines 1 through 24e	9,728,070	8,081,258	1,441,020	205,792
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	643,948	1	34,528
	2 Savings and temporary cash investments	1,540,721	2	365,186
	3 Pledges and grants receivable, net	118,910	3	42,121
	4 Accounts receivable, net	840,292	4	702,048
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	59,898	8	73,867
	9 Prepaid expenses and deferred charges	216,119	9	44,766
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,446,646		
	b Less: accumulated depreciation	10b 1,949,044	10c	4,497,602
	11 Investments—publicly traded securities	5,221,190	11	5,963,526
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	105,150	15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	13,399,259	16	11,723,644	
Liabilities	17 Accounts payable and accrued expenses	2,488,633	17	1,165,173
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,234,141	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,722,774	26	1,165,173
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,831,164	27	7,326,906
	28 Net assets with donor restrictions	2,845,321	28	3,231,565
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	9,676,485	32	10,558,471
33 Total liabilities and net assets/fund balances	13,399,259	33	11,723,644	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,216,019
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,728,070
3	Revenue less expenses. Subtract line 2 from line 1	3	487,949
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,676,485
5	Net unrealized gains (losses) on investments	5	394,037
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,558,471

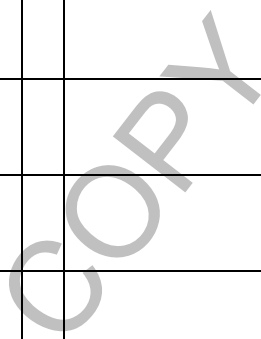
Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 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 on Schedule O.	X	
3a 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?		X
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 on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(20) CATHY THIELAN	0.50									
DIRECTOR	0.00	X					0	0	0	
(21) MEGAN WANKE-HAMMOND	0.50									
DIRECTOR	0.00	X					0	0	0	
(22) SALLY WHELAN	0.50									
EMERITUS DIRECTOR	0.00	X					0	0	0	
(23) JULIE YAROCH	0.50									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										



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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public
Inspection**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

HOSPICE OF LENAWE

Employer identification number

****-***4012**

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	670,354	518,754	613,078	1,082,983	1,693,256	4,578,425
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	670,354	518,754	613,078	1,082,983	1,693,256	4,578,425
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.						4,578,425

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	670,354	518,754	613,078	1,082,983	1,693,256	4,578,425
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	299,183	199,939	83,127	75,276	72,166	729,691
9 Net income from unrelated business activities, whether or not the business is regularly carried on	42,920	54,821	142,751	58,086	62,367	360,945
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		7,087			2,064	9,151
11 Total support. Add lines 7 through 10						5,678,212
12 Gross receipts from related activities, etc. (see instructions)					12	43,233,404

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	80.63%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	76.98%

16a 33 1/3% support test—2021. 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—2020. If the organization did not check a 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—2021. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2020. 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 VI 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2021.** 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
- b 33 1/3% support tests—2020.** 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
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS \$ **9,151**

COPY

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

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.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

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

Name of organization HOSPICE OF LENAWEЕ	Employer identification number **-***4012
---	---

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. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ▶ \$
- 3 Volunteer hours for political campaign activities. See instructions

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 function 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. 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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2021

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- 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 (grassroots 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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		872
j Total. Add lines 1c through 1i			872
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINE 1

WE PARTICIPATED IN A COLLABORATIVE OF 9 OTHER HOSPICES WITH HOSPICE RESIDENCE BEDS DUALY LICENSED WITH THE STATE OF MICHIGAN, TO DISCUSS WITH ELECTED LEGISLATIVE OFFICIALS AND STATE STAFFERS (MOSTLY DEPARTMENT OF COMMUNITY HEALTH (DCH)) TO INTRODUCE LEGISLATION TO RESTORE FUNDING FOR THESE LICENSED SPECIAL NEEDS LONG TERM CARE BEDS.

Part IV Supplemental Information *(continued)*

THIS FUNDING WAS DISCONTINUED ON SEPT. 30, 2013 AS A RESULT OF A DCH POLICY DIRECTIVE. THE BUDGET WAS REINSTATED BUT IS AN ANNUAL ALLOTMENT AND EACH YEAR WE MUST MEET WITH LEGISLATORS TO INCLUDE THESE FUNDS IN THE BUDGET. WE ALSO INCUR AN ALLOCATION OF LOBBYING EXPENSES FROM OUR NATIONAL AND STATE HOSPICE ASSOCIATIONS - NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION AND HOSPICE AND PALLIATIVE CARE ASSOCIATION OF MICHIGAN.

COPY

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

HOSPICE OF LENAWEЕ

-*4012

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)?, 9 In Part XIII, 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" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
- e** Other

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

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" on 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 XIII 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, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	5,329,740	4,706,602	3,746,531	3,859,849	3,143,653
b Contributions	127,930	88,347	356,044	192,851	379,517
c Net investment earnings, gains, and losses	778,655	654,798	766,461	-170,010	432,369
d Grants or scholarships					
e Other expenditures for facilities and programs	143,716	99,114	143,699	121,312	83,007
f Administrative expenses	25,404	20,893	18,735	14,847	12,683
g End of year balance	6,067,205	5,329,740	4,706,602	3,746,531	3,859,849

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ **48.59 %**
- b** Permanent endowment ▶ **36.18 %**
- c** Term endowment ▶ **15.23 %**

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		277,037		277,037
b Buildings		5,082,759	1,266,952	3,815,807
c Leasehold improvements				
d Equipment		1,086,850	682,092	404,758
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ **4,497,602**

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	10,600,924
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	394,037
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	14,952
e	Add lines 2a through 2d	2e	408,989
3	Subtract line 2e from line 1	3	10,191,935
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	24,084
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	24,084
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,216,019

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	9,718,938
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	14,952
e	Add lines 2a through 2d	2e	14,952
3	Subtract line 2e from line 1	3	9,703,986
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	24,084
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	24,084
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,728,070

Part XIII Supplemental Information.

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4 - COLLECTIONS AND RELATION TO EXEMPT PURPOSE

THE ORGANIZATION HAS RECEIVED VARIOUS DONATED WORKS OF ART. THE COLLECTION IS DISPLAYED IN SEVERAL LOCATIONS PRIMARILY IN THE HOSPICE HOME AND HAS BEEN PRESERVED AND CARED FOR AND ACTIVITIES VERIFYING ITS EXISTENCE AND ASSESSING ITS CONDITION ARE PERFORMED CONTINUOUSLY. COLLECTED ITEMS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS. THE FAIR MARKET VALUE OF THE COLLECTIONS AT THE DATE OF THE GIFTS HAS NOT BEEN DETERMINED. IT IS THE POLICY OF THE ORGANIZATION NOT TO RECORD CONTRIBUTIONS OF WORKS OF ART AS REVENUES BECAUSE THE ITEMS ARE HELD FOR PUBLIC EXHIBITION RATHER THAN FINANCIAL GAIN.

Part XIII Supplemental Information *(continued)***PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

THE ORGANIZATION IS THE BENEFICIARY OF TWO ENDOWMENTS. THE WHELAN ENDOWMENT WAS CREATED TO SUPPORT DIRECT PATIENT CARE AND THE LEONARD ENDOWMENT WAS CREATED FOR THE MAINTENANCE, REPAIR, AND RENOVATION OF THE ORGANIZATION'S OFFICES AND IN-PATIENT FACILITY. THE ORGANIZATION ALSO HAS CREATED THREE FUNDS THROUGH WHICH IT CONTINUES TO SOLICIT PERPETUALLY RESTRICTED DONATIONS: THE HOSPICE HEART ENDOWMENT WHICH IS DESIGNED TO COVER PAYMENTS FOR UNDERINSURED OR UNINSURED PATIENT SERVICES; THE KATHY GOETZ BEREAVEMENT ENDOWMENT WHICH IS DESIGNED TO ASSIST IN COVERING THE COST OF COMMUNITY BEREAVEMENT SERVICES PROVIDED TO THE LENAWEЕ COMMUNITY; AND A BOARD DESIGNATED ENDOWMENT FOR INITIATIVES AND OPERATING NEEDS SUPPORTING THE ORGANIZATION'S MISSION. FINALLY, THE ORGANIZATION HAS ALSO CREATED A BOARD DESIGNATED ENDOWMENT FOR THE PURPOSE OF SUPPORTING THE ORGANIZATION'S MISSION BY PROVIDING SUPPORT FOR ORGANIZATION INITIATIVES OR FOR OPERATING NEEDS THAT MAY ARISE FROM TIME TO TIME. OTHER PERPETUALLY RESTRICTED CONTRIBUTIONS ARE INVESTED ALONG WITH THE BOARD DESIGNATED ENDOWMENT. THE ORGANIZATION'S ENDOWMENT FUNDS ARE SUBJECT TO THE MICHIGAN UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA) WHICH REQUIRES THE PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT, AS OF THE GIFT DATE OF THE DONOR- RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY. AS A RESULT OF THIS INTERPRETATION, THE ORGANIZATION CLASSIFIES AS NET ASSETS WITH DONOR RESTRICTIONS (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT LESS UNDERWATER AMOUNTS, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION WAS ADDED TO THE FUND. IN ADDITION, MICHIGAN

Part XIII Supplemental Information *(continued)*

UPMIFA RESTRICTS INVESTMENT INCOME EARNED BY ENDOWMENT FUNDS UNTIL APPROPRIATED FOR EXPENDITURE AND, AS SUCH, INVESTMENT INCOME RELATED TO ENDOWMENT FUNDS IS ALSO CLASSIFIED AS NET ASSETS WITH DONOR RESTRICTIONS. IN ACCORDANCE WITH UPMIFA, THE ORGANIZATION CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE DONOR-RESTRICTED ENDOWMENT FUNDS: THE DURATION AND PRESERVATION OF THE VARIOUS FUNDS, THE PURPOSES OF THE DONOR-RESTRICTED ENDOWMENT FUNDS, GENERAL ECONOMIC CONDITIONS, THE POSSIBLE EFFECT OF INFLATION AND DEFLATION, THE EXPECTED TOTAL RETURN FROM INCOME AND THE APPRECIATION OF INVESTMENTS, OTHER RESOURCES OF THE ORGANIZATION, AND THE ORGANIZATION'S INVESTMENT POLICIES.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3).

