

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20

# 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**CAPITAL HOSPICE**

EIN or SSN

**54-1920770**

Name and title of officer or person subject to tax **JOSEPH MURRAY  
CFO**

## 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.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>91,152,138.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

## 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 2022 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 **GRASSI & CO. CPA'S, P.C.** to enter my PIN **10366**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 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 2022 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

## 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.

**11232210366**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 **GRASSI & CO. CPA'S, P.C.** Date **11/14/23**

**ERO Must Retain This Form - See Instructions**

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**  
 Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization <b>CAPITAL HOSPICE</b>		<b>D</b> Employer identification number <b>54-1920770</b>
	Doing business as <b>CAPITAL CARING</b>		<b>E</b> Telephone number <b>703-538-2065</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3180 FAIRVIEW PARK DR.</b>	<b>G</b> Gross receipts \$ <b>97,050,485.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>FALLS CHURCH, VA 22042</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>F</b> Name and address of principal officer: <b>JOSEPH MURRAY</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.CAPITALCARING.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1998** **M** State of legal domicile: **VA**

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>10</b>		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>9</b>		
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) ..... <b>5</b> <b>879</b>		
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>533</b>		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b>		
	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>		
	<b>Revenue</b>		
<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>7,828,621.</b>	<b>Prior Year</b>	<b>Current Year</b>	
<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>97,888,206.</b>	<b>5,971,305.</b>	<b>84,039,648.</b>	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>3,688,721.</b>	<b>847,754.</b>	<b>847,754.</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>151,956.</b>	<b>293,431.</b>	<b>293,431.</b>	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>109,557,504.</b>	<b>91,152,138.</b>	<b>91,152,138.</b>	
<b>Expenses</b>			
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>8,295.</b>	<b>0.</b>	<b>0.</b>	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b>	<b>0.</b>	<b>0.</b>	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>68,628,557.</b>	<b>51,592,674.</b>	<b>51,592,674.</b>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b>	<b>0.</b>	<b>0.</b>	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>1,246,481.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>44,353,204.</b>	<b>37,093,658.</b>	<b>37,093,658.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>112,990,056.</b>	<b>88,686,332.</b>	<b>88,686,332.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>-3,432,552.</b>	<b>2,465,806.</b>	<b>2,465,806.</b>	
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b> Total assets (Part X, line 16) ..... <b>46,704,036.</b>	<b>69,346,718.</b>	<b>69,346,718.</b>	
<b>21</b> Total liabilities (Part X, line 26) ..... <b>27,228,746.</b>	<b>48,698,443.</b>	<b>48,698,443.</b>	
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>19,475,290.</b>	<b>20,648,275.</b>	<b>20,648,275.</b>	

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>JOSEPH MURRAY, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>JAIME RAPPS</b>	<b>JAIME RAPPS</b>	<b>11/14/23</b>	<input type="checkbox"/>	<b>P01426990</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>GRASSI &amp; CO. CPA'S, P.C.</b> <b>750 THIRD AVENUE, 28TH FLOOR</b> <b>NEW YORK, NY 10017</b>	<b>11-3266576</b>		<b>212-661-6166</b>	

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: THE MISSION OF CAPITAL HOSPICE IS TO IMPROVE CARE FOR THOSE FACING LIFE-LIMITING ILLNESSES THROUGH DIRECT SUPPORT OF PATIENTS AND THEIR FAMILIES, PUBLIC EDUCATION AND ADVOCACY.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 58,452,068. including grants of \$ ) (Revenue \$ 77,641,728. ) CAPITAL HOSPICE PROVIDES EXPERT MEDICAL, EMOTIONAL, SPIRITUAL AND PRACTICAL CARE AND SUPPORT TO PATIENTS WITH SERIOUS, PROGRESSIVE ILLNESS AND THEIR FAMILIES 24 HOURS A DAY, SEVEN DAYS A WEEK WHEREVER THEY LIVE BY QUALIFIED PHYSICIANS, NURSES, NURSES' AIDES, SOCIAL WORKERS AND NON-DENOMINATIONAL CHAPLAINS AND OTHER PROFESSIONALS. IT IS THE OBJECTIVE OF CAPITAL HOSPICE TO PROVIDE CARE TO ANYONE MEDICALLY ELIGIBLE, REGARDLESS OF THE PATIENT'S ABILITY TO PAY. CAPITAL HOSPICE PROVIDED SERVICES TO 14,710 PATIENTS DURING 2022 AND PROVIDED 392,581 PATIENT DAYS OF CARE. CAPITAL HOSPICE HAD COSTS RELATED TO SERVICES AND SUPPLIES UNDER ITS CHARITY CARE POLICY OF APPROXIMATELY \$1,568,000 IN 2022.

4b (Code: ) (Expenses \$ 7,304,394. including grants of \$ ) (Revenue \$ 4,530,978. ) THE ADLER CENTER FOR CARING INPATIENT UNIT AND THE WASHINGTON HOME CAPITAL CARING HEALTH INPATIENT CENTER AT SIBLEY MEMORIAL HOSPITAL PROVIDE CARE FOR THOSE PATIENTS THAT REQUIRE CONSTANT MONITORING AND WHOSE PAIN AND SYMPTOMS CAN'T BE ADEQUATELY MANAGED AT HOME. IT IS THE GOAL OF THE ADLER CENTER FOR CARING AND THE WASHINGTON HOME CAPITAL CARING HEALTH AT SIBLEY MEMORIAL HOSPITAL INPATIENT UNITS TO MAKE OUR PATIENTS AS SYMPTOM FREE AND AS COMFORTABLE AS POSSIBLE. THE ADLER CENTER FOR CARING INPATIENT CENTER PROVIDED CARE TO 1,041 PATIENTS AND HAD 2,942 PATIENT DAYS OF CARE IN 2022. THE WASHINGTON HOME CAPITAL CARING HEALTH INPATIENT CENTER AT SIBLEY MEMORIAL HOSPITAL PROVIDED CARE TO 661 AND HAD 2,506 PATIENT DAYS OF CARE IN 2022.

4c (Code: ) (Expenses \$ 4,820,254. including grants of \$ ) (Revenue \$ 1,866,942. ) CAPITAL PALIATIVE CARE CONSULTANTS PROVIDES PHYSICIAN SERVICES TO OUR HOSPICE PATIENTS, AND TO NON-HOSPICE ELIGIBLE PATIENTS WHO ARE IN NEED OF SYMPTOM MANAGEMENT, IT IS THE OBJECTIVE OF CAPITAL PALLIATIVE CARE CONSULTANTS TO PROVIDE PHYSICIAN SERVICES TO ALL PATIENTS IN NEED OF SYMPTOM MANAGEMENT, REGARDLESS OF THE PATIENT'S ABILITY TO PAY. CAPITAL PALLIATIVE CONSULTANTS PROVIDED 20,688 PATIENT VISITS DURING 2022.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 70,576,716.

