

APPENDIX A  
Central VNA Articles of Agreement

# State of New Hampshire

Recording fee: \$25.00  
Use black print or type.  
Leave 1" margins both sides.

Form NP-3  
RSA 292:7

## AFFIDAVIT OF AMENDMENT OF

Community Health & Hospice, Inc.  
A NEW HAMPSHIRE NONPROFIT CORPORATION

I, Sylvia Countway, the undersigned, being the Secretary

(Note 1) of the above named New Hampshire nonprofit corporation, do hereby certify that a meeting was held on October 15, 2010, in Alton, New Hampshire (Note 2), for the purpose of amending the articles of agreement and the following amendment(s) were approved by a majority vote of the corporation's Trustees. (Note 3)

The Articles of Agreement of Community Health & Hospice, Inc. are replaced in their entirety with the attached Amended and Restated Articles of Agreement of Central New Hampshire VNA & Hospice.

NOTE: Article I changes the name of the corporation from Community Health & Hospice, Inc. to Central New Hampshire VNA & Hospice.

[If more space is needed, attach additional sheet(s).]

A true record, attest:

Sylvia Countway, secretary  
(Signature)

Date signed: 10/15/10

- Notes:
1. Clerk, secretary or other officer.
  2. Town/city and state.
  3. Enter either "Board of Directors" or "Trustees".

DISCLAIMER: All documents filed with the Corporate Division public inspection in either tangible or electronic form.

Mail fee with DATED AND SIGNED ORIGINAL to: Corporate Street, Concord NH 03301-4989.

File a copy with Clerk of the town/city of the principal place of bu

State of New Hampshire  
Form NP 3 - Affidavit of Amendment 5 Page(s)



T1029131013

**THE STATE OF NEW HAMPSHIRE**

**AMENDED AND RESTATED  
ARTICLES OF AGREEMENT**

**of**

***CENTRAL NEW HAMPSHIRE VNA & HOSPICE  
f/k/a COMMUNITY HEALTH & HOSPICE, INC.***

The undersigned, being persons of lawful age, associate under the provisions of New Hampshire Revised Statutes Annotated, Chapter 292, by the following:

**ARTICLE I**

The name of this corporation is changed from "COMMUNITY HEALTH & HOSPICE, INC.," to "CENTRAL NEW HAMPSHIRE VNA & HOSPICE".

**ARTICLE II**

The mission of Central New Hampshire VNA & Hospice is to promote dignity, independence and well being through the delivery of quality home health, hospice and community-based care services.

Services provided by the corporation may include:

- a range of health related services such as nursing care, home health aide, rehabilitation therapy, and medical social work in the home environment;
- comprehensive hospice care and support that recognizes the philosophy that death is a part of life for individuals with life threatening illness and for their families;
- family support and services designed to strengthen and enhance family life;
- trained volunteers and associates service providers who will enable a person to remain at home as long as possible and support family life;
- health promotion activities that foster healthy lifestyles for the community as a whole.

The corporation supports and respects the family as the primary unit of care and endeavors to offer alternatives that enable and empower individuals and families to direct their care. No individual shall be denied these services on the grounds of race, color, origin, sex, handicapping conditions, or ability to pay within the resources of the organization.

The corporation will have the power to do all acts and things reasonably incident or desirable to further such purpose, including the power to receive by purchase, gift, grant, devise, bequest or in any other lawful manner any real or personal property and to hold, use, improve, operate, manage, lease, convey, convert and invest or otherwise dispose of by gift, sale, lease or otherwise any real or personal property, and to participate jointly with others in connection with any act or thing in which this corporation is empowered to engage.

In limitation of, and not in addition to, the purpose stated above, the corporation is organized and will be operated exclusively to further its charitable mission only in such a manner so that the corporation remains qualified as an entity exempt from federal taxation under Section 501(c)(3) of the Code and is not a private foundation pursuant to Section 509(a) of the Code.

### **ARTICLE III**

The principal place of business of this corporation is 780 North Main Street, Laconia, New Hampshire.

### **ARTICLE IV**

No part of the net earnings of the corporation shall inure to the benefit or be distributable to its members, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered, and to make payments and distributions in furtherance of the purposes set forth in Article II hereof. No substantial part of the activities of the corporation shall be the carrying-on of propaganda, or otherwise attempting, to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law); or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1986, as amended (or of the corresponding provision of any future United States Internal Revenue Law)(the "Internal Revenue Code").

### **ARTICLE V**

In the event the Corporation is dissolved, all assets of the corporation remaining after the satisfaction of its legal obligations shall be distributed by the Board of Trustees to one or more other organizations exempt from Federal income tax under Section 501(c)3 of the Internal Revenue Code whose purpose and mission fulfill as nearly as possible the

mission of Central New Hampshire VNA & Hospice, as the Board of Trustees shall determine.

#### **ARTICLE VI**

No officer or Trustee of the Corporation shall be liable to the Corporation for monetary damages for breach of fiduciary duty as a Trustee, an Officer, or both, except with respect to (1) any breach of the Trustee's or Officer's duty of loyalty to the Corporation or its Members; (2) acts or omissions which are not in good faith or which involve intentional misconduct or a knowing violation of law; or (3) any transaction from which the Trustee, Officer, or both, derived an improper personal gain.

To the extent permitted by the laws of the State of New Hampshire, the Corporation shall indemnify each Trustee or Officer, past or present, against expenses actually and reasonably incurred in connection with the defense of any civil action, suit or proceeding (other than an action by or on behalf of the Corporation) in which such Trustee or Officer is made or is threatened to be made a party by reason of having been a Trustee or Officer of the Corporation, and the Corporation in its discretion may elect to include such Trustee or Officer in the defense of such action, suit or proceeding. The Corporation shall provide insurance against any such liability in sufficient amount so as to provide reasonable protection as determined by the Board.

#### **ARTICLE VII**

These Articles of Agreement may be amended by the following described vote of the Board of Trustees at a meeting duly called for that purpose and by recording a certified copy of such vote as specified in RSA 292:7: if before October 15, 2013, eighty percent (80%) of all of the Trustees; if on or after October 15, 2013 seventy-five percent (75%) of all of the Trustees.

Effective Date of Amendment and Restatement: October 15, 2010



Visiting Nurse & Hospice  
of Vermont and New Hampshire

April 2, 2010


New Hampshire Secretary of State  
Corporations Division  
25 Capitol Street, Floor 3  
Concord, New Hampshire 03301

*Re: Central New Hampshire VNA & Hospice*

To Whom It May Concern:

I hereby consent to the use of the name "Central New Hampshire VNA & Hospice" by Community Health & Hospice, Inc. in connection with the amendment of its Articles of Agreement to change the corporate name of said organization.

Sincerely,

  
Jeanne McLaughlin  
President & CEO

**APPENDIX B**  
**Central VNA Bylaws**

# CENTRAL NEW HAMPSHIRE VNA & HOSPICE

## BYLAWS

### ARTICLE I

#### TRADE NAMES AND PLACES OF BUSINESS

Section 1: Trade Names. In addition to its corporate name, Central New Hampshire VNA & Hospice, the Corporation will maintain the following trade names and will use them in the course of conducting its affairs and services (i.e. doing business as) for so long as it deems appropriate: “Community Health & Hospice” and “Visiting Nurse Association - Hospice of Southern Carroll County and Vicinity.” Additionally, the Corporation may maintain such other trade names as the Board of Trustees deems appropriate from time to time.

Section 2: Places of Business. In addition to the principal place of business established at 780 North Main St., Laconia, NH, a second location to be established at 645 South Main Street, Wolfeboro will be maintained so that the communities in the Corporation’s expanded services areas will continue to be served.

### ARTICLE II

#### BOARD OF TRUSTEES

Section 1: Composition of Board. The management of the affairs, business, and property of this organization shall be vested in a Board of Trustees consisting of at least nine (9) members and no greater than sixteen (16) members. The Board shall elect the members of the Board of Trustees at the Annual Meeting for a term of three years from a slate presented by the Governance Committee. The organization shall endeavor to recruit nominees who have general interest(s) in the organization or specific interest in the areas of home care, family support, and hospice. The Governance Committee will develop and maintain criteria and procedures for the identification and recruitment of candidates for election by the Board to serve as Trustees. Such criteria and procedures should be designed to seek a broad diversity of experience, talent and perspective. To the extent possible, ten members (60% of total members) should be elected from the Laconia communities and 6 members (40%) should be elected from the Wolfeboro communities. served by the Corporation.

Section 2: Term Limits. No Trustee shall serve more than two (2) consecutive three-year terms. If a Trustee serves a partial term to fill a vacancy, the Trustee may serve two additional three-year terms. For extenuating circumstances that affect the overall well-being of the organization, term limits of a board member or members may be extended annually by one year, up to two times (but not longer) by a vote of at least 2/3 of the Trustees. Former Trustees shall be eligible for reelection after one year.

Section 3: Vacancies. If a vacancy occurs on the Board, the Board at its discretion may request the Governance Committee to recommend a nominee for appointment by the Board to fill such vacancy and complete the unexpired term of the departing Trustee.

Section 4: Unexcused Absences. Absence for three (3) consecutive meetings, or for six (6) meetings in any twelve-month period, excused or unexcused, shall be construed as a resignation and that Trustee shall be so notified in writing by the Board President after confirmation from the Executive Committee.

Section 5: General Powers and Duties of the Board. The Board of Trustees will be responsible for ensuring that the mission of the Corporation is furthered and that its assets are used and invested prudently. The Board will have and may exercise all of the powers available to the Corporation under applicable law for the management of its business and affair. The Board of Trustees may delegate its powers if such delegation of authority is not inconsistent with its fiduciary duties, the laws of the State of New Hampshire, the Articles of Agreement, or these Bylaws. Without limiting the generality of the foregoing, the Board shall: (a) have access to the books and records of the organization; (b) elect new Trustees nominated by the Governance Committee to fill vacancies on the Board that occur at any time other than the Annual Meeting; (c) have the power to determine the responsibilities of the Chief Executive Officer and the employment contract terms for the position, and hire, establish the salary of, and evaluate the performance of the Chief Executive Officer; (d) advise and determine the investments of the funds of the organization and instruct



the Treasurer in the investment of such funds; (e) approve the annual operating and capital budgets and any proposed material deviations from those budgets; and (f) review the audited year-end financial statements of the organization on an annual basis.

### ARTICLE III MEETINGS OF THE BOARD OF TRUSTEES

Section 1: Regular Meetings. The Board of Trustees shall endeavor to meet regularly at least ten (10) times per year. The Executive Committee shall be empowered to conduct necessary business between regular meetings of the Board. All business conducted by the Executive Committee shall be reported to the Board of Trustees at their next meeting. Written minutes of all meetings will be kept and board meeting minutes will be presented for approval at the following board meeting. Should the board address protected information such as specific human resource data, potential or actual legal items or merger information, the written minutes shall reflect that the board went into an executive session and detailed minutes of the discussion will not be included in the general minutes.

Section 2: Special Meetings. All special meetings of the Board shall be called by the President (or by the Vice-President in the absence of the President) or at the request of at least three (3) Trustees.

Section 3: Annual Meeting. The Annual Meeting shall be held each year during a month determined by the Board of Trustees. Notice of the place and time of the annual meeting of the corporation shall be made through publication in a newspaper with area-wide circulation at least one week prior to the meeting date. The purpose of the Annual Meeting is to celebrate the year's accomplishments as the organization strives to fulfill its mission, to inform the public of the affairs of the organization, and to elect the members of the Board of Trustees.

Section 4: Meetings by Conference Call. Members of the Board of Trustees or any committee designated by the Trustees or these Bylaws may participate in a meeting of the Board or committee by teleconference or similar communications equipment by which all persons participating in the meeting can communicate with each other at the same time. Participation by these means will constitute presence in person at a meeting.

Section 5: Notice. At least seven (7) days prior to the date of the meeting, notice shall be mailed by prepaid United States first class mail, or sent by facsimile (receipt confirmed), or electronically mailed directing Trustees to access the Board portion of the Agency website. Such notice shall state the date, time and place of the meeting and purpose for which the meeting is being held. The notice requirements contained in these Bylaws may be waived in writing by any Trustee, either before or after the meeting. The attendance of any Trustee at a meeting, without objection prior to the conclusion of the meeting the lack of notice of such meeting, shall constitute a waiver of notice.

Section 6: Quorum and Voting. At any meeting of the Board of Trustees, the presence of a majority of the Trustees shall constitute a quorum and be necessary for the transaction of business. If a quorum is not present, a lesser number may adjourn the meeting to a future time and the notice requirement shall be waived. At all meetings of the Board each Trustee shall have one vote. Except as otherwise required by law or as described in Section 7 below of this Article III, all corporate Board action shall be determined by a vote of a majority of the votes cast at a meeting of Trustees, by those Trustees entitled to vote. At the request of at least two (2) members of the Board of Trustees, any vote shall be conducted by secret, written ballot.