IN THE PREPARATION OF TAX RETURNS, TAX POSITIONS ARE TAKEN BASED ON INTERPRETATION OF FEDERAL, STATE AND LOCAL INCOME TAX LAWS. MANAGEMENT PERIODICALLY REVIEWS AND EVALUATES THE STATUS OF UNCERTAIN TAX POSITIONS AND MAKES ESTIMATES OF AMOUNTS, INCLUDING INTEREST AND PENALTIES, ULTIMATELY DUE OR OWED. NO AMOUNTS HAVE BEEN IDENTIFIED, OR RECORDED, AS UNCERTAIN TAX POSITIONS. FEDERAL, STATE AND LOCAL TAX RETURNS GENERALLY REMAIN OPEN FOR EXAMINATION BY THE VARIOUS TAXING AUTHORITIES FOR A PERIOD OF THREE OR FOUR YEARS.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

Part XIII Supplemental Information *(continued)*

DIRECT FUNDRAISING EXPENSES \$ **14,952**

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DIRECT FUNDRAISING EXPENSES \$ **14,952**

COPY

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

HOSPICE OF LENAWE

Employer identification number

****-***4012**

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

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 services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>LIGHTS OF LOVE</u> (event type)	_____ (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	77,319			77,319
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	77,319			77,319
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,576			7,576
	10 Direct expense summary. Add lines 4 through 9 in column (d)				7,576
11 Net income summary. Subtract line 10 from line 3, column (d)				69,743	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash 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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE J
(Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HOSPICE OF LENAWE

Employer identification number

****-***4012**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on 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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JUSTIN VOORHEES MEDICAL DIRECTOR	(i)	188,032	0	0	5,822	25,703	219,557	0
	(ii)	0	0	0	0	0	0	0
2 TRAVIS HAVENS PRESIDENT AND CEO	(i)	147,265	0	0	4,581	25,703	177,549	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COPY

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

HOSPICE OF LENAWEЕ

Employer identification number

**** - ***4012****FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS****BEREAVEMENT:**

BEREAVEMENT STAFF ARE MEMBERS OF THE SPECIALIZED, INTERDISCIPLINARY TEAM WHO FOLLOW PATIENT FAMILIES/CAREGIVERS FOR THIRTEEN MONTHS AFTER THE DEATH OF A PATIENT. COMMUNITY BEREAVEMENT SERVES ANYONE IN OUR COMMUNITY WHO HAS EXPERIENCED A LOSS, EVEN THOUGH THE PATIENT WAS NOT SERVED BY HOSPICE OF LENAWEЕ. 713 PATIENTS WERE SERVED.

VOLUNTEERS PROGRAM:

VOLUNTEERS ARE MEMBERS OF THE SPECIALIZED, INTERDISCIPLINARY TEAM AND ARE REQUIRED TO COMPLETE TWENTY-FOUR HOURS OF TRAINING PRIOR TO BEING ASSIGNED DUTIES. THE ORGANIZATION'S VOLUNTEER PROGRAM PROVIDES OPPORTUNITIES FOR MEMBERS OF OUR COMMUNITY TO ASSIST WITH DIRECT PATIENT CARE FOR HOME CARE AND HOSPICE HOME PATIENTS AND FAMILIES AS WELL AS INDIRECT (ADMINISTRATIVE) SUPPORT.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE IRS FORM 990 IS REVIEWED BY THE ORGANIZATION'S EXECUTIVE COMMITTEE AND THE ENTIRE GOVERNING BODY IS PROVIDED A COPY PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

CONFLICT OF INTEREST STATEMENTS ARE UPDATED ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF DIRECTORS REVIEWS ANNUALLY THE COMPENSATION OF THE PRESIDENT/CEO AND DETERMINES CHANGES, IF ANY ARE NECESSARY.

Name of the organization

Employer identification number

HOSPICE OF LENAWE

**** - ***4012**

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. CONTACT INFORMATION IS

PROVIDED ON THE ORGANIZATION'S WEBSITE. ADDITIONALLY, THE ARTICLES OF

NONPROFIT INCORPORATION AND ANNUAL REPORTS ARE AVAILABLE FROM MICHIGAN DEPT

OF ENERGY, LABOR & ECONOMIC GROWTH AT WWW.DLEG.STATE.MI.US/BCS_CORP.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

DIRECT FUNDRAISING EXPENSES \$ 14,952

DIRECT FUNDRAISING EXPENSES \$ -14,952

COPY

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

Name(s) shown on return

HOSPICE OF LENAWE

Identifying number

****-***4012**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	159,982

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	132,291
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	292,273
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2021)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

-*4012

Federal Asset Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
119	Fire proof file cabinet (#21) Sold/Scrapped: 6/30/21	11/15/88	835			835	10 HY S/L	835	0
176	Fellowes Shredder	10/30/06	1,890			1,890	7 MQ S/L	1,890	0
207	Wireless internet access	2/01/12	18,943			18,943	7 HY S/L	18,943	0
208	3 Fabric covered chairs(wood-golden cherry)	2/01/12	988			988	7 HY S/L	988	0
209	Table (wood-golden cherry)	2/01/12	522			522	7 HY S/L	522	0
210	Ge dishwasher	2/01/12	630			630	7 HY S/L	630	0
212	2 bookcases-wild cherry	2/01/12	2,225			2,225	7 HY S/L	2,225	0
214	2 bookcases	2/01/12	735			735	7 HY S/L	735	0
215	2 30" overhead storage units (laminate)	2/01/12	700			700	7 HY S/L	700	0
218	Sign-driveaway entrance	2/01/12	10,141			10,141	15 HY S/L	5,747	676
219	21 Mid back desk chairs w/arms	2/01/12	8,498			8,498	7 HY S/L	8,498	0
220	2 double 4-high 36" lateral file cabinets	2/01/12	2,824			2,824	7 HY S/L	2,824	0
221	4-high 36" lateral file	2/01/12	721			721	7 HY S/L	721	0
222	2 fabric panel workstations-PCS	2/01/12	3,439			3,439	7 HY S/L	3,439	0
223	3 fabric panel workstations-SC	2/01/12	5,159			5,159	7 HY S/L	5,159	0
224	4 fabric panel workstations-SW	2/01/12	6,878			6,878	7 HY S/L	6,878	0
225	36x96 table w/steel base	2/01/12	613			613	7 HY S/L	613	0
226	8 Stack chair w/arms	2/01/12	1,077			1,077	7 HY S/L	1,077	0
227	2 Round Tables	2/01/12	421			421	7 HY S/L	421	0
228	2 24x60 flip top tables	2/01/12	868			868	7 HY S/L	868	0
229	8 30x72 flip top tables	2/01/12	4,018			4,018	7 HY S/L	4,018	0
230	60 Stack chairs w/arms	2/01/12	8,079			8,079	7 HY S/L	8,079	0
231	30x72 desk-President's office	2/01/12	251			251	7 HY S/L	251	0
232	24x72 desk-Presidents office	2/01/12	210			210	7 HY S/L	210	0
233	24x42 desk-President's desk	2/01/12	141			141	7 HY S/L	141	0
234	14x72x37 hutch-President's office	2/01/12	689			689	7 HY S/L	689	0
235	Modular pedestal, 12/12 President's office	2/01/12	258			258	7 HY S/L	258	0
236	Modular pedestal, 6/6/12 President's office	2/01/12	263			263	7 HY S/L	263	0
237	36" 4-high bookcase-President's office	2/01/12	528			528	7 HY S/L	528	0
238	36" round table President's office	2/01/12	211			211	7 HY S/L	211	0
239	4 Stack chairs w/arms-President's office	2/01/12	539			539	7 HY S/L	539	0
240	15 high-back desk chairs w/arms	2/01/12	4,027			4,027	7 HY S/L	4,027	0
241	Stack chair w/arms	2/01/12	135			135	7 HY S/L	135	0
243	11 4-high lateral file w/top L shaped offices	2/01/12	7,834			7,834	7 HY S/L	7,834	0
244	5 3-high 36" bookcase L shaped offices	2/01/12	1,230			1,230	7 HY S/L	1,230	0
245	2 4-high 36" bookcase L shaped offices	2/01/12	528			528	7 HY S/L	528	0
246	38 Stack chair w/arms L shaped offices	2/01/12	5,117			5,117	7 HY S/L	5,117	0
247	31 fabric covered guest chair	2/01/12	9,415			9,415	7 HY S/L	9,415	0
248	4 end tables	2/01/12	1,925			1,925	7 HY S/L	1,925	0
249	4 round tables	2/01/12	842			842	7 HY S/L	842	0
250	13 L shaped office desks w/pedestals	2/01/12	19,291			19,291	7 HY S/L	19,291	0
252	Champion Dishwasher	2/01/12	6,982			6,982	7 HY S/L	6,982	0
253	2 Food Carts	2/01/12	727			727	7 HY S/L	727	0
254	Victory Refrigerator	2/01/12	3,029			3,029	7 HY S/L	3,029	0
255	Amana commercial microwave	2/01/12	919			919	7 HY S/L	919	0
256	Southbend 4-burner stove-gas	2/01/12	6,561			6,561	7 HY S/L	6,561	0
257	8' metal work table	2/01/12	2,743			2,743	7 HY S/L	2,743	0
259	3-compartment sink	2/01/12	2,296			2,296	7 HY S/L	2,296	0
260	Dish table	2/01/12	1,480			1,480	7 HY S/L	1,480	0
262	Hand sink	2/01/12	544			544	7 HY S/L	544	0
263	beverage table w/overshelf	2/01/12	3,254			3,254	7 HY S/L	3,254	0
264	prep sink 8'	2/01/12	2,538			2,538	7 HY S/L	2,538	0
265	Captive air hood	2/01/12	7,553			7,553	7 HY S/L	7,553	0
267	14x60 shelving unit	2/01/12	172			172	7 HY S/L	172	0
268	14x72 shelving unit	2/01/12	182			182	7 HY S/L	182	0
269	Bunn coffee maker	2/01/12	798			798	5 HY S/L	798	0
270	Robot coupe food processor	2/01/12	600			600	7 HY S/L	600	0
271	Lazyboy sofa & pillows Sold/Scrapped: 12/31/21	2/01/12	794			794	7 HY S/L	794	0
272	Lazyboy chair & pillow Sold/Scrapped: 12/31/21	2/01/12	633			633	7 HY S/L	633	0
273	Lazyboy ottoman	2/01/12	302			302	7 HY S/L	302	0
275	3 Lazyboy chairs & pillows	2/01/12	1,779			1,779	7 HY S/L	1,779	0
276	2 Lazyboy chairs & pillows	2/01/12	1,508			1,508	7 HY S/L	1,508	0
279	Chromcraft table	2/01/12	362			362	7 HY S/L	362	0
280	6 Chromcraft chairs	2/01/12	724			724	7 HY S/L	724	0
281	Refrigerator	2/01/12	200			200	5 HY S/L	200	0