Part IV Checklist of Required Schedules

CLIENT COPY

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 10; 1b Enter the number of voting members included... 9; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 7b 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: 8a The governing body? X; 8b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 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? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 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; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, CO, DC, FL, GA, IL, MA, MD, MO, NC, NJ, NY
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 [X] 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 - 703-538-2065
3180 FAIRVIEW PARK DR., FALLS CHURCH, VA 22042

**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 the 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, box 6 of 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 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) JOHN T KOUTSOUMPAS PRESIDENT/CEO	30.00 10.00	X		X				496,429.	0.	13,544.
(2) DR J CAMERON MUIR CHIEF INNOVATIONS OFFICER	5.00 35.00				X			0.	322,452.	9,723.
(3) DR. HEIDI YOUNG ASSOCIATE CHIEF MEDICAL OFFICER	5.00 35.00					X		0.	290,522.	1,363.
(4) DR ELIZABETH PHAN HPM PHYSICIAN	30.00 10.00					X		263,655.	0.	9,838.
(5) DR MATHEW KESTENBAUM CHIEF MEDICAL OFFICER	30.00 10.00				X			256,066.	0.	12,865.
(6) DR JASON SOBEL SENIOR MEDICAL DIRECTOR	40.00 0.00					X		259,348.	0.	1,121.
(7) DR RAY JAY GARCIA HPM PHYSICIAN	40.00 0.00					X		254,188.	0.	1,220.
(8) JOSEPH MURRAY CHIEF FINANCIAL OFFICER	40.00 0.00			X				251,039.	0.	76.
(9) DR. EMILY ALBELDA ASSOCIATE CHIEF MEDICAL OFFICER	40.00 0.00					X		243,189.	0.	5,350.
(10) LIN MAURANO CHIEF OF CLINICAL OPERATIONS	40.00 0.00				X			221,011.	0.	1,710.
(11) GARY BACHER CHIEF OF STRATEGY, POLICY & LEGAL AF	30.00 10.00				X			196,717.	0.	9,723.
(12) KIMBERLY GROVE CHIEF OF STAFF	40.00 0.00				X			181,496.	0.	23,174.
(13) STEVE CONE CHIEF OF COMMUNICATIONS, MARKETING &	40.00 0.00				X			193,360.	0.	9,291.
(14) TOM NELSON BOARD MEMBER	1.00 3.00	X						0.	0.	0.
(15) LYNN MENTO BOARD CHAIR AND SECRETARY	1.00 3.00	X		X				0.	0.	0.
(16) REV. DR. TYRONE PITTS VICE CHAIR	1.00 3.00	X		X				0.	0.	0.
(17) JOHN ADAMS BOARD MEMBER	1.00 3.00	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 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			
(18) DIANE TY BOARD MEMBER	1.00 3.00	X						0.	0.	0.
(19) CLIFFORD E. BARNES BOARD MEMBER	1.00 3.00	X						0.	0.	0.
(20) BILL NOVELLI BOARD MEMBER	1.00 3.00	X						0.	0.	0.
(21) ANGELA WEBB INTERIM TREASURER	1.00 3.00	X		X				0.	0.	0.
(22) JEANNINE ENGLISH BOARD MEMBER	1.00 3.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								2,816,498.	612,974.	98,998.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								2,816,498.	612,974.	98,998.

**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 83

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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	
<b>5</b> 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
INOVA FAIRFAX HOSPITAL 3300 GALLOWES ROAD, FALLS CHURCH, VA 22042	GENERAL INPATIENT SERVICES	1,581,366.
FORTRESS GLOBAL SOLUTIONS 4746 BATES DRIVE, ELLICOTT CITY, MD 21043	CONSULTING SERVICES	939,759.
MANORCARE LARGO 600 LARGO ROAD, LARGO, MD 20774	NURSING HOME SERVICES	779,039.
POTOMAC VALLEY LLC, 1235 POTOMAC VALLEY ROAD, ROCKVILLE, MD 20850	NURSING HOME SERVICES	704,230.
HOSPICE OF MICHIGAN, INC. DBA NORTHSTAR 2366 OAK VALLEY DRIVE, ANN ARBOR, MI 48103	CALL CENTER SERVICES	686,673.

**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 21

**Part VIII Statement of Revenue**

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

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			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	7,061.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,828,875.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	4,135,369.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 175,594.				
	<b>h Total.</b> Add lines 1a-1f .....			5,971,305.			
<b>Program Service Revenue</b>	<b>2 a</b> NET PATIENT SERVICE REVENUE	<b>Business Code</b>					
		621620	84,039,648.	84039648.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			84,039,648.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		196,218.			196,218.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
				72,051.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>		80,940.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		-8,889.			
	<b>d</b> Net rental income or (loss) .....			-8,889.		-8,889.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				6,452,673.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		5,801,137.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>		651,536.			
	<b>d</b> Net gain or (loss) .....			651,536.		651,536.	
<b>8 a</b> Gross income from fundraising events (not including \$ 7,061. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		11,090.				
		<b>b</b> Less: direct expenses .....	<b>8b</b>		16,270.		
		<b>c</b> Net income or (loss) from fundraising events .....		-5,180.		-5,180.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>b</b> Less: direct expenses .....	<b>9b</b>				
		<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>	<b>11 a</b> THRIFT STORE REVENUE	<b>Business Code</b>					
		900099	232,956.		232,956.		
	<b>b</b> CONTRACT STAFF REVENUE						
		900099	71,154.		71,154.		
	<b>c</b> _____						
<b>d</b> All other revenue .....		900099	3,390.		3,390.		
<b>e Total.</b> Add lines 11a-11d .....			307,500.				
<b>12 Total revenue.</b> See instructions .....			91,152,138.	84039648.	0.	1141185.	

**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 .....	1,866,770.	380,725.	1,384,585.	101,460.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	135,000.		135,000.	
7 Other salaries and wages .....	41,643,122.	35,644,451.	5,502,919.	495,752.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,935.		1,769.	166.
9 Other employee benefits .....	4,747,497.	3,971,700.	714,860.	60,937.
10 Payroll taxes .....	3,198,350.	2,650,763.	503,958.	43,629.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	485,058.		485,058.	
c Accounting .....	297,246.		297,246.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	31,008.		31,008.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	16,965,861.	14,524,490.	2,329,190.	112,181.
12 Advertising and promotion .....	514,156.	426,442.	85,750.	1,964.
13 Office expenses .....	2,341,698.	734,282.	1,520,196.	87,220.
14 Information technology .....	1,674,059.	493,843.	1,172,882.	7,334.
15 Royalties .....				
16 Occupancy .....	3,501,362.	1,798,551.	1,473,271.	229,540.
17 Travel .....	1,210,195.	878,873.	331,322.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	58,855.	58,855.		
20 Interest .....	318,666.		298,861.	19,805.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	1,211,281.	1,165,292.	31,880.	14,109.
23 Insurance .....	557,616.	511,593.	37,457.	8,566.
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 <b>MEDICAL SUPPLIES</b> .....	7,281,218.	7,280,175.	1,043.	
b <b>UNCOLLECTIBLE INTEREST</b> .....	183,801.		183,801.	0.
c <b>AIP</b> .....	149,999.		149,999.	
d <b>MISCELLANEOUS FINANCIAL</b> .....	135,795.		135,795.	
e All other expenses .....	175,784.	56,681.	55,285.	63,818.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	88,686,332.	70,576,716.	16,863,135.	1,246,481.
<b>26 Joint costs.</b> 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)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,880.	<b>1</b>	6,566.		
	<b>2</b> Savings and temporary cash investments .....	1,374,684.	<b>2</b>	4,416,212.		
	<b>3</b> Pledges and grants receivable, net .....	420,881.	<b>3</b>	843,865.		
	<b>4</b> Accounts receivable, net .....	12,500,099.	<b>4</b>	12,348,618.		
	<b>5</b> 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 .....		<b>5</b>			
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>			
	<b>8</b> Inventories for sale or use .....		<b>8</b>			
	<b>9</b> Prepaid expenses and deferred charges .....	509,002.	<b>9</b>	1,330,358.		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 39,251,502.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 19,814,023.	20,484,298.	<b>10c</b>	19,437,479.	
	<b>11</b> Investments - publicly traded securities .....	7,134,207.	<b>11</b>	3,176,898.		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	16,373.	<b>12</b>	20,212.		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....		<b>14</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....	4,261,612.	<b>15</b>	27,766,510.		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	46,704,036.	<b>16</b>	69,346,718.			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	18,280,071.	<b>17</b>	15,768,137.		
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....		<b>19</b>			
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> 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 .....		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	8,731,745.	<b>23</b>	5,000,000.		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	429,554.		
	<b>25</b> 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 .....	216,930.	<b>25</b>	27,500,752.		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	27,228,746.	<b>26</b>	48,698,443.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b> Net assets without donor restrictions .....	10,584,662.	<b>27</b>	13,701,842.		
	<b>28</b> Net assets with donor restrictions .....	8,890,628.	<b>28</b>	6,946,433.		
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>					
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>			
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>			
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>			
	<b>32</b> Total net assets or fund balances .....	19,475,290.	<b>32</b>	20,648,275.		
<b>33</b> Total liabilities and net assets/fund balances .....	46,704,036.	<b>33</b>	69,346,718.			