Section 7: Super-Majority Vote. Notwithstanding the foregoing, a vote of seventy-five percent (75%) or more of all eligible votes (i.e. the votes of all then elected and serving Trustees, and not just those of the Trustees present at the meeting and constituting a quorum) cast in favor of the action or decision will be required for any of the following proposed actions:

- (a) *Affiliation.* Affiliation or reorganization with another organization;
- (b) *Capital Expenditures; Debt.* Any unbudgeted capital expenditure or incurrence of debt, either in a singular instance or in a series of related transactions, in excess of Fifty Thousand Dollars (\$50,000.00);
- (c) *Amendment to Governing Documents.* Any amendment to the Bylaws; and
- (d) *Principal Office Relocation.* The relocation or closure of either principal office of the Corporation
- (e) The removal of an officer from their position prior to their term ending
- (f) Except for actions necessitated by regulatory requirements, the material expansion or contraction of

“Significant Clinical Services or service area,” defined as Home Care Services, Hospice Services, Pediatric Services and Community Health Services.

Section 8. Action Approved in Writing. Any action approved in writing by all Trustees will be valid, regardless of whether a meeting of the Board of Trustees has taken place. Email or other electronic transmissions intended to constitute the consent and signature of the sender and otherwise complying with New Hampshire RSA 294-E will constitute a writing for the purpose of this provision.

#### ARTICLE IV OFFICERS OF THE BOARD

Section 1: Officers. The officers of the Board of Trustees shall be the President, Vice-President, Secretary, and Treasurer. An Assistant Treasurer or Assistant Secretary may be appointed by the Officers of the Board as needed.

Section 2: Duties of the Officers. The officers of the Board will conduct the duties usually conducted by such officers as described below in addition to any other duties prescribed by the Board from time to time.

The President shall: (a) Preside at Board meetings; (b) Give leadership to the Board and stimulate Trustees to make their best efforts; (c) have the discretionary privilege of attending committee meetings, on which the President will sit and vote as an *ex-officio*; (d) Cast the deciding vote in the event of a tie in a vote of any of the Board’s committees; (e) Plan and prepare for Board meetings; (f) Sign documents as authorized by the Board; (g) Facilitate good working relationships between the Board and employees; (h) Preside and report to the Board at the Annual Meeting; and (i) Appoint committee members for approval by the Board of Trustees.

The Vice President shall: (a) Fill the post of the President for the balance of the term, if that office becomes vacant; (b) Take the President's place should the President be unable to attend a Board or Annual Meeting; (c) Exercise any of the powers and fulfill the duties of the President if the President is absent or temporarily incapacitated; (d) Assist the President with such additional responsibilities as may be designated by the President.

The Secretary shall: (a) ensure the recording and maintenance of the minutes of all Board meetings; (b) Conduct general correspondence of the Board unless otherwise designated; (c) complete contract attestation forms for agency grants; (d) In the absence of the President and Vice-President, shall preside at Board meetings.

The Treasurer shall: (a) Chair the Finance Committee; (b) Ensure the integrity of the organization’s finances and of its investment and cash management practices; (c) Oversee the timely filing of any required financial reports and statements; (d) Make reports to the Board regarding the organization's financial condition at their meeting; and (e) Sign documents and make tax and other filings as authorized by the Board.

Section 3: Election of the Officers: Officers shall be nominated by the Governance Committee based on capabilities and qualities and elected by the Board of Trustees either at the Annual Meeting or at the first Board meeting following the Annual Meeting. Qualification for the President will include a minimum of one year of board service. All officers shall take office at the close of the meeting at which they are elected, and shall serve for a term of one year or until their successor is duly-elected. Officers in the role of Vice President, Secretary and Treasurer are limited to serving no more than three years unless the Board of Trustees approves a term extension of up to two years at the end of the three years. The office of President shall be filled by a qualified individual willing to commit to a minimum of two years in the role of President, but no more than five years.

#### ARTICLE V CHIEF EXECUTIVE OFFICER

The Chief Executive Officer is hired, and evaluated annually, by the Board of Trustees. The Chief Executive Officer will have both day-to-day and long-term responsibility for the direction and operations of the Corporation, including its strategic and business goals and plans, consistent with policies and budgets established by the Board. The Chief Executive Officer will perform the duties set forth in his or her employment contract, as well as such other specific duties as the Board may designate. The Chief Executive Officer shall attend all Board and Executive Committee meetings, unless excused from these meetings for good cause, as a resource and to report on the progress of the

organization and to address questions, although the Chief Executive Officer will be excused for any evaluation of his or her performance. The Chief Executive Officer may attend any other committee meetings (excluding Governance Committee meetings which will evaluate and recommend board nominees) in an advisory capacity at the request of the committee chair or at his or her discretion.

## ARTICLE VI COMMITTEES

Section 1: General Statement: The Committees shall be appointed by the President with the exception of the Executive Committee. Committee members may be selected from sources other than the active Board of Trustees. Vacancies that occur between annual meetings shall be filled by the President. The President may attend all committee meetings and shall be a voting member of the Executive Committee. The purpose, duties and scope of authority of each standing committee are set forth in its charter, or as may be prescribed from time to time by the Board of Trustees. Committees will maintain an awareness of the overall activity of the organization.

Section 2: Standing Committees. The Corporation's Standing Committees are: Executive, Finance, Human Resources, Quality Assurance Performance Improvement (QAPI), Fundraising/Development and Governance. All committees will keep written minutes of all meetings and report the result of each meeting at the next regular meeting of the Board of Trustees. Should any committee address protected information such as specific human resource data, potential or actual legal items or merger information, the written minutes shall reflect that the committee went into an executive session and detailed minutes of the discussion will not be included in the general minutes.

Section 3: The Executive Committee shall consist of the President, Vice-President, Secretary, and Treasurer. The duties are: (a) To conduct necessary and appropriate business between meetings of the Board (b) To evaluate the performance and salary level of the Chief Executive Officer annually; (c) To have standing authority over all committees; (d) To review the overall management of the organization's programs at least once a year to assure economy and efficiency; (e) To respond to the recommendations of the Utilization Review/Quality Improvement Committee regarding services available; (f) To evaluate programs in light of changing trends, client needs, and the needs of the community quantitatively and qualitatively; (g) To recommend appropriate changes or report findings to the Board of Trustees for their consideration and action, (h) to review the organization's bylaws on an annual basis and make recommendations for revisions to the Board of Trustees, (i) to review actual or potential legal issues affecting the organization and (j) to appoint a temporary secretary in the event that the elected Secretary is unavailable.

Section 4: The Finance Committee shall consist of not less than three members of the Board of Trustees. The Treasurer shall chair the committee. The duties are: (a) To prepare, in cooperation with the Chief Executive Officer and Chief Financial Officer, a budget for the coming fiscal year; (b) To receive from the Treasurer and discuss reports of monthly receipts and expenditures; (c) To interpret recommendations relative to the investments of funds or to receive the report of any of the Board of Trustees who have been appointed to handle funds; (d) To interpret to the Board any decrease or increase in expenditures or changes in financial policy; (e) To advise the Board on business and financial matters; (f) To explore and recommend new and additional sources of revenue; (g) to assume responsibility for oversight of all financially related audits and selection of an independent accountant, (h) To review the auditor's report each year and report its findings to the Board of Trustees (i) To report financially related audit findings to the Board for consideration and action.

Section 5: The Human Resources Committee shall consist of not less than three members of the Board of Trustees. The duties are: (a) To assist in developing personnel policies for all agency employees; (b). To review personnel policies, employee benefits and the personnel evaluation process annually to see that policies and procedures are kept current with standard good practice; (c) To consult as requested with the Chief Executive Officer concerning staff appointments and staff problems (d) to periodically review a continuity plan for key management positions and (e) To report findings to the Board for consideration and action.

Section 6: Quality Assurance Performance Improvement Committee shall consist, if possible, of a physician, a registered nurse not employed by the organization and a representative of each of the therapeutic services provided by the organization and at least one member of the Board of Trustees. The Committee shall be in compliance with federal and state guidelines, follow rules and regulations as drawn up by the Committee, and meet at least four times a year. The

duties are: (a) To review a sample of both active and closed clinical records to assure that established policies are followed in providing services (direct services as well as services under arrangement); (b) To oversee the Quality Improvement program of the organization and report to the Board of Trustees on a quarterly basis; (c) To develop and review annually a Utilization Review and Quality Improvement Plan (d) To report findings to the Board for consideration and action.

Section 7: The Governance Committee shall be composed of not fewer than three persons, at least one of whom shall be a member of the Board of Trustees. The term of office shall not exceed three years. The duties are: (a) To present a slate of nominations for Board of Trustees positions that will guarantee a Board representative of the community's needs and will fulfill the provisions of the organizations purpose and its mission; (b) To nominate officers for election by the Board of Trustees at the Annual Meeting or the first Board meeting following the Annual meeting; (c) To nominate candidates for Board vacancies as they may occur during the year; (d) To conduct ongoing recruitment for Board membership; (f) To report findings to the Board for consideration and action, (g) To conduct an annual Board assessment and make recommendations for Board education based on that assessment.

Section 8: The Fund Development Committee shall consist of at least two Trustees and such others as are designated by the Board from time to time. The committee responsibilities shall be: (a) Assist in developing and coordinating the overall fundraising activities and initiatives of CNHVNAH (b) Assist in developing and maintaining the fundraising policies of CNHVNAH to ensure that ethical practices are in place (c) To ensure donors are acknowledged appropriately and as required by law or regulations (d) To ensure fundraising efforts are cost effective and (e) To report findings to the Board for consideration and action.

Section 9: Special Committees: The President shall be empowered, with the approval of the Board of Trustees, to appoint advisory committees, special committees or task forces with specific tasks or goals and with an established sunset period, as he/she shall deem necessary or desirable from time to time.

## ARTICLE VII AUDIT

Before the Annual Meeting, the books of the Corporation shall be audited by an independent public accountant and the report of such accountant shall be filed with the records of the organization, circulated to all Trustees and presented personally to the Finance Committee with remaining Trustees invited to the presentation.

## ARTICLE VIII FISCAL YEAR

The fiscal year of the organization shall be determined by the Board of Trustees, consistent with federal guidelines and generally accepted accounting practices.

## ARTICLE IX AMENDMENTS

Section 1: Annual Review. The Board of Trustees is responsible for the Bylaws of the organization, which shall be reviewed annually.

Section 2: Amendments. The Bylaws may be amended at any regular or special meeting of the Board of Trustees by a vote of seventy-five percent (75%) of the eligible votes of all of the Board members, provided such amendment has been proposed at a previous meeting or at any meeting of the Board duly-called for that purpose.

## ARTICLE X RIGHT OF INDEMNIFICATION AND REIMBURSEMENT

Each Trustee, officer, and employee of this Corporation, and his/her heirs, executor or administrator shall be indemnified and reimbursed by the Corporation against expense, including counsel fees, necessarily incurred by him/her in connection with the defense or reasonable settlement of any suit, action or proceeding in which he/she is made a party by reason of his/her being or having been a Trustee, officer, or employee of the Corporation, except in

such action, suit, or proceeding he/she is found to be liable for gross negligence or misconduct in the performance of his/her duties as Trustee, officer, or employee. Such right of indemnification and reimbursement shall not be deemed exclusive of any other rights to which he/she may be entitled by law.

No officer or Trustee of the Corporation shall be liable to the Corporation or its members for monetary damages for breach of fiduciary duty as a Trustee, an Officer, or both, except with respect to (1) any breach of the Trustee's or Officer's Duty of loyalty to the Corporation or its members; (2) acts or omissions which are not in good faith or which involve intentional misconduct or a knowing violation of law; or (3) any transaction from which the Trustee, Officer, or both, derived an improper personal gain.

To the extent permitted by the laws of the State of New Hampshire, the Corporation shall indemnify each Trustee or Officer, past or present, against expenses actually and reasonably incurred in connection with the defense of any civil action, suit or proceeding (other than an action by or on behalf of the Corporation) in which such Trustee or Officer is made or is threatened to be made a party by reason of having been a Trustee or Officer of the Corporation, and the Corporation in its discretion may elect to include such Trustee or Officer in the defense of such action, suit or proceeding. The Corporation shall provide Director and Officer insurance against any such liability in sufficient amount so as to provide reasonable protection as determined by the Board.

#### ARTICLE XI DIVERSITY OF THE BOARD

In the interest of encouraging diversity of discussion, connection with the public and public confidence, the board of Trustees shall have members who are not of the same immediate family or related by blood or marriage. No employee of the corporation shall hold the position of chairperson or presiding officer of the Board.

#### ARTICLE XIII CONFLICT OF INTEREST

As a fiduciary, the Board of Trustees and each of its members has a duty of loyalty to the organization and a duty to act impartially in its role as Trustee. The Board will adopt a policy for identifying and resolving conflicts of interest, in compliance with applicable law, and will conduct itself at all times in an ethical manner. The Board of Trustees will identify all "pecuniary benefit transactions" and comply with the requirements of New Hampshire RSA 7:19-a, or any successor statute.