-*4012

Federal Asset Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
282	GE microwave	2/01/12	110			110	5 HY S/L	110	0
283	LG TV 50PT350	2/01/12	600			600	5 HY S/L	600	0
285	2 refrigerators	2/01/12	300			300	5 HY S/L	300	0
286	7 GE microwaves	2/01/12	770			770	5 HY S/L	770	0
289	Toshiba blue ray player	2/01/12	140			140	3 HY S/L	140	0
290	Cocktail table	2/01/12	300			300	7 HY S/L	300	0
291	Water softener	2/01/12	2,146			2,146	7 HY S/L	2,146	0
292	6 refrigerators	2/01/12	900			900	5 HY S/L	900	0
293	Microwave	2/01/12	110			110	5 HY S/L	110	0
296	Danby refrigerator	2/01/12	250			250	5 HY S/L	250	0
297	End table	2/01/12	200			200	7 HY S/L	200	0
298	End table	2/01/12	200			200	7 HY S/L	200	0
299	Invacare Continuing Care Tub & Lift	2/01/12	14,591			14,591	7 HY S/L	14,591	0
301	Shelves and posts-3 units	2/01/12	1,028			1,028	7 HY S/L	1,028	0
302	Supply room metal racks	2/01/12	2,847			2,847	7 HY S/L	2,847	0
303	6 standard beds	2/01/12	10,056			10,056	7 HY S/L	10,056	0
304	2 bariatric beds	2/01/12	5,390			5,390	7 HY S/L	5,390	0
305	8 over bed tables	2/01/12	1,391			1,391	7 HY S/L	1,391	0
306	8 3-drawer chests, including locks	2/01/12	1,962			1,962	7 HY S/L	1,962	0
307	8 wardrobes	2/01/12	3,930			3,930	7 HY S/L	3,930	0
308	Power life w/scale & full body sling	2/01/12	2,337			2,337	7 HY S/L	2,337	0
310	8 sleep chairs	2/01/12	31,789			31,789	7 HY S/L	31,789	0
311	12 folding chairs	2/01/12	2,742			2,742	7 HY S/L	2,742	0
312	16 autumn arm chairs	2/01/12	7,188			7,188	7 HY S/L	7,188	0
313	8 round pedestal tables	2/01/12	6,956			6,956	7 HY S/L	6,956	0
314	2 30-compartment mail boxes & bases	2/01/12	1,396			1,396	7 HY S/L	1,396	0
Sold/Scrapped: 12/31/21									
315	30x72 desk - HH manger	2/01/12	251			251	7 HY S/L	251	0
316	24x48 desk piece - HH manager	2/01/12	199			199	7 HY S/L	199	0
317	Modular pedestal 12/12 - HH manager	2/01/12	258			258	7 HY S/L	258	0
318	Modular pedestal 6/6/12 - HH manager	2/01/12	263			263	7 HY S/L	263	0
319	Lateral file top 1836 - HH manager	2/01/12	66			66	7 HY S/L	66	0
320	4-high 36" lateral file w/top - HH manager	2/01/12	652			652	7 HY S/L	652	0
321	Stack chair w/arms - HH manager	2/01/12	269			269	7 HY S/L	269	0
322	Fabric panel workstation-Nurse's station	2/01/12	3,000			3,000	7 HY S/L	3,000	0
323	24x24 storage cabinet-Nurse's station	2/01/12	770			770	7 HY S/L	770	0
324	4-high 36" lateral file w/top-Nurse's station	2/01/12	733			733	7 HY S/L	733	0
325	4 stowaway seat, cafe height, no arms	2/01/12	483			483	7 HY S/L	483	0
326	10 19" LH workstations	2/01/12	21,629			21,629	7 HY S/L	21,629	0
327	10 19" RH workstations	2/01/12	21,629			21,629	7 HY S/L	21,629	0
328	20 mid-back desk chairs w/arms	2/01/12	3,049			3,049	7 HY S/L	3,049	0
329	Bathroom wall cabinet	9/24/12	236			236	7 HY S/L	236	0
330	4 4tray table sets	2/01/12	120			120	7 HY S/L	120	0
331	5 samsonite folding chairs	2/01/12	125			125	7 HY S/L	125	0
332	Samsonite rec table	2/01/12	30			30	7 HY S/L	30	0
333	4 folding chairs	2/01/12	100			100	7 HY S/L	100	0
334	2 Bathroom wall cabinets	2/01/12	472			472	7 HY S/L	472	0
335	Chemical injection system (water)	2/01/12	2,316			2,316	7 HY S/L	2,316	0
337	Patio table and 4 chairs	7/16/12	447			447	7 HY S/L	447	0
338	2 bathroom wall cabinets	9/24/12	472			472	7 HY S/L	472	0
339	Mail Sorter	10/12/12	406			406	7 HY S/L	406	0
340	Landscaping	6/01/12	88,133			88,133	15 HY S/L	49,942	5,876
341	Retaining wall	7/27/12	2,030			2,030	15 HY S/L	1,150	136
342	Peace pond	10/30/12	1,330			1,330	15 HY S/L	754	88
343	Building 1903 Wolf Creek Hwy	2/01/12	5,020,589			5,020,589	39 MMS/L	1,113,943	125,515
			<u>5,450,004</u>			<u>5,450,004</u>		<u>1,499,317</u>	<u>132,291</u>

Other Depreciation:

187	CYMA Financial Mgt Software	1/01/06	1,630			1,630	3 MO Amort	1,630	0
196	Land - 1000 Wolf Creek Hwy	6/16/08	277,037			277,037	0 -- Land	0	0
200	Term Server MI009ZNTSRV	12/05/08	0			0	0 -- Memo	0	0
345	Uline 16 person locker	7/22/13	1,055			1,055	7 MO S/L	1,055	0
346	Brick walkway	9/01/13	10,245			10,245	15 MO S/L	5,009	683
348	TS Marketing, Inc. - License Database	4/15/14	2,700			2,700	3 MO S/L	2,700	0
350	Wanderguard System	9/04/14	14,679			14,679	7 MO S/L	13,281	1,398
351	4 3-drawer lateral file cabinets	7/31/14	1,880			1,880	7 MO S/L	1,723	157
353	Brick Walkway	6/06/14	591			591	15 MO S/L	259	40
354	desk w/ 4 shelf bookcase	12/30/14	3,516			3,516	7 MO S/L	3,014	502
355	Fire monitoring equipment	12/19/14	2,355			2,355	7 MO S/L	2,019	336

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Federal Asset Report

FYE: 12/31/2021

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Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
356	Automatic door openers, sensors (4)	11/30/14	13,831			13,831	7 MO S/L	12,020	1,811
357	Cisco poe switch	11/13/14	2,257			2,257	7 MO S/L	1,988	269
358	Commspec phone system	9/29/15	7,078			7,078	7 MO S/L	5,309	1,011
359	Commspec phone system	9/29/15	708			708	7 MO S/L	531	101
360	Commspec phone system	9/29/15	6,370			6,370	7 MO S/L	4,778	910
361	desk w/ 4 shelf bookcase	5/06/15	3,241			3,241	7 MO S/L	2,624	463
362	Fountain	6/28/15	3,454			3,454	7 MO S/L	2,714	493
364	Refrigerator	9/27/16	441			441	5 MO S/L	375	66
365	Exhaust Fan	10/13/16	565			565	7 MO S/L	343	81
366	Outlet for conference room	10/13/16	325			325	7 MO S/L	197	47
367	Break room fan	12/18/16	690			690	7 MO S/L	394	99
368	Water heater	12/20/16	13,798			13,798	7 MO S/L	7,885	1,971
369	4.5 cu ft Refrigerator	12/31/16	847			847	7 MO S/L	484	121
370	Dishwasher Updates	12/01/16	1,087			1,087	7 MO S/L	634	155
371	Brick paver	4/07/16	289			289	15 MO S/L	92	19
372	Brick Paver	12/19/16	299			299	15 MO S/L	80	20
373	Insulation & colling	6/25/16	6,820			6,820	15 MO S/L	2,046	455
375	Door upgrades	11/15/16	1,850			1,850	15 MO S/L	514	123
376	Copy Room Office Renovations	4/03/17	12,352			12,352	7 MO S/L	6,617	1,764
378	Boiler Improvements	9/11/17	528			528	7 MO S/L	252	75
379	Brick Pavers	8/02/17	2,878			2,878	15 MO S/L	655	192
380	Red GFCI Outlets (16)	3/15/17	975			975	15 MO S/L	249	65
381	Generator Outlets	8/01/17	1,175			1,175	15 MO S/L	268	78
382	ADA Improvements	12/11/17	541			541	7 MO S/L	238	78
383	Water Booster Pump	12/19/17	897			897	7 MO S/L	385	128
389	Marquee & Call Cords	2/13/17	4,853			4,853	5 MO S/L	3,802	971
391	Access Control Panel Replacement	6/30/17	2,340			2,340	5 MO S/L	1,638	468
392	Chair Rails for Pt Rooms	6/30/17	772			772	5 MO S/L	540	155
393	Boiler Improvements	9/11/17	528			528	7 MO S/L	252	75
396	Team Room Cubicles - Triage	12/01/17	4,536			4,536	5 MO S/L	2,797	907
401	IT Dell Computer 9HWHVJ2	3/31/18	962			962	3 MO S/L	882	80
402	Router	3/31/18	1,650			1,650	3 MO S/L	1,513	137
403	Rising Desk - (10)	3/31/18	2,783			2,783	7 MO S/L	1,093	398
404	Computer Monitor/Memory	3/31/18	579			579	3 MO S/L	531	48
405	Desk Shell IT	4/17/18	2,233			2,233	3 MO S/L	1,985	248
406	Website	4/19/18	5,088			5,088	3 MO S/L	4,522	566
408	HP Printer	7/27/18	417			417	3 MO S/L	336	81
409	Dell Computer D5N9YQ2 Turner	9/30/18	1,580			1,580	3 MO S/L	1,185	395
411	Scanner	10/20/18	517			517	3 MO S/L	373	144
412	Legacy Plaque	10/22/18	6,052			6,052	15 MO S/L	874	404
414	Shell/Pedestal/File Drawer	4/17/18	476			476	15 MO S/L	85	31
415	Rising Desk	4/30/18	201			201	15 MO S/L	36	13
416	HH TVs - (6)	5/31/18	2,782			2,782	5 MO S/L	1,437	557
417	HH Lobby Chair Decor	6/27/18	1,038			1,038	15 MO S/L	173	69
418	Garbage Disposal	11/29/18	2,796			2,796	7 MO S/L	832	400
419	Desk Shell Med Dir	4/17/18	1,108			1,108	15 MO S/L	197	74
420	Rising Desk - (5)	4/30/18	1,005			1,005	15 MO S/L	179	67
421	Computer DVXR7L2 Med Dir	7/27/18	1,097			1,097	3 MO S/L	884	213
422	Pavers	6/30/18	814			814	15 MO S/L	136	54
423	Compressor Hospice Home	3/09/18	6,170			6,170	15 MO S/L	1,165	412
426	Computer Access / Speech Text	12/31/18	673			673	3 MO S/L	449	224
427	Website	3/31/19	1,200			1,200	3 MO S/L	733	400
428	Network Upgrade	8/27/19	1,468			1,468	3 MO S/L	652	489
429	Wild Cherry Desk	9/25/19	666			666	7 MO S/L	119	95
430	Patient recliners (8)	2/11/19	17,288			17,288	7 MO S/L	4,734	2,469
431	Mesh back chairs (5)	10/16/19	600			600	7 MO S/L	100	86
432	Refrigerator	12/27/19	2,530			2,530	7 MO S/L	361	362
434	8 250W and 7 100W Metal Halide Lamps	2/20/19	1,875			1,875	7 MO S/L	491	268
435	Staging Board	3/31/19	1,892			1,892	7 MO S/L	473	270
436	Flamerod & Ignitor Replacements	3/31/19	939			939	7 MO S/L	235	134
437	Expansion Tank in Boiler	4/25/19	3,900			3,900	7 MO S/L	929	557
439	HH Radios (8)	5/28/20	2,684			2,684	3 MO S/L	522	895
440	Projector System Bereavement Conference 1	9/04/20	7,208			7,208	3 MO S/L	801	2,402
441	Projector System Main Conference Room	9/04/20	9,650			9,650	3 MO S/L	1,072	3,217
442	One Cause Auction Fundraising Software	8/28/20	2,095			2,095	3 MO S/L	233	349
	Sold/Scrapped: 6/30/21								
443	Door FOB Access System	10/31/20	48,413			48,413	3 MO S/L	2,690	16,137
444	Security Camera System	5/28/20	25,566			25,566	3 MO S/L	4,971	8,522
445	Power Edge R440 Server	5/11/20	6,154			6,154	3 MO S/L	1,368	2,051
446	Dell Latitude Laptops 5510 (5)	8/11/20	6,634			6,634	3 MO S/L	921	2,212
447	Dell Latitude Laptops 5510 (2)	12/11/20	2,772			2,772	3 MO S/L	77	924