**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	91,152,138.
2	Total expenses (must equal Part IX, column (A), line 25)	2	88,686,332.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,465,806.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,475,290.
5	Net unrealized gains (losses) on investments	5	-1,292,821.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	20,648,275.

**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?		X
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		
b Were the organization's financial statements audited by an independent accountant?	X	
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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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	X	

Form 990 (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: CAPITAL HOSPICE
Employer identification number: 54-1920770

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
10 [X] 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...
11 An organization organized and operated exclusively to test for public safety.
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).
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.
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).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4614921.	4493942.	10258650.	7828621.	5971305.	33167439.
<b>2</b> 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 .....	91297648.	89863153.	97018241.	97888206.	87043486.	463110734
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....	68,375.	63,125.	0.	0.	0.	131,500.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	95980944.	94420220.	107276891	105716827	93014791.	496409673
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</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 .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						496409673

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....	95980944.	94420220.	107276891	105716827	93014791.	496409673
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1042647.	1125379.	595,637.	545,799.	268,269.	3577731.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	1042647.	1125379.	595,637.	545,799.	268,269.	3577731.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	382,081.	485,262.	196,375.	226,052.	302,320.	1592090.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	97405672.	96030861.	108068903	106488678	93585380.	501579494

**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**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	98.97 %
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	98.89 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	.71 %
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	1.00 %

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 on line 12 of 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>		
<b>b</b> 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>		
<b>c</b> 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>		
<b>4a</b> 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>		
<b>b</b> 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>		
<b>c</b> 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>		
<b>5a</b> 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>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>		
<b>b</b> 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>		
<b>c</b> 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>		
<b>10a</b> 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>		
<b>b</b> 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)

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Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 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... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 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... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2018 AMOUNT: \$ 382,081.

2019 AMOUNT: \$ 485,262.

2020 AMOUNT: \$ 245,339.

2021 AMOUNT: \$ 228,052.

2022 AMOUNT: \$ 307,500.

NET LOSS FROM FUNDRAISING EVENTS

2020 AMOUNT: \$ -48,964.

2021 AMOUNT: \$ -2,000.

2022 AMOUNT: \$ -5,180.

SCHEDULE A, PART I-509(A)(1) PUBLIC CHARITY DESIGNATION AS A

THE HALQUIST MEMORIAL INPATIENT CENTER WAS LICENSED IN 1981 AS ONE OF THE FIRST HOSPICE INPATIENT CENTERS IN THE UNITED STATES AND THE FIRST IN THE STATE OF VIRGINIA. AS SUCH, THE STATE OF VIRGINIA HAD NO CATEGORY FOR LICENSURE THAT WOULD FIT THE FACILITY AND THEREFORE LICENSED THE UNIT AS A GENERAL HOSPITAL.

AS A HOSPICE INPATIENT CENTER, THE FACILITY HAS NO EMERGENCY ROOM, OUTPATIENT CENTER, LABS, OR OTHER DIAGNOSTIC SERVICES AS WOULD A GENERAL HOSPITAL. IT SERVES ONLY CAPITAL HOSPICE PATIENTS REQUIRING ACUTE SYMPTOM MANAGEMENT OR PATIENTS IN THEIR FINAL DAYS OF A TERMINAL ILLNESS WHO CAN NO LONGER BE SERVED AT HOME. THE UNIT HAS 15 BEDS AND

**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.)

REPRESENTS ON AVERAGE ONLY 13 OF THE MORE THAN 1300 PATIENTS THAT ARE TREATED BY CAPITAL HOSPICE ON A DAILY BASIS. AS A RESULT, THE COMMUNITY HEALTH NEEDS ASSESSMENT IS NOT APPLICABLE TO HOSPICE INPATIENT BEDS.

IN STATES OTHER THAN VIRGINIA, UNITS LIKE HALQUIST ARE LICENSED AS HOSPICE CENTERS AND ARE NOT SUBJECT TO EITHER THE COMMUNITY HEALTH NEEDS ASSESSMENT OR FORM 990, SCHEDULE H. IT IS FOR THIS REASON THAT CAPITAL CARING IS FILING FORM 990 AS A PUBLIC CHARITY DESCRIBED UNDER SECTION 170(B)(1)(A)(VI) OF THE INTERNAL REVENUE CODE. SIMILARLY, MEDICARE HAS RECOGNIZED THAT OUR UNIT IS NOT ACTUALLY A HOSPITAL AND HAS NOT REQUIRED US TO COMPLY WITH MANY OF THE REPORTING REQUIREMENTS APPLICABLE TO HOSPITALS.

SERVICES AT THE HALQUIST MEMORIAL INPATIENT CENTER HAVE ALWAYS BEEN BILLED TO MEDICARE UNDER THE CAPITAL HOSPICE MEDICARE PROVIDER NUMBER SO EFFECTIVE FEBRUARY 2020 - CAPITAL HOSPICE SURRENDERED ITS HALQUIST MEMORIAL INPATIENT CENTER MEDICARE IDENTIFICATION NUMBER BACK TO THE CENTER FOR MEDICARE SERVICES (CMS) AND SURRENDERED ITS HALQUIST "HOSPITAL" LICENSE BACK TO THE STATE OF VIRGINIA.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

CAPITAL HOSPICE

Employer identification number

54-1920770

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization

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Employer identification number

**CAPITAL HOSPICE**

**54-1920770**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMON WEALTH OF VIRGINIA, DEPARTMENT OF EMERGENCY MANAGEMENT  500 C STREET, SW  WASHINGTON, DC 20472-3198	\$ 1,438,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	THE WASHINGTON HOME  1201 CONNECTICUT AVE NW SUITE 611  WASHINGTON, DC 20036	\$ 826,888.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	ESTATE OF PAMELA READ PECK  ONE SOUTH STREET, 25TH FLOOR  BALTIMORE, MD 21202-3793	\$ 272,637.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
4	ESTATE OF BETTY JEAN STACEY  21383 MARACOSSIC DRIVE  BOWLING GREEN, VA 22427-2544	\$ 170,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
5	RONALD KOVACH  1201 N ROYAL ST UNIT 502  ALEXANDRIA, VA 22314-2683	\$ 127,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
6	NEAL C. NICHOLS FAMILY FOUNDATION, INC.  11 HILLWOOD AVE  FALLS CHURCH, VA 22046-4405	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>