Approved June 27, 2000

Revised July 25 2000

Revised June 26, 2001

Revised October 23, 2001

Revised February 19, 2002

Revised October 29, 2002

Revised November 26, 2002

Revised May 27, 2003

Revised Sep 28, 2004

Revised April 25, 2006

Revised April 2007

Revised May 2008

Revised May 2009

Revised August 2009

Revised and Restated October 15, 2010

Revised September 27, 2011

Revised February 26, 2014

Revised May 23, 2018

Revised June 2019

APPENDIX C-1  
Central VNA Audited Financial Statements FY 20



**FINANCIAL STATEMENTS**

**March 31, 2020 and 2019**

**With Independent Auditor's Report**







## INDEPENDENT AUDITOR'S REPORT

Finance Committee  
Central New Hampshire VNA & Hospice

We have audited the accompanying financial statements of Central New Hampshire VNA & Hospice (the Association), which comprise the balance sheets as of March 31, 2020 and 2019, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles (U.S. GAAP); this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Association's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Central New Hampshire VNA & Hospice as of March 31, 2020 and 2019, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. GAAP.

**Other Matters**

*Effect of Adopting New Accounting Standards*

As discussed in Note 1, the Association adopted new accounting guidance, Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers* (Topic 606) and FASB ASU No. 2018-08, *Clarifying the Scope of the Accounting Guidance for Contributions Received and Contributions Made* and related guidance. Our opinion is not modified with respect to these matters.

*Berry Dunn McNeil & Parker, LLC*

Manchester, New Hampshire  
July 22, 2020

**CENTRAL NEW HAMPSHIRE VNA & HOSPICE**

**Balance Sheets**

**March 31, 2020 and 2019**

**ASSETS**

	<u>2020</u>	<u>2019</u>
Current assets		
Cash and cash equivalents	\$ 810,091	\$ 1,296,184
Investments	880,988	1,320,675
Patient accounts receivable, net	722,808	791,135
Other receivables	28,835	112,437
Other current assets	<u>208,585</u>	<u>84,828</u>
Total current assets	2,651,307	3,605,259
Investments and assets limited as to use	9,550,305	9,863,081
Beneficial interest in perpetual trusts held by others	125,318	141,833
Property and equipment, net	<u>1,921,835</u>	<u>690,192</u>
Total assets	<u>\$14,248,765</u>	<u>\$14,300,365</u>

**LIABILITIES AND NET ASSETS**

Current liabilities		
Accounts payable and accrued expenses	\$ 113,142	\$ 134,247
Accrued payroll and related expenses	376,498	349,340
Deferred revenue	<u>20,487</u>	<u>48,527</u>
Total current liabilities and total liabilities	<u>510,127</u>	<u>532,114</u>
Net assets		
Without donor restrictions	13,597,643	13,609,375
With donor restrictions	<u>140,995</u>	<u>158,876</u>
Total net assets	<u>13,738,638</u>	<u>13,768,251</u>
Total liabilities and net assets	<u>\$14,248,765</u>	<u>\$14,300,365</u>

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The accompanying notes are an integral part of these financial statements.

**CENTRAL NEW HAMPSHIRE VNA & HOSPICE**

**Statements of Operations**

**Years Ended March 31, 2020 and 2019**

	<u><b>2020</b></u>	<u><b>2019</b></u>
Operating revenue		
Net patient service revenue	<b>\$ 8,437,798</b>	\$ 8,109,113
Other operating revenue	<b>255,355</b>	384,077
Net assets released from restrictions for operations	<u><b>2,000</b></u>	<u>14,278</u>
Total operating revenue	<u><b>8,695,153</b></u>	<u>8,507,468</u>
Operating expenses		
Salaries and benefits	<b>6,596,545</b>	6,082,091
Other operating expenses	<b>1,919,437</b>	1,888,270
Depreciation	<u><b>104,788</b></u>	<u>111,808</u>
Total operating expenses	<u><b>8,620,770</b></u>	<u>8,082,169</u>
Operating income	<u><b>74,383</b></u>	<u>425,299</u>
Other revenue and gains (losses)		
Contributions	<b>252,914</b>	362,856
Investment income	<b>268,077</b>	257,218
Change in fair value of investments	<u><b>(607,106)</b></u>	<u>198,238</u>
Total other revenue and gains (losses)	<u><b>(86,115)</b></u>	<u>818,312</u>
(Deficit) excess of revenue over expenses and (decrease) increase in net assets without donor restrictions	<u><b>\$ (11,732)</b></u>	<u>\$ 1,243,611</u>

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The accompanying notes are an integral part of these financial statements.

**CENTRAL NEW HAMPSHIRE VNA & HOSPICE**

**Statements of Changes in Net Assets**

**Years Ended March 31, 2020 and 2019**

	<u><b>2020</b></u>	<u><b>2019</b></u>
Net assets without donor restrictions		
(Deficit) excess of revenue over expenses and (decrease) increase in net assets without donor restrictions	\$ <u><b>(11,732)</b></u>	\$ <u>1,243,611</u>
Net assets with donor restrictions		
Contributions	<b>634</b>	902
Net assets released from restrictions for operations	<b>(2,000)</b>	(14,278)
Change in fair value of beneficial interest in perpetual trusts held by others	<u><b>(16,515)</b></u>	<u>(3,609)</u>
Change in net assets with donor restrictions	<u><b>(17,881)</b></u>	<u>(16,985)</u>
Change in net assets	<b>(29,613)</b>	1,226,626
Net assets, beginning of year	<u><b>13,768,251</b></u>	<u>12,541,625</u>
Net assets, end of year	<u><b>\$13,738,638</b></u>	<u>\$13,768,251</u>

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The accompanying notes are an integral part of these financial statements.

**CENTRAL NEW HAMPSHIRE VNA & HOSPICE**

**Statements of Cash Flows**

**Years Ended March 31, 2020 and 2019**

	<u><b>2020</b></u>	<u><b>2019</b></u>
Cash flows from operating activities		
Change in net assets	\$ (29,613)	\$ 1,226,626
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	<b>104,788</b>	111,808
Change in fair value of investments	<b>607,106</b>	(198,238)
Change in fair value of beneficial interest in perpetual trusts held by others	<b>16,515</b>	3,609
(Increase) decrease in the following assets		
Patient accounts receivable	<b>68,327</b>	(97,902)
Other receivables	<b>83,602</b>	(2,250)
Other current assets	<b>(123,757)</b>	59,293
Increase (decrease) in the following liabilities		
Accounts payable	<b>(21,105)</b>	18,186
Accrued payroll and related expenses	<b>27,158</b>	18,125
Deferred revenue	<b>(28,040)</b>	<u>(67,151)</u>
Net cash provided by operating activities	<u><b>704,981</b></u>	<u>1,072,106</u>
Cash flows from investing activities		
Capital expenditures	<b>(1,336,431)</b>	(41,603)
Proceeds from sale of investments	<b>398,696</b>	115,641
Purchases of investments	<u><b>(253,339)</b></u>	<u>(344,740)</u>
Net cash used by investing activities	<u><b>(1,191,074)</b></u>	<u>(270,702)</u>
Net (decrease) increase in cash and cash equivalents	<b>(486,093)</b>	801,404
Cash and cash equivalents, beginning of year	<u><b>1,296,184</b></u>	<u>494,780</u>
Cash and cash equivalents, end of year	<u><b>\$ 810,091</b></u>	<u>\$ 1,296,184</u>

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The accompanying notes are an integral part of these financial statements.

# CENTRAL NEW HAMPSHIRE VNA & HOSPICE

## Notes to Financial Statements

March 31, 2020 and 2019

### 1. Summary of Significant Accounting Policies

#### Organization

Central New Hampshire VNA & Hospice (the Association) is a non-stock, non-profit corporation organized in the State of New Hampshire. The Association's primary purpose is to provide home care, hospice and young family services in Laconia, New Hampshire and the surrounding communities.

#### Basis of Statement Presentation

The financial statements of the Association have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which require the Association to report information regarding its financial position and activities according to the following net asset classification:

**Net assets without donor restrictions:** Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Association. These net assets may be used at the discretion of the Association's management and the Board of Directors.

**Net assets with donor restrictions:** Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Association or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of operations and changes in net assets.

#### Income Taxes

The Association is a public charity under Section 501(c)(3) of the Internal Revenue Code (IRC). As a public charity, the Association is exempt from state and federal income taxes on income earned in accordance with its tax exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Association's tax positions and concluded that the Association has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

#### Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

# CENTRAL NEW HAMPSHIRE VNA & HOSPICE

## Notes to Financial Statements

March 31, 2020 and 2019

### **Cash and Cash Equivalents**

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding assets limited as to use.

The Association has cash deposits, including certain investments, in financial institutions, which may exceed federal depository insurance limits. The Association has not experienced any losses in such accounts. Management believes it is not exposed to any significant risk with respect to these accounts.

### **Investments and Assets Limited As To Use**

The Association reports investments at fair value, and has elected to report all gains and losses in the excess of revenue over expenses, to simplify the presentation of these accounts in the statements of operations, unless otherwise stipulated by the donor or State law.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the balance sheets.

### **Beneficial Interest in Perpetual Trusts**

The Association is the beneficiary of investment income received from trust funds held by a local charitable foundation. One trust fund was created as an endowment by a donor, the income to be used for staff education. A second trust fund was created as an endowment by an irrevocable transfer of Association assets to the local foundation, the income to be used for operating purposes. Although the intent of the trust fund is to act as an endowment, distribution of principal may be available to the Association for capital acquisitions, loans and emergency operating cash shortfalls.

### **Property and Equipment**

Property and equipment are carried at cost less accumulated depreciation. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets.



# CENTRAL NEW HAMPSHIRE VNA & HOSPICE

## Notes to Financial Statements

March 31, 2020 and 2019

### **Patient Service Revenue**

Services to all patients are recorded as revenue when services are rendered at the estimated net realizable amounts from patients, third-party payors and others, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and in future periods as final settlements are determined. Patients unable to pay full charge, who do not have other third-party resources, are charged a reduced amount based on the Association's published sliding fee scale. Reductions in full charge are recognized when the service is rendered.

Performance obligations are determined based on the nature of the services provided by the Association. Revenue for performance obligations satisfied over time is recognized based on actual services rendered. Generally, performance obligations satisfied over time relate to patients receiving skilled and non-skilled services in their home or facility. The Association measures the period over which the performance obligation is satisfied from admission to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge.

Providers of home health services to clients eligible for Medicare home health benefits are paid on a prospective basis, with no retrospective settlement. The prospective payment is based on the scoring attributed to the acuity level of the client at a rate determined by federal guidelines. As the performance obligations for home health services are met, revenue is recognized based upon the portion of the transaction price allocated to the performance obligation. The transaction price is the prospective payment determined for the medically necessary services.

Providers of hospice services to clients eligible for Medicare hospice benefits are paid on a fee-for-service basis, with no retrospective settlement, provided the Association's aggregate annual Medicare reimbursement is below a predetermined aggregate capitated rate. Revenue is recognized as the services are performed based on the fixed rate amount. As the performance obligations for hospice services are met, revenue is recognized based upon the portion of the transaction price allocated to the performance obligation. The transaction price is the predetermined aggregate capitated rate per day.

Because all of the Association's performance obligations relate to short-term periods of care, the Association has elected to apply the optional exemption provided in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Subtopic 606-10- 50-14 (a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period.

# CENTRAL NEW HAMPSHIRE VNA & HOSPICE

## Notes to Financial Statements

March 31, 2020 and 2019

### **Contributions**

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as increases in net assets with donor restrictions. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets are classified from net assets with donor restrictions to net assets without donor restrictions in the statement of operations. Donor-restricted contributions whose restrictions are met in the same year as received are reflected as net assets without donor restrictions in the accompanying financial statements.

### **Newly Adopted Accounting Pronouncements**

In 2020, the Association adopted FASB Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and related guidance, which supersedes accounting standards that previously existed under U.S. GAAP and provides a single revenue model to address revenue recognition to be applied by all companies. Under the new standard, which added Topic 606 to the ASC, entities recognize revenue when a customer obtains control of promised goods or services in an amount that reflects the consideration to which the company expects to be entitled in exchange for those goods or services. ASU No. 2014-09 also requires companies to disclose additional information, including the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The Association elected to adopt this ASU retrospectively with the cumulative effect recognized at the date of initial application; therefore, the financial statements and related notes have been presented accordingly. The adoption had no significant impact for the years ended March 31, 2020 and 2019.

In 2020, the Association also adopted FASB ASU No. 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*, which clarifies and improves the accounting guidance for contributions received and contributions made. The amendments in this ASU assist entities in (1) evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) within the scope of ASC Topic No. 958, *Not-for-Profit Entities*, or as exchange (reciprocal) transactions subject to other accounting guidance, and (2) distinguishing between conditional and unconditional contributions. This ASU was adopted by the Association for the year ended March 31, 2020. Adoption of the ASU did not have a material impact on the Association's financial reporting.

