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Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: HOSPICE CARING, INC. D Employer identification number: 52-1591455. E Telephone number: 301-869-4673. F Group Exemption Number. G Accounting method: Cash, Accrual. H Check if the organization is not required to attach Schedule B.

I Website: WWW.HOSPICECARING.ORG. J Organization type: 501(c)(3). K Check if the organization is not a section 509(a)(3) supporting organization.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 795,128.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received (215,626); 2 Program service revenue including government fees and contracts (2,700); 3 Membership dues and assessments; 4 Investment income (40,588); 5a Gross amount from sale of assets other than inventory (41,680); 5b Less: cost or other basis and sales expenses (56,023); 5c Gain or (loss) from sale of assets other than inventory (<14,343.); 6 Special events and activities (2008) (237,588); 7a Gross sales of inventory, less returns and allowances; 7b Less: cost of goods sold; 7c Gross profit or (loss) from sales of inventory; 8 Other revenue; 9 Total revenue (482,159); 10 Grants and similar amounts paid; 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits (381,084); 13 Professional fees and other payments to independent contractors (22,867); 14 Occupancy, rent, utilities, and maintenance (61,846); 15 Printing, publications, postage, and shipping (26,382); 16 Other expenses (68,132); 17 Total expenses (560,311); 18 Excess or (deficit) for the year (<78,152.); 19 Net assets or fund balances at beginning of year (1,105,284); 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year (1,027,132).

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

Table with columns (A) Beginning of year and (B) End of year. Rows include: 22 Cash, savings, and investments (882,243 / 830,530); 23 Land and buildings; 24 Other assets (302,479 / 286,313); 25 Total assets (1,184,722 / 1,116,843); 26 Total liabilities (79,438 / 89,711); 27 Net assets or fund balances (1,105,284 / 1,027,132).

SCANNED JAN 27 2010

Part V Other Information (Note the statement requirements in the instructions for Part VI)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41e regarding organizational activities, tax returns, and financial matters.

41 List the states with which a copy of this return is filed. MD
42a The books are in care of THE ORGANIZATION Telephone no. 301-869-4673
Located at 518 SOUTH FREDERICK AVENUE, GAITHERSBURG, MD ZIP + 4 20877

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44 and 45 regarding donor advised funds and controlled entities.

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities...
47 Did the organization engage in lobbying activities...
48 Is the organization operating a school...
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If "Yes," was the related organization(s) a section 527 organization?
50 Complete this table for the five highest compensated employees...

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Content: NONE

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. Content: NONE

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature], Date: 1/11/10, Type or print name and title: GARY D. THORNTON, PRESIDENT

Paid Preparer's Use Only: Preparer's signature: NEIL E. BERGER, Date: 12/18/09, Check if self-employed: [], Preparer's Identifying Number (See instr): [], Firm's name (or yours if self-employed), address, and ZIP + 4: METRO METRO AND ASSOCIATES, 3311 OLNEY SANDY SPRING ROAD, OLNEY, MARYLAND 20832-1411, EIN: [], Phone no.: (301)929-9700

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	227,671.	394,978.	237,602.	307,132.	215,626.	1,383,009.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge					36,000.	36,000.
4 Total. Add lines 1 - 3	227,671.	394,978.	237,602.	307,132.	251,626.	1,419,009.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						1,419,009.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	227,671.	394,978.	237,602.	307,132.	251,626.	1,419,009.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	55,348.	38,716.	42,716.	48,266.	40,588.	225,634.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						1,644,643.
12 Gross receipts from related activities, etc. (see instructions)					12	1,509,346.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	86.28 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	88.48 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five 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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))	
		GALA (event type)	GOLF TOURNAMENT (event type)	8 (total number)		
Revenue	1	Gross receipts	410,315.	26,738.	57,481.	494,534.
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	410,315.	26,738.	57,481.	494,534.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	219,049.	13,489.	24,408.	256,946.
	8	Direct expense summary Add lines 4 through 7 in column (d)				(256,946.)
	9	Net income summary Combine lines 3 and 8 in column (d)				237,588.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states?
 b If "No," Explain _____

 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
 b If "Yes," Explain _____

 11 Does the organization operate gaming activities with nonmembers?
 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
9a		
10a		
11		
12		