Name of organization

CLIENT COPY

Employer identification number

CAPITAL HOSPICE

54-1920770

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RYDELL MORTENSON CHARITABLE FOUNDATION 7509 RANGE RD ALEXANDRIA, VA 22306-2456	\$ 90,782.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ALEXANDER AND MARGARET STEWART TRUST 888 17TH ST NW STE 610 WASHINGTON, DC 20006-3321	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	FREDERICK D. AND KAREN G. SCHAUFELD FOUNDATION PO BOX 6266 LEESBURG, VA 20178-7440	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	JOSEPH A. SCHIFRIN TRUST 9800 FREDERICKSBURG RD SAN ANTONIO, TX 78269-0827	\$ 67,271.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	NANCY WILSON 6440 ELMDALE RD ALEXANDRIA, VA 22312-1317	\$ 61,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	THE MARS FOUNDATION 140 BROADWAY NEW YORK, NY 10005-1108	\$ 59,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CLIENT COPY

Employer identification number

CAPITAL HOSPICE

54-1920770

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	VIRGINIA STRUNK TRUST 211 WINGED ELM CIRCLE AIKEN, SC 29803-2758	\$ 58,468.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	THE ARCTOS FOUNDATION 125 WALKER AVE S WAYZATA, MN 55391-1724	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277-0053	\$ 44,994.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	NANCY C. SCHIFRIN TRUST 9800 FREDERICKSBURG RD SAN ANTONIO, TX 78269-0827	\$ 44,377.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	VAN METRE FAMILY FOUNDATION, INC. 9900 MAIN ST STE 500 FAIRFAX, VA 22031-3907	\$ 52,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	KATE S. MARSH TRUST ONE PNC PLAZA, 249 FIFTH AVENUE PITTSBURGH, PA 15212	\$ 40,623.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**CLIENT COPY**

Employer identification number

**CAPITAL HOSPICE**

**54-1920770**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	THE MCCUTCHEN FOUNDATION 114 E G ST BRUNSWICK, MD 21716-1450	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	TRUIST BANK 550 RADFORD LN. CHARLOTTESVILLE, VA 22903	\$ 38,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	WASHINGTON FORREST FOUNDATION 2407 COLUMBIA PIKE SUITE 200 ARLINGTON, VA 22204-4470	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	DOUGLAS WOOD 309 VASSAR RD ALEXANDRIA, VA 22314-4826	\$ 33,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	ESTATE OF JUDITH A. REGNER 3800 POWELL LN APT PH9 FALLS CHURCH, VA 22041	\$ 28,734.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	TRUIST BANK 550 RADFORD LN. CHARLOTTESVILLE, VA 22903	\$ 28,607.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**CLIENT COPY**

Employer identification number

CAPITAL HOSPICE

54-1920770

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	I. J. AND HILDA M. BREEDEN FOUNDATION 8817 PORTNER AVE APT 2 MANASSAS, VA 20110-8817	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	SERVICE CORPORATION INTERNATIONAL 1929 ALLEN PKWY HOUSTON, TX 77019-2506	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	J. COLIN ATKINS PO BOX 283 MCLEAN, VA 22101-0283	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	CLARK-WINCHOLE FOUNDATION 7501 WISCONSIN AVE STE 710 E BETHESDA, MD 20814-6515	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	MORGAN STANLEY GIFT FUND 2000 WESTCHESTER AVE FL 2 PURCHASE, NY 10577	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	CLARENCE SUMNER 1224 STONEHAM CT MCLEAN, VA 22101-2338	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**CLIENT COPY**

Employer identification number

**CAPITAL HOSPICE**

**54-1920770**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	THE WALTER BROWNLEY TRUST 99 FOUNDERS PLZ 5TH FL EAST HARTFORD, CT 06108-3208	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	STEPHEN A. CONE 6444 LAKEVIEW DR. FALLS CHURCH, VA 22041-1311	\$ 51,569.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
33	ELITE ISLAND RESORTS 1065 SW 30TH AVE DEERFIELD BEACH, FL 33442-8104	\$ 25,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
34	SANDRA E. LAMB CHARITABLE TRUST P.O BOX 1501 PENNINGTON, NJ 08534-4124	\$ 24,676.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	ESTATE OF ALICE L. HENRY 106 HAYWARD ST CAMBRIDGE, MD 21613-1921	\$ 22,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	ANNE BROWN 1529 29TH ST NW WASHINGTON, DC 20007-3061	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CLIENT COPY

Employer identification number

CAPITAL HOSPICE

54-1920770

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	SHEEHY TOYOTA OF STAFFORD 95 GARRISONVILLE RD STAFFORD, VA 22554-1538	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	KATHRYN GALT JANSON TRUST 250 E HIGH STREET CHARLOTTESVILLE, VA 22902-5178	\$ 18,720.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	RANDOLPH D. ROUSE FOUNDATION, INC. 6045 WILSON BLVD. ARLINGTON, VA 22205-1546	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	COMMUNITY FOUNDATION FOR NORTHERN VIRGINIA, INC. 2940 HUNTER MILL RD STE 201 OAKTON, VA 22124-1790	\$ 17,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	PAUL ROSENZWEIG 333 8TH ST SE APT 406 WASHINGTON, DC 20003-2540	\$ 15,521.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	ALMA M. KASULAITIS REVOCABLE TRUST 21276 IRONGATE WAY ASHBURN, VA 20147-5318	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**CLIENT COPY**

Employer identification number

**CAPITAL HOSPICE**

**54-1920770**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	TEGNA, INC./WUSA9 8350 BROAD ST STE 2000 TYSONS CORNER, VA 22102-5151	\$ 22,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	ROBERT TRENT JONES CHARITABLE FOUNDATION ONE TURTLE POINT DR GAINESVILLE, VA 20155-2803	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	SCHWAB CHARITABLE FUND 211 MAIN ST FL 10 SAN FRANCISCO, CA 94105-1924	\$ 14,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	AYCO CHARITABLE FOUNDATION 25 BRITISH AMERICAN BLVD LATHAM, NY 12110-1405	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	CONGRESSIONAL FEDERAL CREDIT UNION 10461 WHITE GRANITE DR STE 300 OAKTON, VA 22124-2762	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	RICHARD RABIL 6700 OLD STONE FENCE RD FAIRFAX STATION, VA 22039-1856	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**CLIENT COPY**

Employer identification number

**CAPITAL HOSPICE**

**54-1920770**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	WILLIAM H. BADEN CHARITABLE TRUST ONE PNC PLAZA, 249 FIFTH AVENUE PITTSBURGH, PA 15212	\$ 11,933.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	ESTATE OF MICHAEL J. DWYER 1101 L ST NW STE 806 WASHINGTON, DC 20005-4082	\$ 11,814.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	ADA L. & ALBERT M. WIBEL FOUNDATION PO BOX 919798 WASHINGTON, DC 20005-2134	\$ 11,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	JOHN GARCIA 4026 DAVID LN ALEXANDRIA, VA 22311-1111	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	WORLD BANK COMMUNITY CONNECTIONS FUND 1818 H STREET NW , MSN MC-9-912 WASHINGTON, DC 20433-0001	\$ 10,404.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	NANCY FOUCHS 2111 JEFFERSON DAVIS HWY APT 817N ARLINGTON, VA 22202-5242	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