**CENTRAL NEW HAMPSHIRE VNA & HOSPICE**

**Notes to Financial Statements**

**March 31, 2020 and 2019**

**2. Investments and Assets Limited As To Use and Beneficial Interest in Perpetual Trusts Held by Others**

Investments and assets limited as to use and beneficial interest in perpetual trusts held by others, stated at fair value, consisted of the following:

	<u>2020</u>	<u>2019</u>
Cash and cash equivalents	\$ 2,167,657	\$ 1,877,746
Debt instruments		
U.S. Government and agency	20,603	19,833
Municipal bonds	25,419	30,399
Corporate	456,005	402,645
Mutual funds		
Equity funds	3,569,017	4,252,115
Fixed income funds	3,379,103	3,538,756
International equity funds	813,489	1,062,262
Beneficial interest in perpetual trusts	<u>125,318</u>	<u>141,833</u>
Total investments and assets limited as to use	<u>\$10,556,611</u>	<u>\$11,325,589</u>

These assets are comprised of the following:

	<u>2020</u>	<u>2019</u>
Current assets		
Investments	\$ 880,988	\$ 1,320,675
Long-term assets		
Assets limited as to use		
Board designated		
Operating reserve	2,800,000	2,800,000
Contribute to operating budget	3,224,628	3,386,038
IT special projects	560,000	560,000
Strategic mission	950,000	950,000
Workforce development	500,000	500,000
Mission enhancement	400,000	400,000
Community initiatives	500,000	500,000
Building capital improvements / maintenance	<u>600,000</u>	<u>750,000</u>
Total board designated	9,534,628	9,846,038
Donor restricted	<u>15,677</u>	<u>17,043</u>
Total assets limited as to use	9,550,305	9,863,081
Beneficial interest in perpetual trusts held by others	<u>125,318</u>	<u>141,833</u>
Total investments and assets limited as to use	<u>\$ 10,556,611</u>	<u>\$11,325,589</u>

**CENTRAL NEW HAMPSHIRE VNA & HOSPICE**

**Notes to Financial Statements**

**March 31, 2020 and 2019**

**Fair Value Measurements**

FASB ASC Topic 820, *Fair Value Measurement*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The fair value hierarchy within ASC Topic 820 distinguishes three levels of inputs that may be utilized when measuring fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The fair market value of the Association's investments are measured on a recurring basis using level 1 inputs, with the exception of corporate and municipal bonds, which are measured using level 2 inputs based on quoted market prices of similar assets, and the beneficial interest in perpetual trusts held by others which is measured at level 3 inputs and determined annually based on quoted market prices of the assets included in the trusts held by the local charitable foundation.

Assets measured at fair value on a recurring basis were as follows:

	<b><u>Fair Value Measurements at March 31, 2020</u></b>			
	<b><u>Total</u></b>	<b><u>Level 1</u></b>	<b><u>Level 2</u></b>	<b><u>Level 3</u></b>
Cash and cash equivalents	\$ 2,167,657	\$ 2,167,657	\$ -	\$ -
Debt instruments				
U.S. Government and agency	20,603	20,603	-	-
Municipal bonds	25,419	-	25,419	-
Corporate	<u>456,005</u>	<u>-</u>	<u>456,005</u>	<u>-</u>
	502,027	20,603	481,424	-
Mutual funds				
Equity funds	3,569,017	3,569,017	-	-
Fixed income funds	3,379,103	3,379,103	-	-
International equity funds	813,489	813,489	-	-
Beneficial interest in perpetual trusts	<u>125,318</u>	<u>-</u>	<u>-</u>	<u>125,318</u>
	<b><u>\$10,556,611</u></b>	<b><u>\$ 9,949,869</u></b>	<b><u>\$ 481,424</u></b>	<b><u>\$ 125,318</u></b>

**CENTRAL NEW HAMPSHIRE VNA & HOSPICE**

**Notes to Financial Statements**

**March 31, 2020 and 2019**

	<u>Fair Value Measurements at March 31, 2019</u>			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and cash equivalents	\$ 1,877,746	\$ 1,877,746	\$ -	\$ -
Debt instruments				
U.S. Government and agency	19,833	19,833	-	-
Municipal bonds	30,399	-	30,399	-
Corporate	<u>402,645</u>	<u>-</u>	<u>402,645</u>	<u>-</u>
	452,877	19,833	433,044	-
Mutual funds				
Equity funds	4,252,115	4,252,115	-	-
Fixed income funds	3,538,756	3,538,756	-	-
International equity funds	1,062,262	1,062,262	-	-
Beneficial interest in perpetual trusts	<u>141,833</u>	<u>-</u>	<u>-</u>	<u>141,833</u>
	<u>\$11,325,589</u>	<u>\$10,750,712</u>	<u>\$ 433,044</u>	<u>\$ 141,833</u>

Investment income and change in fair value of investments are comprised of the following:

	<u>2020</u>	<u>2019</u>
Net assets without donor restrictions		
Investment income	\$ 268,077	\$ 257,218
Change in fair value of investments	<u>(607,106)</u>	<u>198,238</u>
Total activity without donor restrictions	<b>(339,029)</b>	455,456
Net assets with donor restrictions		
Change in fair value of beneficial interest in perpetual trusts held by others	<u>(16,515)</u>	<u>(3,609)</u>
Total	<u>\$ (355,544)</u>	<u>\$ 451,847</u>

# CENTRAL NEW HAMPSHIRE VNA & HOSPICE

## Notes to Financial Statements

March 31, 2020 and 2019

The following table sets forth a summary of the change in the fair value of the beneficial interest in perpetual trusts for the years ended March 31, 2020 and 2019:

Balance, March 31, 2018	\$ 145,442
Investment income	2,051
Contributions	1,000
Distributions	(5,672)
Fees	<u>(988)</u>
Balance, March 31, 2019	141,833
Investment income	<b>(11,360)</b>
Distributions	<b>(4,165)</b>
Fees	<u><b>(990)</b></u>
Balance, March 31, 2020	<u><b>\$ 125,318</b></u>

### 3. Property and Equipment

Property and equipment consists of the following:

	<u>2020</u>	<u>2019</u>
Land	\$ 190,200	\$ 62,000
Building and improvements	1,862,928	668,448
Furniture, fixtures, and equipment	<u>1,603,492</u>	<u>1,646,957</u>
Total cost	3,656,620	2,377,405
Less accumulated depreciation	<u>1,734,785</u>	<u>1,687,213</u>
Property and equipment, net	<u><b>\$ 1,921,835</b></u>	<u><b>\$ 690,192</b></u>

### 4. Line of Credit

The Association has a \$500,000 line of credit with a local bank, expiring December 31, 2050. The line of credit is collateralized by all corporate assets with interest at 0.75% over the Wall Street Journal's prime rate (5.00% at March 31, 2020). There was no outstanding balance at March 31, 2020 and 2019.

# CENTRAL NEW HAMPSHIRE VNA & HOSPICE

## Notes to Financial Statements

March 31, 2020 and 2019

### 5. Net Patient Service Revenue

Net patient service revenue comprises as follows:

	<u>2020</u>	<u>2019</u>
Medicare	\$ 7,005,564	\$ 6,669,585
Medicaid	172,088	180,349
Other third-party payers	1,198,539	1,208,281
Private pay	<u>61,607</u>	<u>50,898</u>
Total	<u>\$ 8,437,798</u>	<u>\$ 8,109,113</u>

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. The Association believes that it is in substantial compliance with all applicable laws and regulations. However, there is at least a reasonable possibility that recorded estimates could change by a material amount in the near term. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in net patient service revenue in the year that such amounts become known.

The Association provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Association does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

The Association is able to provide these services with a component of funds received through local community support and state grants. Local community support consists of contributions and municipal appropriations.

In assessing collectability, the Association has elected the portfolio approach. This portfolio approach is being used as the Association has similar contracts with similar classes of patients. The Association reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, management believes aggregating contracts (which are at the patient level) by the particular payor or group of payors results in the recognition of revenue approximating that which would result from applying the analysis at the individual patient level.

**CENTRAL NEW HAMPSHIRE VNA & HOSPICE**

**Notes to Financial Statements**

**March 31, 2020 and 2019**

**6. Retirement Plan**

The Association maintains a defined contribution retirement plan for qualifying employees. The Association contributed \$114,949 and \$99,726 for the years ended March 31, 2020 and 2019, respectively.

**7. Functional Expenses**

The Association provides various services to residents within its geographic location. Expenses related to providing these services are as follows:

	<u>2020</u>	<u>2019</u>
Program services		
Salaries and benefits	\$ 5,738,014	\$ 5,280,315
Program supplies	458,191	348,145
Travel	259,775	241,778
Contract services	228,461	290,240
Other operating expenses	350,439	446,960
Depreciation	91,700	98,659
Occupancy costs	<u>132,436</u>	<u>113,669</u>
Total program services	<u>7,259,016</u>	<u>6,819,766</u>
Administrative and general		
Salaries and benefits	766,171	727,978
Travel	11,650	13,960
Contract services	313,953	358,802
Other operating expenses	145,630	59,567
Depreciation	13,088	13,149
Occupancy costs	<u>18,902</u>	<u>15,149</u>
Total administrative and general	<u>1,269,394</u>	<u>1,188,605</u>
Fundraising		
Salaries and benefits	<u>92,360</u>	<u>73,798</u>
Total fundraising	<u>92,360</u>	<u>73,798</u>
Total	<u>\$ 8,620,770</u>	<u>\$ 8,082,169</u>

Management's estimate of cost allocations at a functional level is based on Medicare cost report methodology.



**CENTRAL NEW HAMPSHIRE VNA & HOSPICE**

**Notes to Financial Statements**

**March 31, 2020 and 2019**

**8. Availability and Liquidity of Financial Assets**

The Association had working capital of \$2,141,180 and \$3,073,145 at March 31, 2020 and 2019, respectively. The Association had average days (based on normal expenditures) cash and unrestricted investments on hand of 72 and 118 at March 31, 2020 and 2019, respectively.

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses and capital acquisitions not financed with debt, are as follows:

	<u>2020</u>	<u>2019</u>
Cash and cash equivalents	\$ 810,091	\$ 1,296,184
Investments	880,988	1,320,675
Patient accounts receivable, net	<u>722,808</u>	<u>791,135</u>
 Financial assets available to meet cash needs for general expenditures within one year	 <u>\$ 2,413,887</u>	 <u>\$ 3,407,994</u>

The Association has board designated long-term investments that are intended to function as an endowment that could be made available for general expenditure upon board approval. Since these investments are currently intended for long-term investments they have not been included in the information above. The Association has other long-term investments and assets for restricted use, which are more fully described in Note 2, are not available for general expenditure within the next year and are not reflected in the amount above.

The Association has a \$500,000 line of credit available to meet short-term needs, as disclosed in Note 4.

The Association manages its cash available to meet general expenditures following two guiding principles:

- Operating within a prudent range of financial soundness and stability; and
- Maintaining adequate liquid assets.

**9. Concentration of Risk**

The Association grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Following is a summary of accounts receivable, by funding source:

	<u>2020</u>	<u>2019</u>
Medicare	76 %	74 %
Other	<u>24</u>	<u>26</u>
 Total	 <u>100 %</u>	 <u>100 %</u>

# CENTRAL NEW HAMPSHIRE VNA & HOSPICE

## Notes to Financial Statements

March 31, 2020 and 2019

Following is a summary of referrals, by source:

	<u>2020</u>	<u>2019</u>
Lakes Region General Hospital	18 %	14 %
Other	<u>82</u>	<u>86</u>
Total	<u>100 %</u>	<u>100 %</u>

### 10. Malpractice Insurance

The Association maintains medical malpractice insurance coverage on an occurrence basis. The Association is subject to complaints, claims, and litigation due to potential claims which arise in the normal course of business. U.S. GAAP require the Association to accrue the ultimate cost of malpractice claims when the incident that gives rise to claim occurs, without consideration of insurance recoveries. Expected recoveries are presented as a separate asset. The Association has evaluated its exposure to losses arising from potential claims and determined no such accrual is necessary at March 31, 2020 and 2019. The Association intends to renew coverage on an occurrence basis and anticipates that such coverage will be available in future periods.

### 11. Subsequent Events

For financial reporting purposes, subsequent events have been evaluated by management through July 22, 2020, which is the date the financial statements were available to be issued.

Subsequent to year end the Association entered into a non-binding letter of intent to affiliate with another home health and hospice non-profit located in Concord, New Hampshire. Both entities are performing due diligence in anticipation of entering into a definitive agreement with a planned effective date of December 31, 2020.

### Uncertainty

Subsequent to March 31, 2020, local, U.S., and world governments have encouraged self-isolation to curtail the spread of the global pandemic, coronavirus disease (COVID-19), by mandating the temporary shut-down of business in many sectors and imposing limitations on travel and the size and duration of group meetings. Most sectors are experiencing disruption to business operations and may feel further impacts related to delayed government reimbursement, volatility in investment returns, and reduced philanthropic support. There is unprecedented uncertainty surrounding the duration of the pandemic, its potential economic ramifications, and any government actions to mitigate them. Accordingly, while management cannot quantify the financial and other impacts to the Association as of July 22, 2020, management believes that a material impact on the Association's financial position and results of future operations is reasonably possible.

# **CENTRAL NEW HAMPSHIRE VNA & HOSPICE**

## **Notes to Financial Statements**

**March 31, 2020 and 2019**

The U.S. government has responded with several phases of relief legislation as a response to the COVID-19 outbreak. Legislation enacted into law on March 27, 2020, called the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), a statute to address the economic impact of the COVID-19 outbreak. The CARES Act, among other things, 1) authorizes emergency loans to distressed businesses by establishing, and providing funding for, forgivable bridge loans, 2) provides additional funding for grants and technical assistance, 3) delays due dates for employer payroll taxes and estimated tax payments for corporations, and 4) revises provisions of the IRC, including those related to losses, charitable deductions, and business interest. Management is evaluating the impact of the CARES Act on the Association, including its potential benefits and limitations that may result from, among other things, additional funding to offset the cost impact. Accordingly, the full effects of the CARES Act on the Association's financial statements have not yet been determined.