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Federal Asset Report

FYE: 12/31/2021

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Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
448	Dell Latitude Laptops 5510 (4)	11/11/20	5,630			5,630	3 MO S/L	313	1,876
449	Desktop Computers Dell (2)	5/11/20	2,193			2,193	3 MO S/L	487	732
450	Dell Latitude 5500 i5 (10)	7/31/20	13,924			13,924	3 MO S/L	1,934	4,641
451	Dell Latitude 5500 i7 (16)	7/28/20	9,449			9,449	3 MO S/L	1,312	3,150
452	Ice Machine Hospice Home Kitchen	7/27/20	7,000			7,000	5 MO S/L	583	1,400
453	Ice Machine Family Room Hospice Home	7/27/20	6,570			6,570	5 MO S/L	548	1,314
454	Freezer Katom	8/27/20	3,436			3,436	5 MO S/L	229	687
455	Vinyl Chairs Tablet Arm Alcove (2)	7/13/20	2,248			2,248	7 MO S/L	161	321
456	Alcove Furniture (2 chairs and end table)	7/13/20	1,982			1,982	7 MO S/L	142	283
457	Carpet Extractor	5/28/20	2,675			2,675	3 MO S/L	520	892
458	Ozone System/Piping	8/24/20	12,493			12,493	5 MO S/L	833	2,498
459	Washer 40lb including ozone and repiping	8/24/20	8,182			8,182	5 MO S/L	545	1,637
460	Dryer 55lbs	8/24/20	6,772			6,772	5 MO S/L	451	1,355
461	Dell Latitude 5500 i5 (6)	7/31/20	8,354			8,354	3 MO S/L	1,160	2,785
462	Ice Machine Team Room	7/27/20	7,000			7,000	5 MO S/L	583	1,400
463	Dell Latitude 5500 i7 (2)	7/31/20	3,150			3,150	3 MO S/L	437	1,050
464	Dell Latitude 5500 i5 (43)	7/31/20	59,872			59,872	3 MO S/L	8,316	19,957
465	Floor Scrubber	5/28/20	2,007			2,007	3 MO S/L	390	669
466	Boiler/Hot Water New Board	9/30/20	2,143			2,143	5 MO S/L	107	429
467	Hot Water Heater	10/30/20	16,920			16,920	7 MO S/L	403	2,417
468	iPads 10.2" Space Grey (2)	7/31/20	1,160			1,160	3 MO S/L	161	387
469	iPads 10.2" Space Grey (6)	9/28/20	3,314			3,314	3 MO S/L	276	1,105
470	iPads 10.2" Space Grey (74)	7/31/20	41,383			41,383	3 MO S/L	5,748	13,794
471	Desk Phones (59)	10/30/20	11,240			11,240	5 MO S/L	375	2,248
472	HP Pro Printers (5)	10/01/20	909			909	3 MO S/L	76	303
473	HP Pro Printers (3)	11/28/20	600			600	3 MO S/L	17	200
474	TVs for Security Cameras (2)	5/28/20	762			762	3 MO S/L	148	254
475	iPhones (5)	7/28/20	1,200			1,200	3 MO S/L	167	400
476	Hand Sanitizer Stations (5)	7/28/20	2,847			2,847	3 MO S/L	395	949
477	Rubbermaid Cleaning Cart	5/28/20	581			581	3 MO S/L	113	194
478	Oreck Commercial Vacuums (2)	5/28/20	519			519	3 MO S/L	101	173
479	iPhones (10)	7/28/20	2,555			2,555	3 MO S/L	355	852
480	iPads 10.2" Space Grey (2)	7/31/20	1,120			1,120	3 MO S/L	156	373
481	HP Pro Printer	11/28/20	200			200	3 MO S/L	6	66
482	Headset for Clinical Staff (3)	11/16/20	885			885	3 MO S/L	25	295
483	LEVO iPad Floor Stands (11)	7/28/20	2,090			2,090	3 MO S/L	290	697
484	iPhones (56)	7/28/20	15,107			15,107	3 MO S/L	2,098	5,036
485	Dell 5510 Laptops (3)	1/11/21	3,879			3,879	3 MO S/L	0	1,293
486	Dell 5520 Laptops	3/11/21	1,699			1,699	3 MO S/L	0	472
487	Watchguard Firebox	3/03/21	2,156			2,156	3 MO S/L	0	599
488	Amazon Epson DS530II Scanner	5/27/21	599			599	3 MO S/L	0	116
489	Admin RTU Compressor	11/04/21	4,633			4,633	5 MO S/L	0	154
490	NetSmart EMR Software	4/01/21	105,150			105,150	5 MO S/L	0	15,773
491	Uline 6 Tier Lockers	2/05/21	730			730	5 MO S/L	0	134
492	Total Energy Battery	3/05/21	1,187			1,187	3 MO S/L	0	330
493	Asphalt Sealcoating	9/21/21	16,081			16,081	5 MO S/L	0	804
494	Pump Boiler	1/05/21	2,242			2,242	3 MO S/L	0	747
	Total Other Depreciation		<u>1,002,396</u>			<u>1,002,396</u>		<u>161,701</u>	<u>159,982</u>
	Total ACRS and Other Depreciation		<u>1,002,396</u>			<u>1,002,396</u>		<u>161,701</u>	<u>159,982</u>
	Grand Totals		6,452,400			6,452,400		1,661,018	292,273
	Less: Dispositions and Transfers		5,753			5,753		3,891	349
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>6,446,647</u>			<u>6,446,647</u>		<u>1,657,127</u>	<u>291,924</u>

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AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
119	Fire proof file cabinet (#21) Sold/Scrapped: 6/30/21	11/15/88	835				835	10	HY S/L	835	0
176	Fellowes Shredder	10/30/06	1,890				1,890	7	MQ150DB	1,890	0
207	Wireless internet access	2/01/12	18,943				18,943	7	HY S/L	18,943	0
208	3 Fabric covered chairs(wood-golden cherry)	2/01/12	988				988	7	HY S/L	988	0
209	Table (wood-golden cherry)	2/01/12	522				522	7	HY S/L	522	0
210	Ge dishwasher	2/01/12	630				630	7	HY S/L	630	0
212	2 bookcases-wild cherry	2/01/12	2,225				2,225	7	HY S/L	2,225	0
214	2 bookcases	2/01/12	735				735	7	HY S/L	735	0
215	2 30" overhead storage units (laminate)	2/01/12	700				700	7	HY S/L	700	0
218	Sign-driveaway entrance	2/01/12	10,141				10,141	15	HY S/L	5,747	676
219	21 Mid back desk chairs w/arms	2/01/12	8,498				8,498	7	HY S/L	8,498	0
220	2 double 4-high 36" lateral file cabinets	2/01/12	2,824				2,824	7	HY S/L	2,824	0
221	4-high 36" lateral file	2/01/12	721				721	7	HY S/L	721	0
222	2 fabric panel workstations-PCS	2/01/12	3,439				3,439	7	HY S/L	3,439	0
223	3 fabric panel workstations-SC	2/01/12	5,159				5,159	7	HY S/L	5,159	0
224	4 fabric panel workstations-SW	2/01/12	6,878				6,878	7	HY S/L	6,878	0
225	36x96 table w/steel base	2/01/12	613				613	7	HY S/L	613	0
226	8 Stack chair w/arms	2/01/12	1,077				1,077	7	HY S/L	1,077	0
227	2 Round Tables	2/01/12	421				421	7	HY S/L	421	0
228	2 24x60 flip top tables	2/01/12	868				868	7	HY S/L	868	0
229	8 30x72 flip top tables	2/01/12	4,018				4,018	7	HY S/L	4,018	0
230	60 Stack chairs w/arms	2/01/12	8,079				8,079	7	HY S/L	8,079	0
231	30x72 desk-President's office	2/01/12	251				251	7	HY S/L	251	0
232	24x72 desk-Presidents office	2/01/12	210				210	7	HY S/L	210	0
233	24x42 desk-President's desk	2/01/12	141				141	7	HY S/L	141	0
234	14x72x37 hutch-President's office	2/01/12	689				689	7	HY S/L	689	0
235	Modular pedestal, 12/12 President's office	2/01/12	258				258	7	HY S/L	258	0
236	Modular pedestal, 6/6/12 President's office	2/01/12	263				263	7	HY S/L	263	0
237	36" 4-high bookcase-President's office	2/01/12	528				528	7	HY S/L	528	0
238	36" round table President's office	2/01/12	211				211	7	HY S/L	211	0
239	4 Stack chairs w/arms-President's office	2/01/12	539				539	7	HY S/L	539	0
240	15 high-back desk chairs w/arms	2/01/12	4,027				4,027	7	HY S/L	4,027	0
241	Stack chair w/arms	2/01/12	135				135	7	HY S/L	135	0
243	11 4-high lateral file w/top L shaped offices	2/01/12	7,834				7,834	7	HY S/L	7,834	0
244	5 3-high 36" bookcase L shaped offices	2/01/12	1,230				1,230	7	HY S/L	1,230	0
245	2 4-high 36" bookcase L shaped offices	2/01/12	528				528	7	HY S/L	528	0
246	38 Stack chair w/arms L shaped offices	2/01/12	5,117				5,117	7	HY S/L	5,117	0
247	31 fabric covered guest chair	2/01/12	9,415				9,415	7	HY S/L	9,415	0
248	4 end tables	2/01/12	1,925				1,925	7	HY S/L	1,925	0
249	4 round tables	2/01/12	842				842	7	HY S/L	842	0
250	13 L shaped office desks w/pedestals	2/01/12	19,291				19,291	7	HY S/L	19,291	0
252	Champion Dishwasher	2/01/12	6,982				6,982	7	HY S/L	6,982	0
253	2 Food Carts	2/01/12	727				727	7	HY S/L	727	0
254	Victory Refrigerator	2/01/12	3,029				3,029	7	HY S/L	3,029	0
255	Amana commercial microwave	2/01/12	919				919	7	HY S/L	919	0
256	Southbend 4-burner stove-gas	2/01/12	6,561				6,561	7	HY S/L	6,561	0
257	8' metal work table	2/01/12	2,743				2,743	7	HY S/L	2,743	0
259	3-compartment sink	2/01/12	2,296				2,296	7	HY S/L	2,296	0
260	Dish table	2/01/12	1,480				1,480	7	HY S/L	1,480	0
262	Hand sink	2/01/12	544				544	7	HY S/L	544	0
263	beverage table w/overshelf	2/01/12	3,254				3,254	7	HY S/L	3,254	0
264	prep sink 8'	2/01/12	2,538				2,538	7	HY S/L	2,538	0
265	Captive air hood	2/01/12	7,553				7,553	7	HY S/L	7,553	0
267	14x60 shelving unit	2/01/12	172				172	7	HY S/L	172	0
268	14x72 shelving unit	2/01/12	182				182	7	HY S/L	182	0
269	Bunn coffee maker	2/01/12	798				798	5	HY S/L	798	0
270	Robot coupe food processor	2/01/12	600				600	7	HY S/L	600	0
271	Lazyboy sofa & pillows Sold/Scrapped: 12/31/21	2/01/12	794				794	7	HY S/L	794	0
272	Lazyboy chair & pillow Sold/Scrapped: 12/31/21	2/01/12	633				633	7	HY S/L	633	0
273	Lazyboy ottoman	2/01/12	302				302	7	HY S/L	302	0
275	3 Lazyboy chairs & pillows	2/01/12	1,779				1,779	7	HY S/L	1,779	0
276	2 Lazyboy chairs & pillows	2/01/12	1,508				1,508	7	HY S/L	1,508	0
279	Chromcraft table	2/01/12	362				362	7	HY S/L	362	0
280	6 Chromcraft chairs	2/01/12	724				724	7	HY S/L	724	0
281	Refrigerator	2/01/12	200				200	5	HY S/L	200	0