**CLIENT COPY**

Employer identification number

**CAPITAL HOSPICE**

**54-1920770**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	DENNIS BEDELL 4142 ROUND HILL RD ARLINGTON, VA 22207-4623	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	DONORSTRUST 1800 DIAGONAL RD STE 280 ALEXANDRIA, VA 22314-2840	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	HENRY HARRIS 1710 WESTMORELAND ST MCLEAN, VA 22101-5169	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	WILLIAM HAZEL 10302 GREENWOOD PL OAKTON, VA 22124-1725	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	WAYNE JOHNS 1201 N ROYAL ST UNIT 502 ALEXANDRIA, VA 22314-2683	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	KAISER PERMANENTE HEALTH PLAN OF MID-ATLANTIC STATES, INC. 2101 E. JEFFERSON STREET ROCKVILLE, MD 20852	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**CLIENT COPY**

Employer identification number

**CAPITAL HOSPICE**

**54-1920770**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	JONATHAN LINEN 2924 MORSE HILL RD DORSET, VT 05251-9565	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	MARS, INCORPORATED 6885 ELM ST MCLEAN, VA 22101-3810	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	SHEEHY TOYOTA OF FREDERICKSBURG 3507 JEFFERSON DAVIS HWY FREDERICKSBURG, VA 22408-4162	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	SUSAN LYNDE DUVAL PHIPPS FOUNDATION INC. 1214 BUCHANAN ST MCLEAN, VA 22101-3017	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	THE RICE FAMILY FOUNDATION 256 BEDFORD-BANKSVILLE RD BEDFORD, NY 10506-1923	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	SENTHIL THIYAGARAJAN 1340 SANDY BOTTOM DR NW CONCORD, NC 28027-2607	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**CLIENT COPY**

Employer identification number

**CAPITAL HOSPICE**

**54-1920770**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	RESURRECTION LUTHERAN WEEKDAY PRESCHOOL  6201 WASHINGTON BLVD  ARLINGTON, VA 22203-2625	\$ 8,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
68	THE U.S. CHARITABLE GIFT TRUST  8910 PURDUE RD STE 500  INDIANAPOLIS, IN 46268-6100	\$ 7,664.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
69	100WOMENSTRONG  714 E MARKET ST  MIDDLEBURG, VA 20118-0402	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
70	RICHARD ORDEMAN  2126 DOCKET LN  VIENNA, VA 22181-3258	\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
71	AMERICA'S CHARITIES  14200 PARK MEADOW DR STE 330S  CHANTILLY, VA 20151-4272	\$ 7,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
72	KATHRYN ROONEY  104 HARMONY DR SW  VIENNA, VA 22180-5985	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization

**CLIENT COPY**

Employer identification number

**CAPITAL HOSPICE**

**54-1920770**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	THE GREATER WASHINGTON COMMUNITY FOUNDATION 1325 G ST NW STE 480 WASHINGTON, DC 20005-3121	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	THE PAULINE M. AND JOHN T. RANSONE, JR. REV LIVING TRUST 616 EAST G ST PURCELLVILLE, VA 20132-3331	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	WASHINGTON LISTS, INC. 6849 OLD DOMINION DR STE 320 MCLEAN, VA 22101-3791	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	HOSPICE CUP, INC. PO BOX 1443 ANNAPOLIS, MD 21404-1443	\$ 5,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	RANSON TRUST ONE PNC PLAZA, 249 FIFTH AVENUE PITTSBURGH, PA 15212	\$ 5,824.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	MCLEAN COMMUNITY FOUNDATION, INC. PO BOX 75 MCLEAN, VA 22101-0075	\$ 5,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**CLIENT COPY**

Employer identification number

CAPITAL HOSPICE

54-1920770

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	ACT FOR ALEXANDRIA 201 N UNION ST STE 110 ALEXANDRIA, VA 22314-2663	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	DANIEL MCCLAFFERTY 3022 MOUNT VERNON AVE ALEXANDRIA, VA 22305-2637	\$ 5,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	DAVID FELDMAN 5610 WISCONSIN AVE APT 1008 CHEVY CHASE, MD 20815-4436	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	JOHN ANDELIN 129 N IRVING ST ARLINGTON, VA 22201-1060	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	CATHERINE J. MCGINNIS FAMILY FOUNDATION PO BOX 1290 LEESBURG, VA 20177-1290	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	PETER CONVERSE 4050 LORCOM LN ARLINGTON, VA 22207-3937	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**CLIENT COPY**

Employer identification number

**CAPITAL HOSPICE**

**54-1920770**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	DELMAN FAMILY CHARITABLE FUND 3201 JERMANTOWN RD. FAIRFAX, VA 22030	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
86	ESTATE OF COLETTE G. TUELL 8011 BEECHWOOD LN CLINTON, MD 20735-3102	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
87	JOHN FLANAGAN 1249 BEVERLY RD MCLEAN, VA 22101-2802	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
88	ANN MARIE FREDERICK 403 MEADOW LN SW VIENNA, VA 22180-6371	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
89	GUERNSEY, INC. 45070 OLD OX RD DULLES, VA 20166	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
90	MICHAEL KRONE 16865 KETOCTIN CHURCH RD PURCELLVILLE, VA 20132-3544	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization

**CLIENT COPY**

Employer identification number

**CAPITAL HOSPICE**

**54-1920770**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	ROBERT MANSFIELD 24637 WOOLLY MAMMOTH TER UNIT 302 STONE RIDGE, VA 20105-3230	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	EMMERIKA MCARVER 44860 AUDUBON SQ APT 226 ASHBURN, VA 20147-6310	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	MICHAEL NACHMANOFF 4311 24TH ST N ARLINGTON, VA 22207-4010	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	DAVID NUMBERS 2062 HARPER RD JEFFERSON, NY 12093-2212	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	MICHAEL PRESTON 1195 MONROE ST HERNDON, VA 20170-3002	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	RUTH ELIZABETH SHINN LIVING TRUST 511 KIBLER CIR SW VIENNA, VA 22180-6402	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**CLIENT COPY**

Employer identification number

**CAPITAL HOSPICE**

**54-1920770**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	WOLLENBERG FOUNDATION 800 EL CAMINO REAL STE 210 MENLO PARK, CA 94025-4875	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	TRUIST BANK 550 RADFORD LN. CHARLOTTESVILLE, VA 22903	\$ 12,231.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

**CLIENT COPY**

Employer identification number

**CAPITAL HOSPICE**

**54-1920770**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
32	TRAVEL EXPENSES FOR FUNDRAISING	\$ 25,000.	09/19/22
33	7 RESORT ACCOMODATION CERTIFICATES	\$ 25,000.	07/25/22
98	SUPPLIES	\$ 12,231.	12/31/22
		\$	
		\$	
		\$	

Name of organization

CLIENT COPY

Employer identification number

CAPITAL HOSPICE

54-1920770

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

(e) Transfer of gift. Transferee's name, address, and ZIP + 4. Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

(e) Transfer of gift. Transferee's name, address, and ZIP + 4. Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

(e) Transfer of gift. Transferee's name, address, and ZIP + 4. Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

(e) Transfer of gift. Transferee's name, address, and ZIP + 4. Relationship of transferor to transferee.