On April 13, 2020, the Association received a loan from the U.S. Small Business Association within the CARES Act under the Paycheck Protection Program (PPP) in the amount of \$1,100,000. The loan is to be used for payroll and other allowable costs authorized in the PPP rules, and forgiveness of the loan balance is dependent upon compliance with this and other terms and conditions of the CARES Act. Funds used for unauthorized purposes are required to be repaid. The Association has 5 years from the date the loan was received to pay off any unforgiven funds, and the repayment terms are monthly principal and interest payments beginning in November 2020 at an interest rate of 1% per year.

APPENDIX C-2  
Central VNA Form 990 FY18

**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.

**A** For the 2018 calendar year, or tax year beginning **APR 1, 2018** and ending **MAR 31, 2019**

<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 Central New Hampshire VNA & Hospice  Doing business as  Number and street (or P.O. box if mail is not delivered to street address) Room/suite 780 N. Main Street  City or town, state or province, country, and ZIP or foreign postal code Laconia, NH 03246	<b>D</b> Employer identification number  02-0324948  <b>E</b> Telephone number  603-524-8444  <b>G</b> Gross receipts \$ 9,316,943.  <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ n/a		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1975 <b>M</b> State of legal domicile: NH

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: Promoting dignity, independence and well-being through the delivery of quality home health, hospice		
<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>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11
<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	124
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	68
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	617,298.	657,645.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,552,933.	8,156,106.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	638,867.	455,456.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,039.	43,197.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,850,137.	9,312,404.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	5,604,867.	6,082,091.
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 73,798.	0.	0.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,789,731.	2,000,078.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,394,598.	8,082,169.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	1,455,539.	1,230,235.
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	13,404,393.	14,600,179.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	862,768.	831,928.
		12,541,625.	13,768,251.

**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 Lisa Dupuis, CEO Type or print name and title	Date 7/25/19
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name Dimitrios Panacopoulos, CPA	Preparer's signature Dimitrios Panacopoulos, CPA	Date 07/22/19	Check if self-employed <input type="checkbox"/>	PTIN P01603705
	Firm's name ▶ Berry Dunn McNeil & Parker, LLC	Firm's EIN ▶ 01-0523282		Phone no. (603) 669-7337	
	Firm's address ▶ 1000 Elm Street, 4th Floor Manchester, NH 03101				

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: Promoting dignity, independence and well-being through the delivery of quality home health, hospice and community-based care services.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 6,760,730. including grants of \$ ) (Revenue \$ 8,156,106. ) To provide home care, hospice, young family and community services to central New Hampshire.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 6,760,730.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	



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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax shelter 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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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 in 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 in 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	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	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  NH
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in 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   
 Lisa Dupuis, CEO - 603-524-8444  
 780 N. Main Street, Laconia, NH 03246

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Rev. Gina Finocchiaro President	2.00	X		X				0.	0.	0.
(2) J. Kristen Gardiner Vice President	1.00	X		X				0.	0.	0.
(3) Connie Turner Board Member	1.00	X						0.	0.	0.
(4) Mark Edelstein Secretary	1.00	X		X				0.	0.	0.
(5) Corinne Smith Board Member	1.00	X						0.	0.	0.
(6) Joel Arsenault Board Member	1.00	X						0.	0.	0.
(7) David Huot Treasurer	1.00	X		X				0.	0.	0.
(8) Leo Sanfacon Board Member	1.00	X						0.	0.	0.
(9) Cecile Chase Board Member	2.00	X						0.	0.	0.
(10) Susan Houghton Board Member	2.00	X						0.	0.	0.
(11) Andrew Livernois Board Member	1.00	X						0.	0.	0.
(12) David Emberley CFO	40.00			X				94,968.	0.	11,406.
(13) Lisa Dupuis CEO	40.00			X				158,202.	0.	9,435.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b> .....							253,170.	0.	20,841.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							253,170.	0.	20,841.	

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 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	337,084.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	320,561.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total.</b> Add lines 1a-1f		657,645.				
Program Service Revenue	2 a	Home Care	Business Code 621610	8,156,106.	8,156,106.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f		8,156,106.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		257,218.			257,218.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			198,238.					
	b	Less: cost or other basis and sales expenses		0.				
c	Gain or (loss)		198,238.					
d	Net gain or (loss)		198,238.			198,238.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	47,736.					
		b	Less: direct expenses	b	4,539.			
		c	Net income or (loss) from fundraising events		43,197.			43,197.
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses	b				
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold	b				
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11 a								
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d							
12	<b>Total revenue.</b> See instructions			9,312,404.	8,156,106.	0.	498,653.	

**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	274,011.		274,011.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,606,713.	4,244,030.	303,010.	59,673.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	99,726.	87,091.	12,635.	
9 Other employee benefits	712,850.	610,197.	88,528.	14,125.
10 Payroll taxes	388,791.	339,531.	49,260.	
11 Fees for services (non-employees):				
a Management				
b Legal	46,500.		46,500.	
c Accounting	1,245.		1,245.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	9,982.		9,982.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	601,297.	242,495.	358,802.	
12 Advertising and promotion				
13 Office expenses	64,187.	56,055.	8,132.	
14 Information technology				
15 Royalties				
16 Occupancy	128,818.	112,497.	16,321.	
17 Travel	255,738.	241,778.	13,960.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	40,618.	35,472.	5,146.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	111,808.	97,642.	14,166.	
23 Insurance	40,690.	35,535.	5,155.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Program Supplies	377,275.	377,275.		
b Telephone	140,675.	122,851.	17,824.	
c Other Expenses	94,499.	82,526.	11,973.	
d Printing and Publicatio	58,437.	51,033.	7,404.	
e All other expenses	28,309.	24,722.	3,587.	
25 Total functional expenses. Add lines 1 through 24e	8,082,169.	6,760,730.	1,247,641.	73,798.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1		1	
	2	494,780.	2	1,296,184.
	3	110,187.	3	112,437.
	4	993,047.	4	1,090,949.
	5		5	
	6		6	
	7		7	
	8		8	
	9	144,121.	9	84,828.
	10a	2,377,405.		
	10b	1,687,213.		
	10c	760,397.	10c	690,192.
	11	10,756,419.	11	11,183,756.
	12		12	
	13		13	
	14		14	
15	145,442.	15	141,833.	
16	13,404,393.	16	14,600,179.	
Liabilities	17	447,276.	17	483,587.
	18		18	
	19	415,492.	19	348,341.
	20		20	
	21		21	
	22		22	
	23		23	
	24		24	
	25		25	
	26	862,768.	26	831,928.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	12,365,764.	27	13,609,375.
	28	30,419.	28	17,043.
	29	145,442.	29	141,833.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30		30	
	31		31	
	32		32	
33	12,541,625.	33	13,768,251.	
34	13,404,393.	34	14,600,179.	

**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	9,312,404.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,082,169.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,230,235.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,541,625.
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	-3,609.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,768,251.

**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 in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2018)



**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
Central New Hampshire VNA & Hospice

Employer identification number  
02-0324948

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

- The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
  - 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
  - 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
  - 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
  - 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
    - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
    - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
    - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
    - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
    - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
    - f Enter the number of supported organizations \_\_\_\_\_

**g Provide the following information about the supported organization(s).**

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

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five 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**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	14		%
15 Public support percentage from 2017 Schedule A, Part II, line 14 .....	15		%
16a <b>33 1/3% support test - 2018.</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 - 2017.</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"/>
17a <b>10% -facts-and-circumstances test - 2018.</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 - 2017.</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"/>
18 <b>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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	822,727.	783,437.	616,272.	617,298.	657,645.	3,497,379.
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 .....	7,215,444.	7,546,226.	6,937,717.	7,552,933.	8,156,106.	37,408,426.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....	8,038,171.	8,329,663.	7,553,989.	8,170,231.	8,813,751.	40,905,805.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
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.
c Add lines 7a and 7b .....						0.
8 Public support. (Subtract line 7c from line 6.) .....						40,905,805.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6 .....	8,038,171.	8,329,663.	7,553,989.	8,170,231.	8,813,751.	40,905,805.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	134,524.	133,584.	195,571.	198,950.	257,218.	919,847.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....	134,524.	133,584.	195,571.	198,950.	257,218.	919,847.
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 VI.) .....	37,283.	64,062.	42,121.	46,822.	47,736.	238,024.
13 Total support. (Add lines 9, 10c, 11, and 12.) .....	8,209,978.	8,527,309.	7,791,681.	8,416,003.	9,118,705.	42,063,676.

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 2018 (line 8, column (f), divided by line 13, column (f)) .....	15	97.25 %
16 Public support percentage from 2017 Schedule A, Part III, line 15 .....	16	97.60 %

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

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	17	2.19 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17 .....	18	1.87 %

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
  - b A family member of a person described in (a) above?
  - c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

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

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
  - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<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 (explain in detail in Part VI):		
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 1-1/2% 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 .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 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  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. 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 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

**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:

Gross Receipts from Fundraising

2014 Amount: \$ 37,283.

2015 Amount: \$ 64,062.

2016 Amount: \$ 42,121.

2017 Amount: \$ 46,822.

2018 Amount: \$ 47,736.



**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 are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- 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:
- (i) unrelated organizations  Yes  No
  - (ii) related organizations  Yes  No
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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				
b Buildings		62,000.		62,000.
c Leasehold improvements		668,448.	423,663.	244,785.
d Equipment				
e Other		1,646,957.	1,263,550.	383,407.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				690,192.

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII  **Schedule D (Form 990) 2018**

**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	9,308,795.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	9,308,795.
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		
b	Other (Describe in Part XIII.)	4b		3,609.
c	Add lines 4a and 4b		4c	3,609.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	9,312,404.

**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	8,082,169.
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		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	8,082,169.
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	8,082,169.

**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 X, Line 2:

The Association is a public charity under Section 501(c)(3) of the

Internal Revenue Code. As a public charity, the Association is exempt from

state and federal income taxes on income earned in accordance with their

tax exempt purpose. Unrelated business income is subject to state and

federal income tax. Management has evaluated the Association's tax

position and concluded that there is no unrelated business income or

uncertain tax positions that require adjustment to the financial

statements.

Part XI, Line 4b - Other Adjustments:

Change in fair value of beneficial interest in perpetual



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization Employer identification number  
02-0324948  
 Central New Hampshire VNA & Hospice

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

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

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

2 **a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

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

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

**Total** ..... ▶

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

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**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))	
		House Tour (event type)	Tree of Memory (event type)	3 (total number)		
Revenue	1	Gross receipts	24,743.	14,365.	8,628.	47,736.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	24,743.	14,365.	8,628.	47,736.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	2,184.	2,180.	175.	4,539.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				4,539.
	11	Net income summary. Subtract line 10 from line 3, column (d)				43,197.

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

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

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

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

b If "No," explain: \_\_\_\_\_

\_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

- 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.

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

Lined area for supplemental information.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization: **Central New Hampshire VNA & Hospice**  
 Employer identification number: **02-0324948**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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>b</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 .....	<b>1b</b>									
<b>2</b> 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? .....	<b>2</b>	X								
<p><b>3</b> Indicate which, if any, of the following the filing 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input 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				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input 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									
<b>4</b> 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:										
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> 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:										
<b>a</b> The organization? .....	<b>5a</b>	X								
<b>b</b> Any related organization? .....	<b>5b</b>	X								
If "Yes" on line 5a or 5b, describe in Part III.										
<b>6</b> 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:										
<b>a</b> The organization? .....	<b>6a</b>	X								
<b>b</b> Any related organization? .....	<b>6b</b>	X								
If "Yes" on line 6a or 6b, describe in Part III.										
<b>7</b> 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 .....	<b>7</b>	X								
<b>8</b> 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 .....	<b>8</b>	X								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>									

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

Schedule J (Form 990) 2018





SCHEDULE O  
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public  
Inspection

Name of the organization

Central New Hampshire VNA & Hospice

Employer identification number

02-0324948

Form 990, Part I, Line 1, Description of Organization Mission:

and community-based care services.

Form 990, Part VI, Section B, line 11b:

The Executive Director and Finance Director review and approve the Form

990. Copies of the Form 990 are distributed to the finance committee for

comment.

Form 990, Part VI, Section B, Line 12c:

The Compliance Officer, Key employees and board members are aware of the

policy and potential transactions and the requirement to report any

conflicts of interest.

Form 990, Part VI, Section B, Line 15:

The Executive Director's compensation is reviewed by the Executive

Committee using home care association data. Their recommendation is

ratified by the full board. The Finance Director's compensation is reviewed

by the Executive Director.

Form 990, Part VI, Section C, Line 19:

Documents are available upon request.

Form 990, Part XI, line 9, Changes in Net Assets:

Change In Mkt Value In Beneficial Interest In Perpetual

Trust Held By Other

-3,609.