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AMT Asset Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
282	GE microwave	2/01/12	110			110	5 HY S/L	110	0
283	LG TV 50PT350	2/01/12	600			600	5 HY S/L	600	0
285	2 refrigerators	2/01/12	300			300	5 HY S/L	300	0
286	7 GE microwaves	2/01/12	770			770	5 HY S/L	770	0
289	Toshiba blue ray player	2/01/12	140			140	3 HY S/L	140	0
290	Cocktail table	2/01/12	300			300	7 HY S/L	300	0
291	Water softener	2/01/12	2,146			2,146	7 HY S/L	2,146	0
292	6 refrigerators	2/01/12	900			900	5 HY S/L	900	0
293	Microwave	2/01/12	110			110	5 HY S/L	110	0
296	Danby refrigerator	2/01/12	250			250	5 HY S/L	250	0
297	End table	2/01/12	200			200	7 HY S/L	200	0
298	End table	2/01/12	200			200	7 HY S/L	200	0
299	Invacare Continuing Care Tub & Lift	2/01/12	14,591			14,591	7 HY S/L	14,591	0
301	Shelves and posts-3 units	2/01/12	1,028			1,028	7 HY S/L	1,028	0
302	Supply room metal racks	2/01/12	2,847			2,847	7 HY S/L	2,847	0
303	6 standard beds	2/01/12	10,056			10,056	7 HY S/L	10,056	0
304	2 bariatric beds	2/01/12	5,390			5,390	7 HY S/L	5,390	0
305	8 over bed tables	2/01/12	1,391			1,391	7 HY S/L	1,391	0
306	8 3-drawer chests, including locks	2/01/12	1,962			1,962	7 HY S/L	1,962	0
307	8 wardrobes	2/01/12	3,930			3,930	7 HY S/L	3,930	0
308	Power life w/scale & full body sling	2/01/12	2,337			2,337	7 HY S/L	2,337	0
310	8 sleep chairs	2/01/12	31,789			31,789	7 HY S/L	31,789	0
311	12 folding chairs	2/01/12	2,742			2,742	7 HY S/L	2,742	0
312	16 autumn arm chairs	2/01/12	7,188			7,188	7 HY S/L	7,188	0
313	8 round pedestal tables	2/01/12	6,956			6,956	7 HY S/L	6,956	0
314	2 30-compartment mail boxes & bases	2/01/12	1,396			1,396	7 HY S/L	1,396	0
Sold/Scrapped: 12/31/21									
315	30x72 desk - HH manger	2/01/12	251			251	7 HY S/L	251	0
316	24x48 desk piece - HH manager	2/01/12	199			199	7 HY S/L	199	0
317	Modular pedestal 12/12 - HH manager	2/01/12	258			258	7 HY S/L	258	0
318	Modular pedestal 6/6/12 - HH manager	2/01/12	263			263	7 HY S/L	263	0
319	Lateral file top 1836 - HH manager	2/01/12	66			66	7 HY S/L	66	0
320	4-high 36" lateral file w/top - HH manager	2/01/12	652			652	7 HY S/L	652	0
321	Stack chair w/arms - HH manager	2/01/12	269			269	7 HY S/L	269	0
322	Fabric panel workstation-Nurse's station	2/01/12	3,000			3,000	7 HY S/L	3,000	0
323	24x24 storage cabinet-Nurse's station	2/01/12	770			770	7 HY S/L	770	0
324	4-high 36" lateral file w/top-Nurse's station	2/01/12	733			733	7 HY S/L	733	0
325	4 stowaway seat, cafe height, no arms	2/01/12	483			483	7 HY S/L	483	0
326	10 19" LH workstations	2/01/12	21,629			21,629	7 HY S/L	21,629	0
327	10 19" RH workstations	2/01/12	21,629			21,629	7 HY S/L	21,629	0
328	20 mid-back desk chairs w/arms	2/01/12	3,049			3,049	7 HY S/L	3,049	0
329	Bathroom wall cabinet	9/24/12	236			236	7 HY S/L	236	0
330	4 4tray table sets	2/01/12	120			120	7 HY S/L	120	0
331	5 samsonite folding chairs	2/01/12	125			125	7 HY S/L	125	0
332	Samsonite rec table	2/01/12	30			30	7 HY S/L	30	0
333	4 folding chairs	2/01/12	100			100	7 HY S/L	100	0
334	2 Bathroom wall cabinets	2/01/12	472			472	7 HY S/L	472	0
335	Chemical injection system (water)	2/01/12	2,316			2,316	7 HY S/L	2,316	0
337	Patio table and 4 chairs	7/16/12	447			447	10 HY S/L	380	45
338	2 bathroom wall cabinets	9/24/12	472			472	10 HY S/L	401	47
339	Mail Sorter	10/12/12	406			406	10 HY S/L	345	41
340	Landscaping	6/01/12	88,133			88,133	15 HY S/L	49,942	5,876
341	Retaining wall	7/27/12	2,030			2,030	15 HY S/L	1,150	136
342	Peace pond	10/30/12	1,330			1,330	15 HY S/L	754	88
343	Building 1903 Wolf Creek Hwy	2/01/12	5,020,589			5,020,589	39 MMS/L	1,113,943	125,515
			<u>5,450,004</u>			<u>5,450,004</u>		<u>1,499,118</u>	<u>132,424</u>

Other Depreciation:

196	Land - 1000 Wolf Creek Hwy	6/16/08	0			0	0 HY	0	0
200	Term Server M1009ZNTSRV	12/05/08	0			0	0 HY	0	0
345	Uline 16 person locker	7/22/13	0			0	0 HY	0	0
346	Brick walkway	9/01/13	0			0	0 HY	0	0
348	TS Marketing, Inc. - License Database	4/15/14	0			0	0 HY	0	0
350	Wanderguard System	9/04/14	0			0	7 HY	0	0
351	4 3-drawer lateral file cabinets	7/31/14	0			0	7 HY	0	0
353	Brick Walkway	6/06/14	0			0	0 HY	0	0
354	desk w/ 4 shelf bookcase	12/30/14	0			0	0 HY	0	0
355	Fire monitoring equipment	12/19/14	0			0	0 HY	0	0
356	Automatic door openers, sensors (4)	11/30/14	0			0	0 HY	0	0

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AMT Asset Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
357	Cisco poe switch	11/13/14	0				0	0	HY	0	0
358	Commspec phone system	9/29/15	0				0	0	HY	0	0
359	Commspec phone system	9/29/15	0				0	0	HY	0	0
360	Commspec phone system	9/29/15	0				0	0	HY	0	0
361	desk w/ 4 shelf bookcase	5/06/15	0				0	0	HY	0	0
362	Fountain	6/28/15	0				0	0	HY	0	0
364	Refrigerator	9/27/16	0				0	0	HY	0	0
365	Exhaust Fan	10/13/16	0				0	0	HY	0	0
366	Outlet for conference room	10/13/16	0				0	0	HY	0	0
367	Break room fan	12/18/16	0				0	0	HY	0	0
368	Water heater	12/20/16	0				0	0	HY	0	0
369	4.5 cu ft Refrigerator	12/31/16	0				0	0	HY	0	0
370	Dishwasher Updates	12/01/16	0				0	0	HY	0	0
371	Brick paver	4/07/16	0				0	0	HY	0	0
372	Brick Paver	12/19/16	0				0	0	HY	0	0
373	Insulation & colling	6/25/16	0				0	0	HY	0	0
375	Door upgrades	11/15/16	0				0	0	HY	0	0
376	Copy Room Office Renovations	4/03/17	0				0	0	HY	0	0
378	Boiler Improvements	9/11/17	0				0	0	HY	0	0
379	Brick Pavers	8/02/17	0				0	0	HY	0	0
380	Red GFCI Outlets (16)	3/15/17	0				0	0	HY	0	0
381	Generator Outlets	8/01/17	0				0	0	HY	0	0
382	ADA Improvements	12/11/17	0				0	0	HY	0	0
383	Water Booster Pump	12/19/17	0				0	0	HY	0	0
389	Marquee & Call Cords	2/13/17	0				0	0	HY	0	0
391	Access Control Panel Replacement	6/30/17	0				0	0	HY	0	0
392	Chair Rails for Pt Rooms	6/30/17	0				0	0	HY	0	0
393	Boiler Improvements	9/11/17	0				0	0	HY	0	0
396	Team Room Cubicles - Triage	12/01/17	0				0	0	HY	0	0
401	IT Dell Computer 9HWHVJ2	3/31/18	0				0	0	HY	0	0
402	Router	3/31/18	0				0	0	HY	0	0
403	Rising Desk - (10)	3/31/18	0				0	0	HY	0	0
404	Computer Monitor/Memory	3/31/18	0				0	0	HY	0	0
405	Desk Shell IT	4/17/18	0				0	0	HY	0	0
406	Website	4/19/18	0				0	0	HY	0	0
408	HP Printer	7/27/18	0				0	0	HY	0	0
409	Dell Computer D5N9YQ2 Turner	9/30/18	0				0	0	HY	0	0
411	Scanner	10/20/18	0				0	0	HY	0	0
412	Legacy Plaque	10/22/18	0				0	0	HY	0	0
414	Shell/Pedestal/File Drawer	4/17/18	0				0	0	HY	0	0
415	Rising Desk	4/30/18	0				0	0	HY	0	0
416	HH TVs - (6)	5/31/18	0				0	0	HY	0	0
417	HH Lobby Chair Decor	6/27/18	0				0	0	HY	0	0
418	Garbage Disposal	11/29/18	0				0	0	HY	0	0
419	Desk Shell Med Dir	4/17/18	0				0	0	HY	0	0
420	Rising Desk - (5)	4/30/18	0				0	0	HY	0	0
421	Computer DVXR7L2 Med Dir	7/27/18	0				0	0	HY	0	0
422	Pavers	6/30/18	0				0	0	HY	0	0
423	Compressor Hospice Home	3/09/18	0				0	0	HY	0	0
426	Computer Access / Speech Text	12/31/18	0				0	0	HY	0	0
427	Website	3/31/19	0				0	0	HY	0	0
428	Network Upgrade	8/27/19	0				0	0	HY	0	0
429	Wild Cherry Desk	9/25/19	0				0	0	HY	0	0
430	Patient recliners (8)	2/11/19	0				0	0	HY	0	0
431	Mesh back chairs (5)	10/16/19	0				0	0	HY	0	0
432	Refrigerator	12/27/19	0				0	0	HY	0	0
434	8 250W and 7 100W Metal Halide Lamps	2/20/19	0				0	0	HY	0	0
435	Staging Board	3/31/19	0				0	0	HY	0	0
436	Flamerod & Ignitor Replacements	3/31/19	0				0	0	HY	0	0
437	Expansion Tank in Boiler	4/25/19	0				0	0	HY	0	0
439	HH Radios (8)	5/28/20	0				0	0	HY	0	0
440	Projector System Bereavement Conference	9/04/20	0				0	0	HY	0	0
441	Projector System Main Conference Room	9/04/20	0				0	0	HY	0	0
442	One Cause Auction Fundraising Software	8/28/20	0				0	0	HY	0	0
	Sold/Scrapped: 6/30/21										
443	Door FOB Access System	10/31/20	0				0	0	HY	0	0
444	Security Camera System	5/28/20	0				0	0	HY	0	0
445	Power Edge R440 Server	5/11/20	0				0	0	HY	0	0
446	Dell Latitude Laptops 5510 (5)	8/11/20	0				0	0	HY	0	0
447	Dell Latitude Laptops 5510 (2)	12/11/20	0				0	0	HY	0	0
448	Dell Latitude Laptops 5510 (4)	11/11/20	0				0	0	HY	0	0