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

2022

Open to Public Inspection

Name of the organization CAPITAL HOSPICE Employer identification number 54-1920770

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

**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:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 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	5,257,354.	5,207,434.	5,780,402.	5,661,714.	6,090,370.
b Contributions					0.
c Net investment earnings, gains, and losses	-518,042.	741,914.	233,796.	1,218,688.	-428,656.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	-1,500,002.	-691,994.	-806,764.	-1,100,000.	
g End of year balance	3,176,310.	5,257,354.	5,207,434.	5,780,401.	6,551,714.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
  - b Permanent endowment 100 %
  - c Term endowment 0.0000 %
- 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   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 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		1,793,980.		1,793,980.
b Buildings		19,924,154.	7,329,902.	12,594,252.
c Leasehold improvements		4,100,703.	725,347.	3,375,356.
d Equipment		13,394,362.	11,722,311.	1,672,051.
e Other		38,303.	36,463.	1,840.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,437,479.

**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)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (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) DEFERRED COMPENSATION	42,535.
(2) CHARITABLE REMAINDER TRUST	98,730.
(3) OPERATING LEASE RIGHT-OF-USE ASSETS	23,525,108.
(4) FINANCE LEASE RIGHT-OF-USE ASSETS	49,638.
(5) AIP MANAGMENT FEE RECEIVABLE	100,000.
(6) INTERCOMPANY ACCOUNTS RECEIVABLE- CAPITAL CARING ADVANCED	
(7) ILLNESS SERVICES	2,559,943.
(8) INTERCOMPANY ACCOUNTS RECEIVABLE-CAPITAL CARING STAY AT	
(9) HOME SERVICES, INC.	1,322,244.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	27,766,510.

**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) CHARITABLE GIFT ANNUITIES	115,267.
(3) OPERATING LEASE LIABILITIES	27,317,940.
(4) FINANCE LEASE LIABILITIES	67,545.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	27,500,752.

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	83,041,095.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-1,292,821.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,539,504.	
e	Add lines 2a through 2d	2e		246,683.
3	Subtract line 2e from line 1	3		82,794,412.
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	31,008.	
b	Other (Describe in Part XIII.)	4b	8,326,718.	
c	Add lines 4a and 4b	4c		8,357,726.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		91,152,138.

**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	83,098,409.
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	2,769,803.	
e	Add lines 2a through 2d	2e		2,769,803.
3	Subtract line 2e from line 1	3		80,328,606.
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	31,008.	
b	Other (Describe in Part XIII.)	4b	8,326,718.	
c	Add lines 4a and 4b	4c		8,357,726.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		88,686,332.

**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 V, LINE 4:**

ENDOWMENT FUNDS UNTIL THEY REACH FIVE MILLION DOLLARS AT WHICH TIME, WITH THE BOARD OF TRUSTEES APPROVAL, EIGHTY PERCENT OF ANY EARNINGS WOULD BE USED TO SUPPORT ONGOING OPERATIONS AND TWENTY PERCENT WOULD BE ADDED TO THE FUND. TEMPORARILY RESTRICTED FUNDS ARE USED AS INTENDED. THE BOARD DESIGNATED RESTRICTED FUNDS ARE TO BE USED FOR ANY EMERGENCY OR NEW SERVICE THAT THE BOARD APPROVES.

**PART X, LINE 2:**

THE CONSOLIDATED GROUP HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE CONSOLIDATED GROUP IS SUBJECT TO ROUTINE AUDITS

**Part XIII** Supplemental Information (continued)

BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY  
TAX PERIODS IN PROGRESS. THE CONSOLIDATED GROUP BELIEVES IT IS NO LONGER  
SUBJECT TO INCOME TAX EXAMINATIONS PRIOR TO 2019.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

CAPITAL CARING ADVANCED ILLNESS SERVICES INC. REVENUE	783,738.
CAPITAL CARING STAY AT HOME SERVICES REVENUE	658,554.
ARLINGTON RENTAL EXPENSE	80,940.
SPECIAL EVENT EXPENSE	16,272.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,539,504.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRACT NURSING HOME	8,104,668.
ARLINGTON RENTAL INCOME	72,051.
ADVANCED ILLNESS PARTNERS REVENUE	149,999.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	8,326,718.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE	16,272.
CAPITAL CARING HEALTH EXPENSES INCLUDED IN CONSOLIDATED EXPENSES	1,514,295.
CAPITAL CARING ADVANCED ILLNESS EXPENSES INCLUDED IN CONSOLIDATED EXPENSES	1,158,296.
ARLINGTON RENT EXPENSE NETTED IN REVENUE	80,940.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,769,803.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

MEDICAID CONTRACT NURSING HOME EXPENSE	8,104,668.
--	------------

Schedule D (Form 990) 2022

**Part XIII** Supplemental Information *(continued)*

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ARLINGTON RENTAL INCOME NETTED IN EXPENSE 72,051.

ADVANCED ILLNESS PARTNERS REVENUE RECLASSIFIED TO OTHER

EXPENSE 149,999.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 8,326,718.

Multiple horizontal lines for supplemental information.







**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 (add col. (a) through col. (c))
		EMBASSY NIGHT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	18,151.		18,151.
	2	Less: Contributions	7,061.		7,061.
	3	Gross income (line 1 minus line 2)	11,090.		11,090.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	5,000.		5,000.
	7	Food and beverages	11,090.		11,090.
	8	Entertainment			
	9	Other direct expenses	180.		180.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			16,270.
11	Net income summary. Subtract line 10 from line 3, column (d)			-5,180.	

**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))
		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: \_\_\_\_\_

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- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16 Gaming manager information:
- Name \_\_\_\_\_
- Gaming manager compensation \$ \_\_\_\_\_
- Description of services provided \_\_\_\_\_
- \_\_\_\_\_
- Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV** Supplemental Information *(continued)*

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Lined area for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**CAPITAL HOSPICE**

Employer identification number

**54-1920770**

**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 checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>	<b>X</b>	
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2022

**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) JOHN T KOUTSOUMPAS PRESIDENT/CEO	(i)	496,429.	0.	0.	11,548.	1,996.	509,973.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DR J CAMERON MUIR CHIEF INNOVATIONS OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	297,984.	0.	24,468.	0.	9,723.	332,175.	0.
(3) DR. HEIDI YOUNG ASSOCIATE CHIEF MEDICAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	290,522.	0.	0.	692.	671.	291,885.	0.
(4) DR ELIZABETH PHAN HPM PHYSICIAN	(i)	263,655.	0.	0.	682.	9,156.	273,493.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DR MATHEW KESTENBAUM CHIEF MEDICAL OFFICER	(i)	256,066.	0.	0.	600.	12,265.	268,931.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DR JASON SOBEL SENIOR MEDICAL DIRECTOR	(i)	259,348.	0.	0.	450.	671.	260,469.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DR RAY JAY GARCIA HPM PHYSICIAN	(i)	254,188.	0.	0.	549.	671.	255,408.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOSEPH MURRAY CHIEF FINANCIAL OFFICER	(i)	217,039.	34,000.	0.	0.	76.	251,115.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DR. EMILY ALBELDA ASSOCIATE CHIEF MEDICAL OFFICER	(i)	243,189.	0.	0.	4,881.	469.	248,539.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LIN MAURANO CHIEF OF CLINICAL OPERATIONS	(i)	221,011.	0.	0.	0.	1,710.	222,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) GARY BACHER CHIEF OF STRATEGY, POLICY & LEGAL AF	(i)	196,717.	0.	0.	0.	9,723.	206,440.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KIMBERLY GROVE CHIEF OF STAFF	(i)	181,496.	0.	0.	438.	22,736.	204,670.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) STEVE CONE CHIEF OF COMMUNICATIONS, MARKETING &	(i)	193,360.	0.	0.	0.	9,291.	202,651.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