APPENDIX D  
Concord VNA Articles of Agreement

Recording fee: \$25.00 (Note 1)  
 Use black print or type.  
 Leave 1" margins both sides.

Form No. NP 3  
 RSA 292:5 & 7

AFFIDAVIT OF AMENDMENT  
 OF

Concord Regional Visiting Nurse Association, Inc.  
 A NEW HAMPSHIRE NONPROFIT CORPORATION

I, Jeffrey Zellers, the undersigned, being the  
Chair (Note 2) of the above named New Hampshire nonprofit  
 corporation, do hereby certify that a meeting was held on October 8, 1996,  
 in Concord, New Hampshire (Note 3), for the purpose of amending the articles  
 of agreement and the following amendment(s) were approved by a majority vote  
 of the corporation:

Amended and Restated  
 Articles of Incorporation of  
 Concord Regional Visiting Nurse Association  
 are attached.

**FILED**

NOV 26 1996

WILLIAM M. GARDNER  
 NEW HAMPSHIRE  
 SECRETARY OF STATE

[If more space is needed, attach additional sheet(s).]

A true record, attest:

JZ  
 (Signature)

Date signed 11/21, 1996

- Notes: 1. Make check payable to N.H. Secretary of State.  
 2. Clerk, secretary or other officer.  
 3. Town/city and state.

Mail \$25.00 STATE FEE and DUPLICATE ORIGINALS (ORIGINAL SIGNATURES ON BOTH)  
 to: Secretary of State, State House, Room 204, 107 North Main Street,  
 Concord, NH 03301-4989

File a copy with Clerk of the town/city of the principal place of business.

AMENDED and RESTATED  
ARTICLES OF INCORPORATION  
CONCORD REGIONAL VISITING NURSE ASSOCIATION  
(Incorporated 1899)

ARTICLE I: NAME

The name of this Association shall be the Concord Regional Visiting Nurse Association, Inc.

ARTICLE II: OBJECTIVES

The objectives of this Association are:

1. To provide in-home and other health services to residents of the City of Concord and other cities and towns served by this Association, without regard to age, race, sex, color, creed, religion, handicap, sexual preference, national origin or ability to pay and within the Agency's financial ability to provide the service.
2. To promote optimal health standards and prevent disease for the individual, the family, and the communities served.
3. To minimize the impact of illness and/or disability by early intervention and health education.
4. To cooperate with other persons and agencies in the field of public health/community health nursing through educational programs in public health.
5. To provide community services to children, youth and families that support optimal health and well-being.

ARTICLE III: AMENDMENTS

These Articles of Incorporation may be amended as provided for in the Bylaws.

ARTICLE IV: MEMBER

Capital Region Health Care Corporation, a charitable corporation, acting through its Board of Trustees, shall be the sole Member of this Association.

APPENDIX E  
Concord VNA Bylaws



AMENDED and RESTATED  
ARTICLES OF INCORPORATION

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC  
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CRVNA BYLAWS Current  
Revised/Approved 090517  
Approved by CRHC Board on 111717  
Reviewed by CRHC Governance/Nominating Committee July 10, 2018  
Revised/Approved 100918

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

BYLAWS

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CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.  
BYLAWS

DEFINITIONS

1. BOARD OF TRUSTEES OF BOARD means the governing body of the corporation.
2. CORPORATION means this corporation, Concord Regional Visiting Nurse Association, Inc.
3. MEMBER means Capital Region Health Care Corporation, acting through its Board of Trustees, which is the sole member of the Corporation.
4. EXECUTIVE COMMITTEE means the Executive Committee of the Board of Trustees.
5. EX OFFICIO means the service as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, means with voting rights.
6. HOSPITAL means Concord Hospital of Concord, New Hampshire.
7. HOME HEALTH AGENCY means Concord Regional Visiting Nurse Association of Concord, New Hampshire.
8. PRESIDENT means the individual appointed by the Board to be President of the Corporation.
9. SUCCESSOR shall include, amongst others, the individual then currently serving as officer, trustee, committee member (or in any other capacity as the context may indicate); therefore any individual is qualified to succeed him or herself and serve successive terms unless an express limitation to the contrary is provided in these BYLAWS, the corporation's Article of Incorporation or provided by law.
10. HEALTH is a continuous life process and/or a dynamic state in the life cycle of an individual, which encompasses the whole person, and relates to the way in which the individual deals with stresses of growth and development, while functioning within the cultural pattern in which he/she was born and to which the individual attempts to conform.

## ARTICLE I: NAME AND SEAL

- 1.1 The name of this organization shall be the Concord Regional Visiting Nurse Association, Inc.
- 1.2 The seal of the Corporation shall bear the name of the Corporation and its year of incorporation.

## ARTICLE 2: PURPOSES AND OBJECTIVES

## 2.1 Charitable Purposes

This Corporation is organized and will be operated exclusively for charitable purposes. No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its member, directors, officers, agents or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of its charitable purposes. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate or intervene in any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these Bylaws, the Corporation shall not engage, participate or intervene in any activity or transaction not permitted to be carried on (a) by a corporation exempt from Federal income tax under Section 501(a) of the Internal Revenue Code of 1954 (the ACode $\cong$ ) as an organization described in Section 501 ( c ) (3) of the Code, or any successor provisions, or (b) by a corporation, contributions to which are deductible as contributions described in Section 170 ( c ) (2) of the code, or any successor provisions, or ( c ) by a corporation treated as other than a private foundation within the meaning of Section 509 (a) of the Code, or any successor provisions.

## 2.2 General Powers

The Corporation is established to provide in-home and other health services. The Corporation shall have the power to take and acquire by gift, purchase, lease or otherwise, and to own, use, hold, manage, administer, sell and convey any real and personal estate necessary or proper for its purposes. It shall further have the power to hold and administer, in trust or otherwise, any funds, property or estate given, granted, conveyed, transferred, bequeathed or devised to the Corporation for its purposes. In furtherance and not in limitation of the foregoing powers, the Corporation shall have all of the general powers conferred upon a non-for-profit corporation by New Hampshire Revised Statutes Annotated, Chapter 292, or any successor provision, and to do any and all things necessary or incidental to its purposes not inconsistent with or contrary to law.

### 2.3 Corporate Objectives

1. To provide in-home and other health services to residents of the City of Concord and other cities and towns served by the Corporation.
2. To promote optimal health standards and prevent disease for the individual, the family and the communities served.
3. To minimize the impact of illness and/or disability by early intervention and health education.
4. To develop and facilitate in-home and other health services to maintain the patients' and families' independence and dignity.
5. To implement plans of service consistent with current health standards and community needs.
6. To establish and implement a performance improvement plan for each service provided by the Corporation.
7. To provide community services to children, youth and families that support optimal health and well-being.

### 2.4 Non-Discrimination

The Corporation is dedicated to serve the residents of the Greater Concord, New Hampshire. The Concord Regional VNA complies with applicable Federal civil rights laws and does not discriminate in services and access to treatment, appropriate care or employment in its programs or activities on the basis of race, color, national origin, religion, disability, age, gender, marital status, sexual orientation, source of payment, or the absence of advance directives.

- 2.5 The Board of Trustees is committed to maintaining an effective Corporate Compliance Program to ensure the agency is compliant with federal and state laws and regulations of government agencies.

## ARTICLE 3: MEMBERSHIP

### 3.1 Member

Capital Region Health Care Corporation, a charitable corporation, acting through its Board of Trustees, shall be the sole Member of the Corporation.

## Membership (cont)

## 3.2 Annual Meeting

The Annual Meeting of the Corporation shall be held in Concord, NH in the first quarter of each year.

## 3.3 Special Meetings of the Corporation

Special meetings of the Corporation may be called by the Chair or the President, or by the Member.

## 3.4 Notice of Meetings

Notice of the time and place of annual meetings and of the time, place and purposes of any special meeting of the Corporation shall be given in hand or sent by mail, email, fax and/or by telephone by the Secretary of the Corporation to the Trustees no less than five (5) days in advance of the date for which the meeting is called. The Corporation shall post a Publication of Legal Notice in the local newspaper announcing the meeting to the public.

## ARTICLE 4: BOARD OF TRUSTEES

## 4.1 Number and Composition

The Board of Trustees shall be composed of not less than fifteen (15) not more than twenty five (25) persons, and established and elected by the Member, except for ex officio Trustees. Trustees shall include among its membership at least two (2) members of the Board of Trustees of the Member. The President of the Corporation shall be an ex officio member of the Board of Trustees, with vote.

## 4.2 Term of Office

The term of office of all Trustees shall begin at the annual meeting of the Board. Ex Officio Trustees shall serve until the expiration of their tenure in the position qualifying them as ex officio members of the Board. Approximately one-third of the Trustees shall initially hold office for a term of one year, one-third for a term of two years, and one-third for a term of three years; thereafter, as the term of office of each such Trustee expires, a successor shall be elected and shall hold office for a term of three years. No Trustee except for ex officio Trustees shall serve more than four consecutive full terms.

#### 4.3 Election

All Trustees except ex officio Trustees shall be elected by the Member to be effective at the annual meeting of the corporation, except as otherwise provided in Section 4.6 of these Bylaws. A nomination slate for the Trustees shall be submitted by the Board of Trustees of the Corporation.

#### 4.4 Removal

Any trustee may be removed at any time, with or without cause, by a two-thirds vote of the entire Board of Trustees of the Corporation, except for the Trustee in question.

#### 4.5 Resignation

A Trustee may resign by delivering a written resignation to the Chair, President, Secretary of the Board of Trustees of the Corporation. Such resignation shall be effective upon receipt (unless specified to be effective at some other time) and acceptance thereof shall not be necessary to make it effective unless it so states.

#### 4.6 Vacancies

Vacancies on the Board of Trustees due to death, resignation, loss of qualifying status or other causes shall be filled by election by the remaining members of the Board. Trustees elected to fill vacancies shall hold office until the next annual meeting of the Board, at which time successors shall be elected in the manner provided for in the case of original election and they shall then hold office for the remainder of the term of the Trustee who created the vacancy.

#### 4.7 Powers

The affairs of the corporation shall be managed by the Trustees who shall have and may exercise all the powers of the Corporation except those reserved to the Member by law, the Articles of Incorporation of the Corporation or these Bylaws.

- (a) The Board shall develop and approve the Corporation's annual operating budget and all capital budgets.
- (b) The Board shall develop and approve an overall strategic plan for the Corporation including the development of off-site facilities, the addition of new programs and affiliations with other institutions.
- (c) The Board shall elect a certified public accountant for the Corporation to audit the books and records.

#### 4.7 Powers (cont.)

(d) The following actions of the Board shall be subject to the approval of the Member:

1. any voluntary dissolution, merger or consolidation of the Corporation or the sale or transfer of all or substantially all of the Corporation's assets or the creation or acquisition of any subsidiary or affiliate corporation;
2. the election of the President of the Corporation
3. the amendment of the Corporation's Bylaws or Articles of Agreement;
4. any changes in the Corporation's non-profit status.
5. the election of the Trustees of the Corporation

#### 4.8 Meetings

Regular meetings of the Board shall be held monthly at the Corporation or at such other location as may be designated by the Chair. The annual meeting of the Board shall be held in the second quarter of the fiscal year. The Board may dispense with a monthly meeting from time to time.

Special meetings may be called by the Chair or the President of the Corporation, or upon written request by one-third of the Trustees or upon written request by the Member. Written notice of special meetings shall be mailed by the Secretary of the Corporation to each Trustee at least five days before the date of such special meeting. The notice shall state the time and place of the meeting and the business for which the special meeting has been called. No business other than stated in the notice may be transacted at such special meetings. A Trustee may waive the right to notice by filing a written waiver with the Secretary prior to at the meeting.

A Trustee may participate in a meeting by conference telephone or similar communication equipment by means of which all persons participating in the meeting can hear each other. Participation in a meeting by such means constitutes presence in person at the meeting.

Any action that may be taken or is required to be taken at a meeting of the Board may be taken without a meeting if consents in writing, setting forth the action so taken, are signed by all of the Trustees. The Secretary shall file such written consents with the minutes of the proceedings of the Board. Such consents shall have the same effect as a unanimous vote of the Board for all purposes.



#### 4.9 Quorum and Voting

A majority of the Board of Trustees shall constitute a quorum for the transaction of business. Except as otherwise provided for herein, each Trustee shall have one vote and there shall be no voting by proxy. Except as otherwise provided herein or by law, all actions of the Board shall be effected by majority of the Trustees present and voting. If less than a quorum shall be present at meeting, action of the Board may be taken by the unanimous consent of the Trustees present and the written approval of the minutes of their actions by such of the other Trustees whose votes, when added to the votes of those Trustees present at the meeting, shall equal in number a majority of the Board.

Unless specifically prohibited by law, the Articles of Agreement or these By-Laws, any action required or permitted to be taken by the Board of Trustees at a meeting may be taken without a meeting if consents in writing, setting forth the action so taken, shall be signed by and/or e-mailed from a majority or more of all the voting Trustees. Such consents may be evidenced by signed writings (which may be a single writing, or multiple counterparts) and/or by Trustee's e-mail confirmations. Votes taken by e-mail shall be printed out with the printed copy showing the Trustee's e-mail address. E-mail confirmations and written consents shall be filed with the records of the meetings of the Board of Trustees. Such consents shall be treated for all purposes as a vote at a meeting.