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Provide 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?			
<p>b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____</p> <p>c If "Yes," enter name and address</p> <p>Name ▶ _____</p> <p>Address ▶ _____</p>			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
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?			
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
INSURANCE - GENERAL		8,685.	
ADVERTISING/MARKETING		2,256.	
BANK CREDIT CARD AND OTHER CHARGES		5,742.	
BACKGROUND INVESTIGATION		1,551.	
COMPUTER EXPENSES		5,593.	
DUES AND SUBSCRIPTIONS		6,316.	
EVENT VENUE		7,299.	
MEETINGS AND CONFERENCES		1,658.	
MISCELLANEOUS		99.	
OFFICE EXPENSES		5,978.	
PATIENT SUPPORT EXPENSES		2,849.	
PAYROLL SERVICE		2,035.	
PUBLIC RELATIONS		100.	
SUPPLIES		8,667.	
TELEPHONE		7,459.	
TRAVEL AND LODGING		1,845.	
TOTAL TO FORM 990-EZ, LINE 16		68,132.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	11,475.	47,551.	
PREPAID EXPENSES	17,058.	710.	
CASH SURRENDER VALUE - LIFE INSURANCE	4,198.	5,030.	
ACCRUED INTEREST RECEIVABLE	675.	0.	
OTHER DEPRECIABLE ASSETS	269,073.	233,022.	
TOTAL TO FORM 990-EZ, LINE 24	302,479.	286,313.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	28,638.	86,966.	
DEFERRED REVENUE	50,800.	2,745.	
TOTAL TO FORM 990-EZ, LINE 26	79,438.	89,711.	

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	4
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
1,187.188 ALLIANCEBERNSTEIN INTL VALUE FUND	11,563.	22,907.	0.	<11,344.>	
885.74 HARBOR BOND FUND	10,018.	10,886.	0.	<868.>	
889.68 TEMPLETON GLOBAL BOND FUND ADVISOR CLASS	10,053.	10,372.	0.	<319.>	
1,150.748 WESTERN ASSET CORE PLUS PORTFOLIO INSTL	10,046.	11,737.	0.	<1,691.>	
TO FORM 990-EZ, LINE 5	41,680.	55,902.	0.	<14,222.>	

FORM 990-EZ GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 5

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
DISPOSAL OF FIXED ASSETS NO LONGER IN SERVICE	VARIOUS	09/30/09	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
N/A	0.	82,426.	0.	82,305.	<121.>
TO FORM 990-EZ, LINE 5		82,426.	0.	82,305.	<121.>

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 6

DESCRIPTION	AMOUNT
DEPRECIATION	39,756.
OTHER EXPENSES	22,090.
TOTAL TO FORM 990-EZ, LINE 14	61,846.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

COMMUNITY OUTREACH STRIVES TO CREATE AWARENESS OF HOSPICE CARING'S PROGRAMS AND SERVICES THROUGH PRESS COVERAGE, PUBLICATIONS, MAILINGS, SPEAKING ENGAGEMENTS, HEALTH/EMPLOYEE/COMMUNITY FAIRS, AND NETWORKING OPPORTUNITIES. BOTH VOLUNTEERS AND PATIENTS ARE RECRUITED THROUGH THESE EFFORTS.

THE PATIENT & FAMILY PROGRAM, BEGUN IN 1989, FOCUSES ON THE TERMINALLY ILL AND THEIR FAMILIES. TRAINED VOLUNTEERS HELP PATIENTS LIVE EACH DAY MORE FULLY BY PROVIDING SUPPORT AND ADVOCACY, RESPITE CARE, ASSISTANCE WITH HOUSEHOLD TASKS AND ERRANDS, TRANSPORTATION AND COMPANIONSHIP.

THE BEREAVEMENT PROGRAM INCLUDES SERVICES, MOST OFTEN PROVIDED SEPARATELY, FOR ADULTS AND CHILDREN. ADULT BEREAVEMENT, BEGUN IN 1990, OFFERS BEREAVEMENT SUPPORT GROUPS, INDIVIDUAL TELEPHONE SUPPORT AND PROGRAMS FOR ANY ADULT WHO HAS EXPERIENCED THE DEATH OF A LOVED ONE. CHILDREN'S BEREAVEMENT, THROUGH ITS GOOD GRIEF CLUB BEGUN IN 1998, OFFERS STUDENTS A SAFE AND COMFORTABLE ENVIRONMENT IN WHICH TO EXPLORE THEIR EMOTIONS AND ISSUES RELATED TO DEATH. CAMP CARING, FIRST OFFERED IN 2001, IS A WEEKEND RETREAT WHERE CHILDREN AGES EIGHT TO TWELVE WHO HAVE EXPERIENCED THE DEATH OF A LOVED ONE ARE PAIRED WITH A TRAINED ADULT TO EXPLORE THEIR FEELINGS THROUGH AGE-APPROPRIATE CRAFTS, ACTIVITIES, DISCUSSIONS AND ONE-ON-ONE TIME.

TO OFFER CARING PROGRAMS AND SERVICES TO MONTGOMERY COUNTY ADULTS AND CHILDREN WHO ARE FACING A LIFE THREATENING ILLNESS OR GRIEVING THE DEATH OF A LOVED ONE; TO PROVIDE COMPASSIONATE, PRACTICAL AND HIGH QUALITY SUPPORT THAT IS GUIDED BY AND RESPONSIVE TO THE COMMUNITY'S NEEDS.