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AMT Asset Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
449	Desktop Computers Dell (2)	5/11/20	0			0	0 HY	0	0
450	Dell Latitude 5500 i5 (10)	7/31/20	0			0	0 HY	0	0
451	Dell Latitude 5500 i7 (16)	7/28/20	0			0	0 HY	0	0
452	Ice Machine Hospice Home Kitchen	7/27/20	0			0	0 HY	0	0
453	Ice Machine Family Room Hospice Home	7/27/20	0			0	0 HY	0	0
454	Freezer Katom	8/27/20	0			0	0 HY	0	0
455	Vinyl Chairs Tablet Arm Alcove (2)	7/13/20	0			0	0 HY	0	0
456	Alcove Furniture (2 chairs and end table)	7/13/20	0			0	0 HY	0	0
457	Carpet Extractor	5/28/20	0			0	0 HY	0	0
458	Ozone System/Piping	8/24/20	0			0	0 HY	0	0
459	Washer 40lb including ozone and repiping	8/24/20	0			0	0 HY	0	0
460	Dryer 55lbs	8/24/20	0			0	0 HY	0	0
461	Dell Latitude 5500 i5 (6)	7/31/20	0			0	0 HY	0	0
462	Ice Machine Team Room	7/27/20	0			0	0 HY	0	0
463	Dell Latitude 5500 i7 (2)	7/31/20	0			0	0 HY	0	0
464	Dell Latitude 5500 i5 (43)	7/31/20	0			0	0 HY	0	0
465	Floor Scrubber	5/28/20	0			0	0 HY	0	0
466	Boiler/Hot Water New Board	9/30/20	0			0	0 HY	0	0
467	Hot Water Heater	10/30/20	0			0	0 HY	0	0
468	iPads 10.2" Space Grey (2)	7/31/20	0			0	0 HY	0	0
469	iPads 10.2" Space Grey (6)	9/28/20	0			0	0 HY	0	0
470	iPads 10.2" Space Grey (74)	7/31/20	0			0	0 HY	0	0
471	Desk Phones (59)	10/30/20	0			0	0 HY	0	0
472	HP Pro Printers (5)	10/01/20	0			0	0 HY	0	0
473	HP Pro Printers (3)	11/28/20	0			0	0 HY	0	0
474	TVs for Security Cameras (2)	5/28/20	0			0	0 HY	0	0
475	iPhones (5)	7/28/20	0			0	0 HY	0	0
476	Hand Sanitizer Stations (5)	7/28/20	0			0	0 HY	0	0
477	Rubbermaid Cleaning Cart	5/28/20	0			0	0 HY	0	0
478	Oreck Commercial Vacuums (2)	5/28/20	0			0	0 HY	0	0
479	iPhones (10)	7/28/20	0			0	0 HY	0	0
480	iPads 10.2" Space Grey (2)	7/31/20	0			0	0 HY	0	0
481	HP Pro Printer	11/28/20	0			0	0 HY	0	0
482	Headset for Clinical Staff (3)	11/16/20	0			0	0 HY	0	0
483	LEVO iPad Floor Stands (11)	7/28/20	0			0	0 HY	0	0
484	iPhones (56)	7/28/20	0			0	0 HY	0	0
485	Dell 5510 Laptops (3)	1/11/21	0			0	0 HY	0	0
486	Dell 5520 Laptops	3/11/21	0			0	0 HY	0	0
487	Watchguard Firebox	3/03/21	0			0	0 HY	0	0
488	Amazon Epson DS530II Scanner	5/27/21	0			0	0 HY	0	0
489	Admin RTU Compressor	11/04/21	0			0	0 HY	0	0
490	NetSmart EMR Software	4/01/21	0			0	0 HY	0	0
491	Uline 6 Tier Lockers	2/05/21	0			0	0 HY	0	0
492	Total Energy Battery	3/05/21	0			0	0 HY	0	0
493	Asphalt Sealcoating	9/21/21	0			0	0 HY	0	0
494	Pump Boiler	1/05/21	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		5,450,004			5,450,004		1,499,118	132,424
	Less: Dispositions and Transfers		3,658			3,658		3,658	0
	Net Grand Totals		<u>5,446,346</u>			<u>5,446,346</u>		<u>1,495,460</u>	<u>132,424</u>

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Depreciation Adjustment Report

FYE: 12/31/2021

All Business Activities

AMT
Adjustments/
Preferences

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	119	Fire proof file cabinet (#21)	0	0	0
Page 1	1	176	Fellowes Shredder	0	0	0
Page 1	1	207	Wireless internet access	0	0	0
Page 1	1	208	3 Fabric covered chairs(wood-golden cherry)	0	0	0
Page 1	1	209	Table (wood-golden cherry)	0	0	0
Page 1	1	210	Ge dishwasher	0	0	0
Page 1	1	212	2 bookcases-wild cherry	0	0	0
Page 1	1	214	2 bookcases	0	0	0
Page 1	1	215	2 30" overhead storage units (laminat)	0	0	0
Page 1	1	218	Sign-driveway entrance	676	676	0
Page 1	1	219	21 Mid back desk chairs w/arms	0	0	0
Page 1	1	220	2 double 4-high 36" lateral file cabinets	0	0	0
Page 1	1	221	4-high 36" lateral file	0	0	0
Page 1	1	222	2 fabric panel workstations-PCS	0	0	0
Page 1	1	223	3 fabric panel workstations-SC	0	0	0
Page 1	1	224	4 fabric panel workstations-SW	0	0	0
Page 1	1	225	36x96 table w/steel base	0	0	0
Page 1	1	226	8 Stack chair w/arms	0	0	0
Page 1	1	227	2 Round Tables	0	0	0
Page 1	1	228	2 24x60 flip top tables	0	0	0
Page 1	1	229	8 30x72 flip top tables	0	0	0
Page 1	1	230	60 Stack chairs w/arms	0	0	0
Page 1	1	231	30x72 desk-President's office	0	0	0
Page 1	1	232	24x72 desk-President's office	0	0	0
Page 1	1	233	24x42 desk-President's desk	0	0	0
Page 1	1	234	14x72x37 hutch-President's office	0	0	0
Page 1	1	235	Modular pedestal, 12/12 President's office	0	0	0
Page 1	1	236	Modular pedestal, 6/6/12 President's office	0	0	0
Page 1	1	237	36" 4-high bookcase-President's office	0	0	0
Page 1	1	238	36" round table President's office	0	0	0
Page 1	1	239	4 Stack chairs w/arms-President's office	0	0	0
Page 1	1	240	15 high-back desk chairs w/arms	0	0	0
Page 1	1	241	Stack chair w/arms	0	0	0
Page 1	1	243	11 4-high lateral file w/top L shaped offices	0	0	0
Page 1	1	244	5 3-high 36" bookcase L shaped offices	0	0	0
Page 1	1	245	2 4-high 36" bookcase L shaped offices	0	0	0
Page 1	1	246	38 Stack chair w/arms L shaped offices	0	0	0
Page 1	1	247	31 fabric covered guest chair	0	0	0
Page 1	1	248	4 end tables	0	0	0
Page 1	1	249	4 round tables	0	0	0
Page 1	1	250	13 L shaped office desks w/pedestals	0	0	0
Page 1	1	252	Champion Dishwasher	0	0	0
Page 1	1	253	2 Food Carts	0	0	0
Page 1	1	254	Victory Refrigerator	0	0	0
Page 1	1	255	Amana commercial microwave	0	0	0
Page 1	1	256	Southbend 4-burner stove-gas	0	0	0
Page 1	1	257	8' metal work table	0	0	0
Page 1	1	259	3-compartment sink	0	0	0
Page 1	1	260	Dish table	0	0	0
Page 1	1	262	Hand sink	0	0	0
Page 1	1	263	beverage table w/overshelf	0	0	0
Page 1	1	264	prep sink 8'	0	0	0
Page 1	1	265	Captive air hood	0	0	0
Page 1	1	267	14x60 shelving unit	0	0	0
Page 1	1	268	14x72 shelving unit	0	0	0
Page 1	1	269	Bunn coffee maker	0	0	0
Page 1	1	270	Robot coupe food processor	0	0	0
Page 1	1	271	Lazyboy sofa & pillows	0	0	0
Page 1	1	272	Lazyboy chair & pillow	0	0	0
Page 1	1	273	Lazyboy ottoman	0	0	0
Page 1	1	275	3 Lazyboy chairs & pillows	0	0	0
Page 1	1	276	2 Lazyboy chairs & pillows	0	0	0
Page 1	1	279	Chromcraft table	0	0	0
Page 1	1	280	6 Chromcraft chairs	0	0	0
Page 1	1	281	Refrigerator	0	0	0
Page 1	1	282	GE microwave	0	0	0