### ARTICLE 5: OFFICERS

#### 5.1 Identification

The regular officers of the corporation shall be:

- A. Chair
- B. Vice-Chair
- C. President
- D. Treasurer
- E. Secretary

The Board of Trustees may from time to time establish other officers subordinate to the foregoing as are appropriate to conduct the affairs of the Corporation and shall elect or appoint the officers to such positions, as determined by the Board. All officers of the corporation must be members of the Board of Trustees. No two or more offices may be held by the same person.

## 5.2 Election

The Chair, Vice Chair, Treasurer, Secretary and such officers as the Board may from time to time establish shall be elected by the Board at the annual meeting of the Board from a slate of nominees submitted by the Governance and Nominating Committee of the Board, which may be supplemented by nominations from the floor. If no candidates for the office receives a majority vote on the first ballot, a runoff election shall be held promptly to choose between the two candidates receiving the highest number of votes. The President shall be the Chief Executive Officer of the Corporation, who shall be selected or appointed by the Board and shall have such powers as provided in Article 6 of the Bylaws.

## 5.3 Term

Each officer other than the President shall hold office for a term of two years or until a successor shall have been duly elected and qualified.

The President shall serve at the pleasure of the Board (except that this provision shall not be construed to prohibit employment contracts with such officers).

## 5.4 Removal

Any officer may be removed at any time, with or without cause, by a vote of two-thirds of the entire Board of Trustees other than the officer in question if such an officer is also a Trustee.

## 5.5 Vacancies

Vacancies in offices, other than that of Chair, shall be filled by the Board at its next regular or any special meeting by the same method as provided in Section 5.2. If there is a vacancy in the office of Chair, the Vice Chair shall serve the remaining term.

## 5.6 Duties

A. CHAIR: The Chair shall serve as the principal elected officer of the corporation. As such, shall:

1. call, preside at and be responsible for all meetings of the Board of Trustees;
2. be, ex officio, a member of all committees of the Board;
3. have all other powers and duties usually attributed to that office not inconsistent with these Bylaws.

B. VICE CHAIR: The Vice Chair shall perform the duties of the Chair, in the event of Chair's absence, disability, or refusal to act, together with such other duties as may be, from time to time, designated by the Board.

C. SECRETARY: The Secretary shall:

1. give proper notice of all meetings of the Board and of the Executive Committee on order of the appropriate authority;
2. be responsible for minutes for all meetings and records of all transactions of the Board and Executive Committee;
3. act as custodian of all records of the Board and of the Executive Committee;
4. perform such duties as ordinarily pertain to the office. In the absence of the Secretary from any meeting of the Board of Trustees or the Executive Committee, the Chair may appoint a temporary secretary who shall keep the minutes of the meeting.

D. TREASURER: The Treasurer shall be appointed by the Board and, except as otherwise directed by the Board, shall:

1. chair the Finance Committee of the Board;
2. coordinate the Board's oversight of the CFO of the Corporation, including with respect to management and disbursement of funds of the Corporation;
3. coordinate with the CFO to ensure that accurate and complete records of the Corporation's finances are maintained and that appropriate accounting controls are in place;
4. make such reports to the Board, the Executive Committee or the Executive Committee may prescribe; and
5. perform such other duties as ordinarily pertain to the office.

5.6 E. Past Chair

During the Chair's first year in office; the Past Chair shall serve a one-year, ex-officio term on the Board of Trustees, the Executive Committee, and as an advisor to the new Chair of the Board of Trustees.

## ARTICLE 6: PRESIDENT

## 6.1 General

Subject to the approval of the Member, the Board of Trustees shall employ and determine the compensation of the President of the Corporation who shall, subject to policies and directives determined by the Board, be the Chief Executor Officer of and be responsible for the general operation of the Corporation.

## 6.2 Powers and Duties

The powers and duties of the President shall include:

- A. preparation and submission of an annual budget, showing expected receipts and expenditures;
- B. selection, employment, control and discharge of employees of the Corporation and the development and maintenance of employee personnel policies and practices;
- C. maintenance of the physical properties of the Corporation in a good state of repair and operating condition;
- D. supervision of the business affairs of the Corporation to insure that funds are collected and expended to the best advantage of the Corporation;
- E. preparation and presentation to the Board or an appropriate committee thereof of periodic reports reflecting the services and financial activities of the Corporation and preparation and submission of such special reports as may be, from time to time, required by the Board or its committees;
- F. attendance at all meetings of the Board and its committees unless excused therefrom;
- G. serving as liaison officer and channel of communication for all official communications between the Board or any of its committees and the staff.
- H. execution of all contract and other legal documents on behalf of the Corporation, unless some other person is specifically designated by the Board or by law;
- I. performance of such other duties as may be assigned by the Board or its committees or as may be appropriate to the interests of the Corporation;
- J. ensuring compliance with all relevant health and safety requirements and federal, state and local laws and regulatory requirements.

## ARTICLE 7: COMMITTEES

### 7.1 Designation and Substitution

Committees of the Board shall be standing and special. The standing committees shall be established by these Bylaws. Special committees may, from time to time, be established by the Chair of the Board. The activities of all committees shall be under the supervision of the Board.

Whenever these Bylaws require that a function be performed by or that a report or recommendation be submitted to:

- A. A named committee of the Corporation but no such committee shall have been appointed, the Executive Committee shall perform such function or receive such report or recommendation;
- B. The Executive Committee, but a standing or special committee shall have been formed to perform a function, the committee so formed shall act in accordance with the authority delegated to it in place of the Executive Committee.

### 7.2 Powers

Subject to the general supervision of the Board, each committee shall have the specific powers delegated to it by these Bylaws or by the authority appointing the committee and such additional powers as may be necessary or appropriate to the proper discharge of its duties. Special committees, however, shall limit their activities to the accomplishment of the task for which they are appointed and shall have no power to act in behalf of the Corporation except as specifically conferred by the appointing authority.

### 7.3 Composition

Unless otherwise specifically provided, each committee shall be composed of a minimum of three members and a majority of the members shall be Trustees. The Chair shall be a member ex officio of all committees of the Board, but unless the Chair is designated a member elsewhere in these Bylaws, the Chair shall not be counted as satisfying the required number of members of such committees. Members of any committee who are not Trustees of the Corporation shall serve with vote unless otherwise specified by these Bylaws or the Board.

### 7.4 Appointment and Vacancies

Unless otherwise specifically provided, the members of all committees of the Board shall be appointed by the Chair. All vacancies due to death, resignation, disqualification or other cause except removal shall be filled by the Chair. Vacancies due to removal shall be filled by the Board.

## 7.5 Removal

A committee member may be removed, with or without cause, by a vote of two-thirds of the entire Board of Trustees, other than the committee member in question if he/she is a Trustee.

## 7.6 Committee Officers

Unless otherwise specifically provided, the Chair shall designate a chair for each committee, who shall serve at the Chair's pleasure.

## 7.7 Quorum and Voting

Unless otherwise specifically provided, a majority of each committee shall constitute a quorum for the transaction of business. Each voting member of a committee shall have one vote and there shall be no voting by proxy. Unless otherwise specifically provided, all actions of a committee shall be effected by a majority of the members present and voting.

## 7.8 Term

Each standing or special committee member shall hold office until the next annual meeting or until a successor shall have been duly elected or appointed.

## 7.9 Meetings and Records

Committees shall meet as required by these Bylaws, but if not specified, not less than twice a year. The time and place of meetings shall be designated by the Chair of the committee.

Special meetings shall be called upon no less than 5 days notice to members. A committee member may waive right to notice by filling a written waiver with the secretary of the committee prior to or at the meeting. A committee may take action without a meeting if consents in writing, setting forth the action so taken, are signed by all the members of the committee. The secretary shall file all such consents with the minutes of the proceedings of the committee.

#### 7.10 Standing Committees

There shall be the following standing committees of the Board:

- A. Executive Committee;
- B. Finance Committee;
- C. Quality Improvement and Patient Safety
- C. Governance/Nominating Committee
- D. Audit Committee
- E. Investment Committee

All other committees shall be special committees. Special committees may be established and constituted by the Chair, with the approval of the Board, or by the Board.

#### 7.11 Executive Committee

- A. Members - The Executive Committee shall consist of the Chair, Vice Chair, Secretary, Treasurer of the Board, President of the Corporation and no more than three other Trustees. All members shall be voting members. The Chair of the Board shall serve as chair of the Executive Committee
- B. Duties - The Executive Committee shall meet as necessary in order to direct, control and transact the ordinary affairs and business of the Corporation between meetings of the Board, including the authorization and execution of any contracts, conveyances or other instruments relating thereto.
- C. Electronic Voting - Any action required or permitted to be taken by the Executive Committee at a meeting may be taken without a meeting if consents in writing, setting forth the action so taken, shall be signed by and/or e-mailed from a majority or more of all the voting Executive Committee members. Such consents may be evidenced by signed writings (which may be a single writing, or multiple counterparts) and/or by Executive Committee members' e-mail confirmations. Votes taken by e-mail shall be printed out with the printed copy showing the Executive Committee member's e-mail address. E-mail confirmations and written consents shall be filed with the records of the meetings of the Executive Committee. Such consents shall be treated for all purposes as a vote at a meeting.

### 7.12 Finance Committee

- A. Members - The Finance Committee shall consist of at least five Trustees.
- B. Duties - The Finance Committee shall:
  - 1. review the annual operating budget of the Corporation, as prepared by the President, and make recommendations thereon to the Board;
  - 2. assist the President in the annual preparation and revision of a yearly capital budget and make recommendations thereon to the Board;
  - 3. review, from time to time, the fee schedule of the Corporation and the financing of major capital expenditures and make recommendations thereon to the Board.

### 7.13 Quality Improvement and Patient Safety Committee

- A. Members – The Quality Improvement and Patient Safety Committee shall consist of at least 3 trustees. A Trustee shall serve as Chair of the committee. The committee shall include practicing members of the medical profession in the geographic area served by the corporation and shall have representation of professional groups associated with the services provided by the agency.
- B. Duties: The Quality Improvement and Patient Safety Committee shall meet at least four times each year and shall have the following duties:
  - 1. Establish policies to govern clinical services and provide for supervision of such services.
  - 2. Review and make recommendations on all medical policies including changes in current and/or new medical policies.
  - 3. Receive reports from all departments and other committees of the Corporation pertaining to their patient care audits, utilization reviews, or other performance improvement activities;
  - 4. Establish a written plan that describes the performance improvement program of the Corporation. Such plan shall include at least the following:
    - a) methods of identification of important problems in the care of patients of the Corporation, including the types of data sources available, the frequency with which such sources should be reviewed and the written criteria relating to essential or critical aspects of patient care against which problems are to be assessed;



- b) methods of objectively assessing the cause and scope of patient care problems or concerns, including time frames and priorities for review and sampling procedures sufficient to insure appropriate evaluation of the problem;
  - c) methods for implementing and communicating decisions or actions responsive to performance improvement review which are designed to eliminate or reduce identified problems;
  - d) procedures for monitoring the implementation of performance improvement decisions
  - e) procedures for the regular review of the effectiveness of the Corporation's performance improvement program and for at least annual re-appraisal of the entire program;
  - f) a conflict of interest policy applicable to all involved in performance improvement activities, including utilization review;
  - g) a confidentiality policy applicable to all performance improvement activities including utilization review;
5. Perform on behalf of the Corporation the overall coordination and supervision of the performance improvement program of the Corporation and specifically perform the functions assigned to the committee by the terms of the Corporation's written utilization review plan and performance improvement program.

#### 7.14 Governance/Nominating Committee

- A. Members – The Governance/Nominating Committee shall consist of at least three Trustees appointed by the Chair.
- B. Duties – The Governance/Nominating Committee shall have the following duties:
  1. periodic review of the Articles and Bylaws at least once every two years and recommend amendments to the Board as required or desirable;
  2. develop goals and objectives for the self-evaluation of the Board of Trustees of the Corporation;
  3. nominate candidates to serve as Trustees and Officers of the Corporation and its Affiliates;
  4. such other duties as specified from time to time by the Chair.

### 7.15 Audit Committee

- A. Members – The Audit Committee shall consist of at least three Trustees, up to one officer of the Corporation, other than the Treasurer.
- B. Duties – The Audit Committee shall have the following duties:
  - 1. To review the audited financial statements, management letters and performance associated with the Corporation and each of its affiliates and to report thereon to the Board annually
  - 2. To review with management the performance and engagement of the external auditing firm on a periodic basis and make recommendations to the Board of Trustees.
  - 3. Develop, review, and recommend the ethical policies of the Corporation and its affiliates.

### 7.16 Investment Committee

- A. Members - The Investment Committee shall consist of no fewer than five and no more than seven members. The Committee may also consist of non-trustee members well chosen for their expertise of relevance to the duties and responsibilities of the Committee.

The members of the Investment Committee shall be appointed by the Chair.

- B. The purpose of the Investment Committee is to assist the Board of Trustees in providing oversight of the Agency's endowment, investment policy, strategies, and investment guidelines and to perform such related functions as may be assigned to it by the Board of Trustees.