**PART I, LINE 4B:**

DURING THE 2022 CALENDAR YEAR, CAPITAL HOSPICE MAINTAINED A SUPPLEMENTAL  
NON-QUALIFIED 457(F) DEFERRED COMPENSATION PLAN. THE FOLLOWING REPORTABLE  
INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN:

-JAMES CAMERON MUIR MD

DURING 2022, THERE WERE NO CONTRIBUTIONS MADE BY CAPITAL HOSPICE TO THE  
PLAN.

DURING 2022, THE FOLLOWING DISTRIBUTIONS WERE MADE BY CAPITAL HOSPICE FROM  
THE PLAN:

-JAMES CAMERON MUIR MD - \$24,468

DURING THE 2022 CALENDAR YEAR, THE COMPANY MAINTAINED A NON QUALIFIED  
457(B) DEFERRED COMPENSATION PLAN FOR THE FOLLOWING EMPLOYEE:

JOHN T. KOUTSOUMPAS

DURING 2022, THE COMPANY MADE CONTRIBUTIONS TO THE PLAN TOTALING \$10,400.

IN 2022, THERE WERE NO DISBURSEMENTS FROM THE PLAN.

**PART I, LINE 7:**

IF THE ORGANIZATION REACHES ITS BUDGETED AMOUNT OF NET INCOME FROM



**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.

OPERATIONS FOR THE YEAR THEN EMPLOYEES ARE ELIGIBLE FOR A BONUS, WHICH IS  
BASED UPON CERTAIN KEY METRICS THAT ARE UNRELATED TO NET INCOME.



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
HEALTHSPERIAN LLC	PRESIDENT/CEO > 35%	135,000.	PAYMENT FOR		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: HEALTHSPERIAN LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT/CEO > 35% INTEREST

(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR PERFORMANCE OF SERVICES

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public  
Inspection

Name of the organization <b>CAPITAL HOSPICE</b>	Employer identification number <b>54-1920770</b>
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Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests	X	1	500.	FMV
4 Books and publications	X		25.	FMV
5 Clothing and household goods	X		461.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	106,335.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	4	1,145.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (HOTEL/MEAL/TRAV)	X	4	51,400.	FMV
26 Other (OTHER)	X	4	14,113.	FMV
27 Other (GIFT CERTIFICAT)	X	4	1,488.	FMV
28 Other (JELWERY)	X	1	128.	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

CAPITAL HOSPICE

Employer identification number

54-1920770

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF CAPITAL HOSPICE IS TO IMPROVE CARE FOR THOSE FACING  
LIFE-LIMITING ILLNESSES THROUGH DIRECT SUPPORT OF PATIENTS AND THEIR  
FAMILIES, PUBLIC EDUCATION AND ADVOCACY.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION'S SOLE CORPORATE MEMBER IS CAPITAL CARING HEALTH, A  
RELATED TAX-EXEMPT ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION'S SOLE CORPORATE MEMBER SHALL APPOINT THE DIRECTORS TO THE  
BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBER, THROUGH ITS CHAIR OR CEO, OR THROUGH ANY OTHER OFFICER OF THE  
MEMBER WHO IS AUTHORIZED BY THE BOARD OF DIRECTORS OF THE MEMBER (THE  
"MEMBER BOARD"), SHALL EXERCISE ALL AUTHORITY AT MEETINGS OF THE  
CORPORATION AS MEMBERS ARE AUTHORIZED TO EXERCISE

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 FOR CAPITAL HOSPICE IS REVIEWED BY THE CONTROLLER, VICE-PRESIDENT  
OF FINANCE AND CFO. NEXT, THE 990 IS SENT TO ALL OF THE MEMBERS OF THE  
BOARD OF TRUSTEES INCLUDING PRESIDENT OF CAPITAL HOSPICE FOR THEIR REVIEW  
AND TO SOLICIT ANY COMMENTS OR QUESTIONS. THE FINANCE AUDIT INVESTMENT  
COMMITTEE (FAIC) OF THE BOARD MEETS TO REVIEW AND DISCUSS THE FORM 990 IN

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

Schedule O (Form 990) 2022

Name of the organization

CAPITAL HOSPICE

Employer identification number

54-1920770

DETAIL. THIS MEETING IS OPEN TO ALL BOARD MEMBERS INCLUDING THE  
 COMPENSATION AND OTHER COMMITTEE CHAIRS. AFTER THE FORM 990 HAS BEEN  
 REVIEWED BY THE BOARD AND COMMENTS OR QUESTIONS FROM BOARD MEMEBERS HAVE  
 BEEN RESPONDED TO, THE FORM 990 WILL BE FINALIZED, SIGNED BY THE  
 PRESIDENT/CEO AND SUBSEQUENTLY FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMEBERS, OFFICERS AND KEY MANAGERS ARE REQUIRED TO REPORT ANY  
 REAL OR POTENTIAL OR PERCEIVED CONFLICT OF INTEREST INVOLVING THEM OR  
 ANOTHER PERSON BY PROMPTLY FILING A WRITTEN DISCLOSURE STATEMENT WITH THE  
 PRESIDENT OR CHAIR OF THE BOARD OF TRUSTEES. THE PRESIDENT WILL REVIEW ALL  
 SUCH STATEMENTS AND THE ANNUAL DISCLOSURE STATEMENTS AND DISCUSS WITH THE  
 CHAIR OF THE BOARD ANY POTENTIAL CONFLICTS OF INTEREST. IF THE PRESIDENT  
 AND THE CAHIR OF THE BOARD DETERMINE THAT A POTENTIAL CONFLICT EXISTS, THEN  
 THE BOARD SHALL INFORM THE PERSON OF THE BASIS FOR SUCH BELIEF AND ALLOW  
 THE PERSON TO EXPLAIN AND DISCLOSE. FOR ANY TRANSACTION/ARRANGEMENT  
 DISCUSWSED DURING A BOARD MEETING FOR WHICH A CONFLICT OF INTEREST IS  
 DEEMED TO EXIST, THE AFFECTED BOARD MEMBER SHALL NOT BE COUNTED IN  
 DETERMINING THE QUOROM FOR THE MEETING BUT SHALL BE PERMITTED TO BRIEFLY  
 STATE THEIR POSITION ON THE MATTER AND ANSWER PERTINENT QUESTIONS OF OTHER  
 BOARD MEMBERS BEFORE VACATING THE GOVERNING BOARD. THE BAORD MEMBER SHALL  
 LEAVE THE GOVERNING BAORD AND A MAJORITY OF THE REMAINING BOARD MEMBERS  
 SHALL DETERMINE WHETHER TO UNDERTAKE SUCH TRANSACTION/ARRANGEMENT. IF THE  
 BOARD DECIDES THAT A PERSON HAS FAILED TO DISCLOSE A CONFLICT OF INTEREST.  
 THE BOARD SHALL TAKE CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