-*4012

Depreciation Adjustment Report

FYE: 12/31/2021

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
Page 1	1	283	LG TV 50PT350	0	0	0
Page 1	1	285	2 refrigerators	0	0	0
Page 1	1	286	7 GE microwaves	0	0	0
Page 1	1	289	Toshiba blue ray player	0	0	0
Page 1	1	290	Cocktail table	0	0	0
Page 1	1	291	Water softener	0	0	0
Page 1	1	292	6 refrigerators	0	0	0
Page 1	1	293	Microwave	0	0	0
Page 1	1	296	Danby refrigerator	0	0	0
Page 1	1	297	End table	0	0	0
Page 1	1	298	End table	0	0	0
Page 1	1	299	Invacare Continuing Care Tub & Lift	0	0	0
Page 1	1	301	Shelves and posts-3 units	0	0	0
Page 1	1	302	Supply room metal racks	0	0	0
Page 1	1	303	6 standard beds	0	0	0
Page 1	1	304	2 bariatric beds	0	0	0
Page 1	1	305	8 over bed tables	0	0	0
Page 1	1	306	8 3-drawer chests, including locks	0	0	0
Page 1	1	307	8 wardrobes	0	0	0
Page 1	1	308	Power life w/scale & full body sling	0	0	0
Page 1	1	310	8 sleep chairs	0	0	0
Page 1	1	311	12 folding chairs	0	0	0
Page 1	1	312	16 autumn arm chairs	0	0	0
Page 1	1	313	8 round pedestal tables	0	0	0
Page 1	1	314	2 30-compartment mail boxes & bases	0	0	0
Page 1	1	315	30x72 desk - HH manger	0	0	0
Page 1	1	316	24x48 desk piece - HH manager	0	0	0
Page 1	1	317	Modular pedestal 12/12 - HH manager	0	0	0
Page 1	1	318	Modular pedestal 6/6/12 - HH manager	0	0	0
Page 1	1	319	Lateral file top 1836 - HH manager	0	0	0
Page 1	1	320	4-high 36" lateral file w/top - HH manager	0	0	0
Page 1	1	321	Stack chair w/arms - HH manager	0	0	0
Page 1	1	322	Fabric panel workstation-Nurse's station	0	0	0
Page 1	1	323	24x24 storage cabinet-Nurse's station	0	0	0
Page 1	1	324	4-high 36" lateral file w/top-Nurse's station	0	0	0
Page 1	1	325	4 stowaway seat, cafe height, no arms	0	0	0
Page 1	1	326	10 19" LH workstations	0	0	0
Page 1	1	327	10 19" RH workstations	0	0	0
Page 1	1	328	20 mid-back desk chairs w/arms	0	0	0
Page 1	1	329	Bathroom wall cabinet	0	0	0
Page 1	1	330	4 4tray table sets	0	0	0
Page 1	1	331	5 samsonite folding chairs	0	0	0
Page 1	1	332	Samsonite rec table	0	0	0
Page 1	1	333	4 folding chairs	0	0	0
Page 1	1	334	2 Bathroom wall cabinets	0	0	0
Page 1	1	335	Chemical injection system (water)	0	0	0
Page 1	1	337	Patio table and 4 chairs	0	45	-45
Page 1	1	338	2 bathroom wall cabinets	0	47	-47
Page 1	1	339	Mail Sorter	0	41	-41
Page 1	1	340	Landscaping	5,876	5,876	0
Page 1	1	341	Retaining wall	136	136	0
Page 1	1	342	Peace pond	88	88	0
Page 1	1	343	Building 1903 Wolf Creek Hwy	125,515	125,515	0
				<u>132,291</u>	<u>132,424</u>	<u>-133</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
176	Fellowes Shredder	10/30/06	1,890	0	0
207	Wireless internet access	2/01/12	18,943	0	0
208	3 Fabric covered chairs(wood-golden cherry)	2/01/12	988	0	0
209	Table (wood-golden cherry)	2/01/12	522	0	0
210	Ge diswasher	2/01/12	630	0	0
212	2 bookcases-wild cherry	2/01/12	2,225	0	0
214	2 bookcases	2/01/12	735	0	0
215	2 30" overhead storage units (laminat)	2/01/12	700	0	0
218	Sign-driveway entrance	2/01/12	10,141	676	676
219	21 Mid back desk chairs w/arms	2/01/12	8,498	0	0
220	2 double 4-high 36" lateral file cabinets	2/01/12	2,824	0	0
221	4-high 36" lateral file	2/01/12	721	0	0
222	2 fabric panel workstations-PCS	2/01/12	3,439	0	0
223	3 fabric panel workstations-SC	2/01/12	5,159	0	0
224	4 fabric panel workstations-SW	2/01/12	6,878	0	0
225	36x96 table w/steel base	2/01/12	613	0	0
226	8 Stack chair w/arms	2/01/12	1,077	0	0
227	2 Round Tables	2/01/12	421	0	0
228	2 24x60 flip top tables	2/01/12	868	0	0
229	8 30x72 flip top tables	2/01/12	4,018	0	0
230	60 Stack chairs w/arms	2/01/12	8,079	0	0
231	30x72 desk-President's office	2/01/12	251	0	0
232	24x72 desk-President's office	2/01/12	210	0	0
233	24x42 desk-President's desk	2/01/12	141	0	0
234	14x72x37 hutch-President's office	2/01/12	689	0	0
235	Modular pedestal, 12/12 President's office	2/01/12	258	0	0
236	Modular pedestal, 6/6/12 President's office	2/01/12	263	0	0
237	36" 4-high bookcase-President's office	2/01/12	528	0	0
238	36" round table President's office	2/01/12	211	0	0
239	4 Stack chairs w/arms-President's office	2/01/12	539	0	0
240	15 high-back desk chairs w/arms	2/01/12	4,027	0	0
241	Stack chair w/arms	2/01/12	135	0	0
243	11 4-high lateral file w/top L shaped offices	2/01/12	7,834	0	0
244	5 3-high 36" bookcase L shaped offices	2/01/12	1,230	0	0
245	2 4-high 36" bookcase L shaped offices	2/01/12	528	0	0
246	38 Stack chair w/arms L shaped offices	2/01/12	5,117	0	0
247	31 fabric covered guest chair	2/01/12	9,415	0	0
248	4 end tables	2/01/12	1,925	0	0
249	4 round tables	2/01/12	842	0	0
250	13 L shaped office desks w/pedestals	2/01/12	19,291	0	0
252	Champion Dishwasher	2/01/12	6,982	0	0
253	2 Food Carts	2/01/12	727	0	0
254	Victory Refrigerator	2/01/12	3,029	0	0
255	Amana commercial microwave	2/01/12	919	0	0
256	Southbend 4-burner stove-gas	2/01/12	6,561	0	0
257	8' metal work table	2/01/12	2,743	0	0
259	3-compartment sink	2/01/12	2,296	0	0
260	Dish table	2/01/12	1,480	0	0
262	Hand sink	2/01/12	544	0	0
263	beverage table w/overshelf	2/01/12	3,254	0	0
264	prep sink 8'	2/01/12	2,538	0	0
265	Captive air hood	2/01/12	7,553	0	0
267	14x60 shelving unit	2/01/12	172	0	0
268	14x72 shelving unit	2/01/12	182	0	0
269	Bunn coffee maker	2/01/12	798	0	0
270	Robot coupe food processor	2/01/12	600	0	0
273	Lazyboy ottoman	2/01/12	302	0	0
275	3 Lazyboy chairs & pillows	2/01/12	1,779	0	0
276	2 Lazyboy chairs & pillows	2/01/12	1,508	0	0
279	Chromcraft table	2/01/12	362	0	0
280	6 Chromcraft chairs	2/01/12	724	0	0
281	Refrigerator	2/01/12	200	0	0
282	GE microwave	2/01/12	110	0	0
283	LG TV 50PT350	2/01/12	600	0	0
285	2 refrigerators	2/01/12	300	0	0
286	7 GE microwaves	2/01/12	770	0	0
289	Toshiba blue ray player	2/01/12	140	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
290	Cocktail table	2/01/12	300	0	0
291	Water softener	2/01/12	2,146	0	0
292	6 refrigerators	2/01/12	900	0	0
293	Microwave	2/01/12	110	0	0
296	Danby refrigerator	2/01/12	250	0	0
297	End table	2/01/12	200	0	0
298	End table	2/01/12	200	0	0
299	Invacare Continuing Care Tub & Lift	2/01/12	14,591	0	0
301	Shelves and posts-3 units	2/01/12	1,028	0	0
302	Supply room metal racks	2/01/12	2,847	0	0
303	6 standard beds	2/01/12	10,056	0	0
304	2 bariatric beds	2/01/12	5,390	0	0
305	8 over bed tables	2/01/12	1,391	0	0
306	8 3-drawer chests, including locks	2/01/12	1,962	0	0
307	8 wardrobes	2/01/12	3,930	0	0
308	Power life w/scale & full body sling	2/01/12	2,337	0	0
310	8 sleep chairs	2/01/12	31,789	0	0
311	12 folding chairs	2/01/12	2,742	0	0
312	16 autumn arm chairs	2/01/12	7,188	0	0
313	8 round pedestal tables	2/01/12	6,956	0	0
315	30x72 desk - HH manger	2/01/12	251	0	0
316	24x48 desk piece - HH manager	2/01/12	199	0	0
317	Modular pedestal 12/12 - HH manager	2/01/12	258	0	0
318	Modular pedestal 6/6/12 - HH manager	2/01/12	263	0	0
319	Lateral file top 1836 - HH manager	2/01/12	66	0	0
320	4-high 36" lateral file w/top - HH manager	2/01/12	652	0	0
321	Stack chair w/arms - HH manager	2/01/12	269	0	0
322	Fabric panel workstation-Nurse's station	2/01/12	3,000	0	0
323	24x24 storage cabinet-Nurse's station	2/01/12	770	0	0
324	4-high 36" lateral file w/top-Nurse's station	2/01/12	733	0	0
325	4 stowaway seat, cafe height, no arms	2/01/12	483	0	0
326	10 19" LH workstations	2/01/12	21,629	0	0
327	10 19" RH workstations	2/01/12	21,629	0	0
328	20 mid-back desk chairs w/arms	2/01/12	3,049	0	0
329	Bathroom wall cabinet	9/24/12	236	0	0
330	4 4tray table sets	2/01/12	120	0	0
331	5 samsonite folding chairs	2/01/12	125	0	0
332	Samsonite rec table	2/01/12	30	0	0
333	4 folding chairs	2/01/12	100	0	0
334	2 Bathroom wall cabinets	2/01/12	472	0	0
335	Chemical injection system (water)	2/01/12	2,316	0	0
337	Patio table and 4 chairs	7/16/12	447	0	22
338	2 bathroom wall cabinets	9/24/12	472	0	24
339	Mail Sorter	10/12/12	406	0	20
340	Landscaping	6/01/12	88,133	5,875	5,875
341	Retaining wall	7/27/12	2,030	135	135
342	Peace pond	10/30/12	1,330	89	89
343	Building 1903 Wolf Creek Hwy	2/01/12	5,020,589	125,515	125,515
			<u>5,446,346</u>	<u>132,290</u>	<u>132,356</u>

Other Depreciation:

187	CYMA Financial Mgt Software	1/01/06	1,630	0	0
196	Land - 1000 Wolf Creek Hwy	6/16/08	277,037	0	0
200	Term Server MI009ZNTSRV	12/05/08	0	0	0
345	Uline 16 person locker	7/22/13	1,055	0	0
346	Brick walkway	9/01/13	10,245	683	0
348	TS Marketing, Inc. - License Database	4/15/14	2,700	0	0
350	Wanderguard System	9/04/14	14,679	0	0
351	4 3-drawer lateral file cabinets	7/31/14	1,880	0	0
353	Brick Walkway	6/06/14	591	39	0
354	desk w/ 4 shelf bookcase	12/30/14	3,516	0	0
355	Fire monitoring equipment	12/19/14	2,355	0	0
356	Automatic door openers, sensors (4)	11/30/14	13,831	0	0
357	Cisco poe switch	11/13/14	2,257	0	0
358	Commspec phone system	9/29/15	7,078	758	0
359	Commspec phone system	9/29/15	708	76	0
360	Commspec phone system	9/29/15	6,370	682	0
361	desk w/ 4 shelf bookcase	5/06/15	3,241	154	0