IN 2019 THE EXECUTIVE COMMITTEE OF THE BOARD ENGAGED QUATT AND ASSOCIATES,

Name of the organization

CAPITAL HOSPICE

Employer identification number

54-1920770

AN INDEPENDENT CONSULTING GROUP, TO PREPARE A REPORT TO ASSIST IN ESTABLISHING COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL AND OTHER KEY PERSONNEL. THE REPORT WAS REVIEWD AND APPORVED BY THE EXECUTIVE COMMITTEE AFTER THOROUGH DISCUSSION OF THE DATA, ITS SOURCES AND FINDINGS. THE ORGANIZATION AS SUBJECT TO INTERMEDIATE SANCTIONS UNDER INTERNAL REVENUE CODE (IRD) SECTION 4958, CONSIDERS THAT THE INTERMEDIATE SANCTIONS MARKET BENCHMARKING METHODOLOY FOR DISQULAIIFIED INDIVIDUALS, CONDUCTIED BY QUATT AND ASSOICAIATES, HAS PROVDIED A VALID AND ROBUST MEANS FOR DETERMINING MARKET BASED COMPENSATION COMPETITIVENESS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, CO, DC, FL, GA, IL, MA, MD, MO, NC, NJ, NY, OH, PA, SC, TN, VA, WV

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT PHYSICIAN SERVICES:

PROGRAM SERVICE EXPENSES	242,251.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	242,251.

CONTRACT SERVICES- NURSING HOME:

PROGRAM SERVICE EXPENSES	8,104,668.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.



Name of the organization

CAPITAL HOSPICE

Employer identification number

54-1920770

TOTAL EXPENSES 8,104,668.

CONTRACT SERVICES- LABOR:

PROGRAM SERVICE EXPENSES 1,999,646.

MANAGEMENT AND GENERAL EXPENSES 4,694.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,004,340.

CONTRACT SERVICES- CONSULTANTS:

PROGRAM SERVICE EXPENSES 101,100.

MANAGEMENT AND GENERAL EXPENSES 2,104,983.

FUNDRAISING EXPENSES 108,681.

TOTAL EXPENSES 2,314,764.

CONTRACT SERVICES- GENERAL INPATIENT:

PROGRAM SERVICE EXPENSES 1,801,924.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,801,924.

CONTRACT SERVICES- OTHER PATIENT RELATED:

PROGRAM SERVICE EXPENSES 798,627.

MANAGEMENT AND GENERAL EXPENSES 23,226.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 821,853.

CONTRACT SERVICES-OTHER:

PROGRAM SERVICE EXPENSES 1,476,274.

Name of the organization

CAPITAL HOSPICE

Employer identification number

54-1920770

MANAGEMENT AND GENERAL EXPENSES

196,287.

FUNDRAISING EXPENSES

3,500.

TOTAL EXPENSES

1,676,061.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A

16,965,861.

FORM 990 PART XI, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEARS.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization <b>CAPITAL HOSPICE</b>	Employer identification number <b>54-1920770</b>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CAPITAL PALLIATIVE CARE CONSULTANTS - 52-2361003, 3180 FAIRVIEW PARK DRIVE, SUITE 500, FALLS CHURCH, VA 22042	PALLIATIVE CARE	VIRGINIA	838,106.	5,640,694.	CAPITAL HOSPICE

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CAPITAL CARING HEALTH, INC. - 84-3773372 3180 FAIRVIEW PARK DR., SUITE 500 FALLS CHURCH, VA 22042	MEDICAL SUPPORT SERVICES	VIRGINIA	501(C)(3)	12	N/A		X
CAPITAL CAING ADVANCED ILLNESS, INC. - 84-3787656, 3180 FAIRVIEW PARK DR., SUITE 500, FALLS CHURCH, VA 22042	ILLNESS, PALLIATIVE AND PRIMARY CARE SERVICES	VIRGINIA	501(C)(3)	7	CAPITAL CARING HEALTH		X
CAPITAL CARING STAY AT HOME SERVICES, INC. - 84-3797085, 3180 FAIRVIEW PARK DR., SUITE 500, FALLS CHURCH, VA 22042	AT HOME MEDICAL SERVICES	VIRGINIA	501(C)(3)	7	CAPITAL CARING HEALTH		X

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

Schedule R (Form 990) 2022

**SEE PART VII FOR CONTINUATIONS**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ADVANCED ILLNESS PARTNERS, LLC - 86-1633085, 3180 FAIRVIEW PARK DR, SUITE 500, FALLS CHURCH, VA 22042	MEDICARE DIRECT CONTRACTED MEDICAL SERVICES	DE	CAPITAL HOSPICE	RELATED				X	N/A	X		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUST 3180 FAIRVIEW PARK DRIVE, SUITE 500 FALLS CHURCH, VA 22042	INVESTMENTS	KY	CAPITAL HOSPICE	TRUST					X

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CAPITAL CARING HEALTH	S	255,000.	FMV
(2) CAPITAL CARING STAY AT HOME SERVICES	S	580,163.	FMV
(3) CAPITAL CARING ADVANCED ILLNESS SERVICES, INC.	S	621,353.	FMV
(4)			
(5)			
(6)			



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

**PART I, IDENTIFICATION OF DISREGARDED ENTITIES:**

**NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:**

CAPITAL PALLIATIVE CARE CONSULTANTS

EIN: 52-2361003

3180 FAIRVIEW PARK DRIVE, SUITE 500

FALLS CHURCH, VA 22042

PRIMARY ACTIVITY: PALLIATIVE CARE

DIRECT CONTROLLING ENTITY: CAPITAL HOSPICE

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

CAPITAL CARING HEALTH, INC.

EIN: 84-3773372

3180 FAIRVIEW PARK DR., SUITE 500

FALLS CHURCH, VA 22042

PRIMARY ACTIVITY: MEDICAL SUPPORT SERVICES

DIRECT CONTROLLING ENTITY: N/A

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

CAPITAL CAING ADVANCED ILLNESS, INC.

EIN: 84-3787656

3180 FAIRVIEW PARK DR., SUITE 500

FALLS CHURCH, VA 22042

PRIMARY ACTIVITY: ILLNESS, PALLIATIVE AND PRIMARY CARE SERVICES

DIRECT CONTROLLING ENTITY: CAPITAL CARING HEALTH

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

CAPITAL CARING STAY AT HOME SERVICES, INC.

EIN: 84-3797085

3180 FAIRVIEW PARK DR., SUITE 500

FALLS CHURCH, VA 22042

PRIMARY ACTIVITY: AT HOME MEDICAL SERVICES

DIRECT CONTROLLING ENTITY: CAPITAL CARING HEALTH

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

ADVANCED ILLNESS PARTNERS, LLC

EIN: 86-1633085

3180 FAIRVIEW PARK DR, SUITE 500

FALLS CHURCH, VA 22042

PRIMARY ACTIVITY: MEDICARE DIRECT CONTRACTED MEDICAL SERVICES

DIRECT CONTROLLING ENTITY: CAPITAL HOSPICE