Asset	Description	Date In Service	Cost	Tax	AMT
362	Fountain	6/28/15	3,454	247	0
364	Refrigerator	9/27/16	441	0	0
365	Exhaust Fan	10/13/16	565	80	0
366	Outlet for conference room	10/13/16	325	46	0
367	Break room fan	12/18/16	690	98	0
368	Water heater	12/20/16	13,798	1,971	0
369	4.5 cu ft Refrigerator	12/31/16	847	121	0
370	Dishwasher Updates	12/01/16	1,087	155	0
371	Brick paver	4/07/16	289	19	0
372	Brick Paver	12/19/16	299	20	0
373	Insulation & colling	6/25/16	6,820	454	0
375	Door upgrades	11/15/16	1,850	124	0
376	Copy Room Office Renovations	4/03/17	12,352	1,765	0
378	Boiler Improvements	9/11/17	528	76	0
379	Brick Pavers	8/02/17	2,878	192	0
380	Red GFCI Outlets (16)	3/15/17	975	65	0
381	Generator Outlets	8/01/17	1,175	78	0
382	ADA Improvements	12/11/17	541	77	0
383	Water Booster Pump	12/19/17	897	128	0
389	Marquee & Call Cords	2/13/17	4,853	80	0
391	Access Control Panel Replacement	6/30/17	2,340	234	0
392	Chair Rails for Pt Rooms	6/30/17	772	77	0
393	Boiler Improvements	9/11/17	528	76	0
396	Team Room Cubicles - Triage	12/01/17	4,536	832	0
401	IT Dell Computer 9HWHVJ2	3/31/18	962	0	0
402	Router	3/31/18	1,650	0	0
403	Rising Desk - (10)	3/31/18	2,783	397	0
404	Computer Monitor/Memory	3/31/18	579	0	0
405	Desk Shell IT	4/17/18	2,233	0	0
406	Website	4/19/18	5,088	0	0
408	HP Printer	7/27/18	417	0	0
409	Dell Computer D5N9YQ2 Turner	9/30/18	1,580	0	0
411	Scanner	10/20/18	517	0	0
412	Legacy Plaque	10/22/18	6,052	403	0
414	Shell/Pedestal/File Drawer	4/17/18	476	32	0
415	Rising Desk	4/30/18	201	14	0
416	HH TVs - (6)	5/31/18	2,782	556	0
417	HH Lobby Chair Decor	6/27/18	1,038	69	0
418	Garbage Disposal	11/29/18	2,796	399	0
419	Desk Shell Med Dir	4/17/18	1,108	74	0
420	Rising Desk - (5)	4/30/18	1,005	67	0
421	Computer DVXR7L2 Med Dir	7/27/18	1,097	0	0
422	Pavers	6/30/18	814	54	0
423	Compressor Hospice Home	3/09/18	6,170	411	0
426	Computer Access / Speech Text	12/31/18	673	0	0
427	Website	3/31/19	1,200	67	0
428	Network Upgrade	8/27/19	1,468	327	0
429	Wild Cherry Desk	9/25/19	666	95	0
430	Patient recliners (8)	2/11/19	17,288	2,470	0
431	Mesh back chairs (5)	10/16/19	600	85	0
432	Refrigerator	12/27/19	2,530	361	0
434	8 250W and 7 100W Metal Halide Lamps	2/20/19	1,875	268	0
435	Staging Board	3/31/19	1,892	270	0
436	Flamerod & Ignitor Replacements	3/31/19	939	134	0
437	Expansion Tank in Boiler	4/25/19	3,900	557	0
439	HH Radios (8)	5/28/20	2,684	895	0
440	Projector System Bereavement Conference Room	9/04/20	7,208	2,403	0
441	Projector System Main Conference Room	9/04/20	9,650	3,217	0
443	Door FOB Access System	10/31/20	48,413	16,138	0
444	Security Camera System	5/28/20	25,566	8,523	0
445	Power Edge R440 Server	5/11/20	6,154	2,051	0
446	Dell Latitude Laptops 5510 (5)	8/11/20	6,634	2,211	0
447	Dell Latitude Laptops 5510 (2)	12/11/20	2,772	924	0
448	Dell Latitude Laptops 5510 (4)	11/11/20	5,630	1,877	0
449	Desktop Computers Dell (2)	5/11/20	2,193	731	0
450	Dell Latitude 5500 i5 (10)	7/31/20	13,924	4,641	0
451	Dell Latitude 5500 i7 (16)	7/28/20	9,449	3,149	0
452	Ice Machine Hospice Home Kitchen	7/27/20	7,000	1,400	0
453	Ice Machine Family Room Hospice Home	7/27/20	6,570	1,314	0
454	Freezer Katom	8/27/20	3,436	688	0
455	Vinyl Chairs Tablet Arm Alcove (2)	7/13/20	2,248	321	0

Asset	Description	Date In Service	Cost	Tax	AMT
456	Alcove Furniture (2 chairs and end table)	7/13/20	1,982	283	0
457	Carpet Extractor	5/28/20	2,675	891	0
458	Ozone System/Piping	8/24/20	12,493	2,499	0
459	Washer 40lb including ozone and repiping	8/24/20	8,182	1,636	0
460	Dryer 55lbs	8/24/20	6,772	1,354	0
461	Dell Latitude 5500 i5 (6)	7/31/20	8,354	2,785	0
462	Ice Machine Team Room	7/27/20	7,000	1,400	0
463	Dell Latitude 5500 i7 (2)	7/31/20	3,150	1,050	0
464	Dell Latitude 5500 i5 (43)	7/31/20	59,872	19,958	0
465	Floor Scrubber	5/28/20	2,007	669	0
466	Boiler/Hot Water New Board	9/30/20	2,143	428	0
467	Hot Water Heater	10/30/20	16,920	2,417	0
468	iPads 10.2" Space Grey (2)	7/31/20	1,160	387	0
469	iPads 10.2" Space Grey (6)	9/28/20	3,314	1,105	0
470	iPads 10.2" Space Grey (74)	7/31/20	41,383	13,795	0
471	Desk Phones (59)	10/30/20	11,240	2,248	0
472	HP Pro Printers (5)	10/01/20	909	303	0
473	HP Pro Printers (3)	11/28/20	600	200	0
474	TVs for Security Cameras (2)	5/28/20	762	254	0
475	iPhones (5)	7/28/20	1,200	400	0
476	Hand Sanitizer Stations (5)	7/28/20	2,847	950	0
477	Rubbermaid Cleaning Cart	5/28/20	581	193	0
478	Oreck Commercial Vacuums (2)	5/28/20	519	173	0
479	iPhones (10)	7/28/20	2,555	851	0
480	iPads 10.2" Space Grey (2)	7/31/20	1,120	373	0
481	HP Pro Printer	11/28/20	200	67	0
482	Headset for Clinical Staff (3)	11/16/20	885	295	0
483	LEVO iPad Floor Stands (11)	7/28/20	2,090	697	0
484	iPhones (56)	7/28/20	15,107	5,036	0
485	Dell 5510 Laptops (3)	1/11/21	3,879	1,293	0
486	Dell 5520 Laptops	3/11/21	1,699	566	0
487	Watchguard Firebox	3/03/21	2,156	719	0
488	Amazon Epson DS530II Scanner	5/27/21	599	200	0
489	Admin RTU Compressor	11/04/21	4,633	927	0
490	NetSmart EMR Software	4/01/21	105,150	21,030	0
491	Uline 6 Tier Lockers	2/05/21	730	146	0
492	Total Energy Battery	3/05/21	1,187	396	0
493	Asphalt Sealcoating	9/21/21	16,081	3,216	0
494	Pump Boiler	1/05/21	2,242	748	0
	Total Other Depreciation		<u>1,000,301</u>	<u>158,938</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,000,301</u>	<u>158,938</u>	<u>0</u>
	Grand Totals		<u>6,446,647</u>	<u>291,228</u>	<u>132,356</u>

Form 990		Two Year Comparison Report		2020 & 2021	
Name		For calendar year 2021, or tax year beginning		, ending	
HOSPICE OF LENAWEЕ		Taxpayer Identification Number			
		-*4012			
			2020	2021	Differences
Revenue	1. Contributions, gifts, grants	1.	674,615	578,449	-96,166
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	408,368	1,114,807	706,439
	4. Program service revenue	4.	8,935,456	8,084,277	-851,179
	5. Investment income	5.	75,276	72,166	-3,110
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	135,262	301,889	166,627
	8. Net income or (loss) from fundraising events	8.	58,086	62,367	4,281
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.		2,064	2,064
	12. Total revenue. Add lines 1 through 11	12.	10,287,063	10,216,019	-71,044
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	368,277	397,107	28,830
	16. Salaries, other compensation, and employee benefits	16.	5,790,436	6,015,243	224,807
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	80,777	96,082	15,305
	19. Occupancy, rent, utilities, and maintenance	19.	160,466	176,125	15,659
	20. Depreciation and Depletion	20.	210,945	292,272	81,327
	21. Other expenses	21.	3,206,254	2,751,241	-455,013
	22. Total expenses. Add lines 13 through 21	22.	9,817,155	9,728,070	-89,085
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	469,908	487,949	18,041
Other Information	24. Total exempt revenue	24.	10,287,063	10,216,019	-71,044
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	9,204,080	8,522,763	-681,317
	27. Total assets	27.	13,399,259	11,723,644	-1,675,615
	28. Total liabilities	28.	3,722,774	1,165,173	-2,557,601
	29. Retained earnings	29.	9,676,485	10,558,471	881,986
	30. Number of voting members of governing body	30.	20	20	
	31. Number of independent voting members of governing body	31.	20	20	
32. Number of employees	32.	143	136		
33. Number of volunteers	33.	120	122		

Form 990	Tax Return History	2021
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Name HOSPICE OF LENAWEE	Employer Identification Number **-***4012
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	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	670,354	518,754	613,078	1,082,983	1,693,256	
Membership dues						
Program service revenue	9,047,992	8,692,052	8,460,448	8,935,456	8,084,277	
Capital gain or loss	245,872	132,754	94,758	135,262	301,889	
Investment income	55,098	67,185	83,127	75,276	72,166	
Fundraising revenue (income/loss)	42,920	77,295	142,751	58,086	62,367	
Gaming revenue (income/loss)						
Other revenue		7,087	4,028		2,064	
Total revenue	10,062,236	9,495,127	9,398,190	10,287,063	10,216,019	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	69,432	136,679	345,920	368,277	397,107	
Other compensation	5,613,018	5,862,794	5,746,300	5,790,436	6,015,243	
Professional fees	52,703	58,260	55,822	80,777	96,082	
Occupancy costs	143,907	149,131	160,554	160,466	176,125	
Depreciation and depletion	206,602	218,295	199,504	210,945	292,272	
Other expenses	3,280,491	3,123,211	3,043,378	3,206,254	2,751,241	
Total expenses	9,366,153	9,548,370	9,551,478	9,817,155	9,728,070	
Excess or (Deficit)	696,083	-53,243	-153,288	469,908	487,949	
Total exempt revenue	10,062,236	9,495,127	9,398,190	10,287,063	10,216,019	
Total unrelated revenue						
Total excludable revenue	9,391,882	8,976,373	8,785,112	9,204,080	8,522,763	
Total Assets	10,210,407	9,683,112	10,131,317	13,399,259	11,723,644	
Total Liabilities	1,444,491	1,337,145	1,361,034	3,722,774	1,165,173	
Net Fund Balances	8,765,916	8,345,967	8,770,283	9,676,485	10,558,471	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ <u>72,166</u>				1	
TOTAL	\$ <u><u>72,166</u></u>					

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Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONSULTING	\$ 47,061	\$	\$ 37,061	\$ 10,000
TOTAL	<u>\$ 47,061</u>	<u>\$ 0</u>	<u>\$ 37,061</u>	<u>\$ 10,000</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
SUPPLIES	\$ 33,989	\$ 2,379	\$ 30,101	\$ 1,509
TOTAL	<u>\$ 33,989</u>	<u>\$ 2,379</u>	<u>\$ 30,101</u>	<u>\$ 1,509</u>

Federal Statements**Schedule A, Part II, Line 1(e)**

<u>Description</u>	<u>Amount</u>
FEDERATED CAMPAIGNS	\$ 3,352
GOVERNMENT GRANTS OR CONTRIBUTIONS	1,114,807
OTHER CONTRIBUTIONS	575,097
TOTAL	\$ <u>1,693,256</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
HOSPICE-MEDICARE/CAID	\$ 7,787,820
HOSPICE-INS./PRIVATE PAY	296,457
MISCELLANEOUS	2,064
TOTAL	\$ <u>8,086,341</u>

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