Duties – The Investment Committee shall have the following duties:

- 1. Review and make recommendations on the Agency's investment policy, strategies and provide policy guidance to management and the investment manager,
- 2. Establish and evaluation of asset classes for investment,
- 3. Select the investment managers,
- 4. Review of performance of the endowment fund and its investment managers,
- 5. Terminate the existing investment managers,
- 6. Communicate and educate the Board of Trustees regarding investment matters and opportunities, and
- 7. Meet at a minimum of quarterly.

#### ARTICLE 8: CONFLICT OF INTEREST

Any Trustee or officer who or a member of whose immediate family proposes to enter into a pecuniary benefit transaction (as defined by RSA 7:19-a) with the Corporation shall have an affirmative obligation to disclose such interest or that of the family member and shall be prohibited from participating in the discussion on the subject or voting thereon. The Board shall authorize the Corporation to enter into such pecuniary benefit transactions only in accordance with the applicable provisions of RSA 7:19-a, as they may exist from time to time.

#### ARTICLE 9: INDEMNIFICATION

The Corporation shall indemnify its Trustees, officers and committee members and its former Trustees, officers and committee members, and their respective heirs, executors and administrators, against all judgments and assessments and reasonable costs and expenses, including attorney's fees, incurred by or imposed upon them in connection with any action, suit or proceeding to which they may be made a party or with which they shall be threatened by reason of their being or having been Trustees, officers or committee members of the Corporation, except with respect to matters as to which they shall be finally adjudged in such action, suit or

proceeding to be liable for willful misconduct in the performance of their duties as Trustee, officer or committee member. The Corporation shall have the right, but not the duty, to assume defense of such Trustee, officer or committee member or former Trustee, officer or committee member in any such action, suit or proceeding. In the event that the Corporation does not assume the defense, the corporation's liability for indemnification in the event of a proposed settlement of the action, suit or proceeding shall be conditioned upon the Corporation's express written approval of the settlement.

The foregoing right of indemnification shall not be deemed exclusive of any other rights to which any Trustee, officer or committee member may otherwise be entitled as a matter of law or contract.

#### ARTICLE 10: THIRD PARTIES

These Bylaws shall not be construed to be for the benefit of third parties and are not intended to create any rights or interests in behalf of any other person or entity.

#### ARTICLE 11: REVIEW AND AMENDMENTS

Subject to the approval of the Member, these Bylaws may be altered, amended or repealed by the Board of Trustees at a meeting of said Board duly called for such purposes with 30 days notice to the President and Chair of the Corporation.

## ARTICLE 12: MISCELLANEOUS

## 12.1 Fiscal Year

The fiscal year of the Corporation shall be the twelve month period ending September 30 in each year.

## 12.2 Annual Audit

An annual audit of all books, voucher and funds of the Corporation shall be made by an independent public accountant to be selected by the Board as provided for in Section 4.7.

## 12.3 Construction of Terms and Headings

Words used in these Bylaws shall be read as the masculine or feminine gender and as the singular or plural, as the context requires. The captions and headings in these Bylaws are for convenience only and are not intended to limit or to define the scope or effect of any provisions therein.

## 12.4 Dissolution

Subject to the approval of the Member this Corporation may be dissolved upon the affirmative vote of two-thirds or the entire Board at any meeting duly called for that purpose, upon receipt of at least ten days notice of the meeting and the purpose thereof. Upon the dissolution of the Corporation, the Board shall, after paying or making provision for the payment of all the liabilities of the Corporation, dispose of all of the assets of the Corporation to Capital Region Health Care Corporation as long as it is then exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code, or if it is not then so exempt, to such organization or organizations organized and operated exclusively for such purposes as shall at the time qualify as an exempt organization or organizations under Section 501 (c) (3) of the Code or any successor provisions thereof, as the Board shall determine.

Any such assets not so disposed of shall be disposed of by the Superior Court of the county in which the principal office of the Corporation is then located, exclusively for such purposes as shall at the time qualify as an exempt organization or organizations under Section 501 (c) (3) of the Code or any successor provisions thereof, as the said Court shall determine.

CRVNA - Bylaws, 11/86, 3/89

Rev/Approved 11/89, 10/91, 1/92, 2/93, 4/94

Rev/Approved 2/96, 10/96, 9/98, 3/02, 6/03, 4/07, 10/09, 10/10, 10/12, 1/13, 10/14

Rev/Approved 9/5/17

CRHC Board approved on 11/7/17

Reviewed by CRHC Governance/Nominating Committee July 10, 2018

Rev/Approved 10/9/18

CRHC Board approved on 1/28/19

Rev/Approved 05/14/19

CRHC Board approved on 5/20/19

Reviewed by CRHC Governance/Nominating Committee 7/9/19

APPENDIX F-1  
Concord VNA Audited Financial Statements FY 19



**FINANCIAL STATEMENTS**

**September 30, 2019 and 2018**

**With Independent Auditor's Report**



**CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.**

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## INDEPENDENT AUDITOR'S REPORT

Board of Trustees  
Concord Regional Visiting Nurse Association, Inc.

We have audited the accompanying financial statements of Concord Regional Visiting Nurse Association, Inc. (the Association), which comprise the statements of financial position as of September 30, 2019 and 2018, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Concord Regional Visiting Nurse Association, Inc. as of September 30, 2019 and 2018, and the results of its operations, changes in its net assets, and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

### ***Other Matter***

#### *Change in Accounting Principle*

As discussed in Note 1 to the financial statements, in 2019 the Association adopted new accounting guidance, Accounting Standards Update No. 2016-14, *Presentation of Financial Statements for Not-for-Profit Entities (Topic 958)*. Our opinion is not modified with respect to this matter.

*Berry Dunn McNeil & Parker, LLC*

Portland, Maine  
November 26, 2019



CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Statements of Financial Position

September 30, 2019 and 2018

ASSETS

	<u>2019</u>	<u>2018</u>
Current assets		
Cash and cash equivalents	\$ 3,407,990	\$ 2,709,920
Certificates of deposit	517,075	2,758,846
Patient accounts receivable, less allowance for doubtful accounts of \$190,079 in 2019 and \$189,092 in 2018	4,294,280	5,226,857
Other receivables	76,055	118,282
Prepaid expenses	232,447	188,261
Deposit - restricted	<u>9,005</u>	<u>16,005</u>
Total current assets	8,536,852	11,018,171
Investments	23,801,877	22,869,310
Beneficial interest in perpetual trusts	1,180,712	1,202,163
Property and equipment, net of accumulated depreciation and amortization	4,140,555	4,133,761
Other assets	<u>104,331</u>	<u>108,804</u>
Total assets	<u>\$ 37,764,327</u>	<u>\$ 39,332,209</u>

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable	\$ 542,841	\$ 448,584
Accrued payroll and related expenses	2,373,814	2,341,899
Deferred revenue	<u>1,156,326</u>	<u>1,396,173</u>
Total current liabilities	4,072,981	4,186,656
Other liabilities	<u>104,331</u>	<u>108,804</u>
Total liabilities	<u>4,177,312</u>	<u>4,295,460</u>
Net assets		
Without donor restrictions	27,075,195	28,489,488
With donor restrictions	<u>6,511,820</u>	<u>6,547,261</u>
Total net assets	<u>33,587,015</u>	<u>35,036,749</u>
Total liabilities and net assets	<u>\$ 37,764,327</u>	<u>\$ 39,332,209</u>

The accompanying notes are an integral part of these financial statements.

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Statements of Operations

Years Ended September 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Operating revenue		
Net patient service revenue	\$ 31,214,611	\$ 31,370,126
Other revenues	930,401	832,125
Net assets released from restrictions for operations	<u>56,971</u>	<u>100,597</u>
Total operating revenue	<u>32,201,983</u>	<u>32,302,848</u>
Operating expenses		
Salaries and wages	22,431,997	21,533,621
Employee benefits	6,427,820	6,182,101
Purchased services	1,442,313	1,505,143
Supplies and other expenses	4,580,916	3,995,132
Depreciation and amortization	<u>352,491</u>	<u>394,870</u>
Total operating expenses	<u>35,235,537</u>	<u>33,610,867</u>
Operating loss	<u>(3,033,554)</u>	<u>(1,308,019)</u>
Nonoperating revenue and support		
Contributions	565,723	858,665
Spending policy allotment releases	171,862	171,862
Investment income	443,386	428,726
Realized gains on investments	168,502	193,689
Unrealized gains on investments	<u>269,788</u>	<u>1,245,904</u>
Total nonoperating revenue and support	<u>1,619,261</u>	<u>2,898,846</u>
(Deficiency) excess of revenue and other support over expenses	<u>(1,414,293)</u>	1,590,827
Net assets released from restrictions for capital purposes	<u>-</u>	<u>39,277</u>
(Decrease) increase in net assets without donor restrictions	<u>\$ (1,414,293)</u>	<u>\$ 1,630,104</u>

The accompanying notes are an integral part of these financial statements.

**CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.**

**Statements of Changes in Net Assets**

**Years Ended September 30, 2019 and 2018**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Balances, October 1, 2017	\$ <u>26,859,384</u>	\$ <u>6,297,104</u>	\$ <u>33,156,488</u>
Excess of revenue and other support over expenses	1,590,827	-	1,590,827
Realized gains on investments	-	64,041	64,041
Unrealized gains on investments	-	421,170	421,170
Investment income	-	92,495	92,495
Change in fair value of beneficial interest in perpetual trusts held by others	-	(15,813)	(15,813)
Net assets released from restrictions for operations	-	(100,597)	(100,597)
Net assets released from restrictions for capital purposes	39,277	(39,277)	-
Spending policy allotment releases	<u>-</u>	<u>(171,862)</u>	<u>(171,862)</u>
Change in net assets	<u>1,630,104</u>	<u>250,157</u>	<u>1,880,261</u>
Balances, September 30, 2018	<u>28,489,488</u>	<u>6,547,261</u>	<u>35,036,749</u>
Deficiency of revenue and other support over expenses	<b>(1,414,293)</b>	-	<b>(1,414,293)</b>
Realized gains on investments	-	<b>50,967</b>	<b>50,967</b>
Unrealized gains on investments	-	<b>79,227</b>	<b>79,227</b>
Investment income	-	<b>84,649</b>	<b>84,649</b>
Change in fair value of beneficial interest in perpetual trusts held by others	-	<b>(21,451)</b>	<b>(21,451)</b>
Net assets released from restrictions for operations	-	<b>(56,971)</b>	<b>(56,971)</b>
Spending policy allotment releases	<u>-</u>	<u>(171,862)</u>	<u>(171,862)</u>
Change in net assets	<u><b>(1,414,293)</b></u>	<u><b>(35,441)</b></u>	<u><b>(1,449,734)</b></u>
Balances, September 30, 2019	\$ <u><b>27,075,195</b></u>	\$ <u><b>6,511,820</b></u>	\$ <u><b>33,587,015</b></u>

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The accompanying notes are an integral part of these financial statements.

**CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.**

**Statements of Cash Flows**

**Years Ended September 30, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
Cash flows from operating activities		
Change in net assets	\$ (1,449,734)	\$ 1,880,261
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities		
Depreciation and amortization	352,491	394,870
Realized gains on investments	(219,469)	(257,730)
Unrealized gains on investments	(349,015)	(1,667,074)
Change in fair value of beneficial interest in perpetual trusts	21,451	15,813
Decrease (increase) in		
Patient accounts receivable	932,577	(358,439)
Other receivables	42,227	(11,562)
Prepaid expenses	(44,186)	17,629
Deposit - restricted	7,000	2,995
Increase (decrease) in		
Accounts payable	94,257	(102,959)
Accrued payroll and related expenses	31,915	30,500
Deferred revenue	<u>(239,847)</u>	<u>99,014</u>
Net cash (used) provided by operating activities	<u>(820,333)</u>	<u>43,318</u>
Cash flows from investing activities		
Acquisition of property and equipment	(359,285)	(123,776)
Purchases of investments	(7,911,857)	(6,673,224)
Proceeds from sale of investments	7,547,774	4,297,012
Purchases of certificates of deposit	-	(632,644)
Proceeds from maturities of certificates of deposit	<u>2,241,771</u>	<u>-</u>
Net cash provided (used) by investing activities	<u>1,518,403</u>	<u>(3,132,632)</u>
Net increase (decrease) in cash and cash equivalents	698,070	(3,089,314)
Cash and cash equivalents, beginning of year	<u>2,709,920</u>	<u>5,799,234</u>
Cash and cash equivalents, end of year	\$ <u>3,407,990</u>	\$ <u>2,709,920</u>

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The accompanying notes are an integral part of these financial statements.

# CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

## Notes to Financial Statements

September 30, 2019 and 2018

### Organization

Concord Regional Visiting Nurse Association, Inc. (the Association) is a non-stock, non-profit corporation organized in New Hampshire. The Association's primary purposes are to provide home health care, hospice, and community health services to residents of Concord, New Hampshire and surrounding communities. Credit is extended at regular terms without collateral.

The Association is a subsidiary of Capital Region Healthcare Corporation (CRHC), its sole corporate member. CRHC is a holding company for various providers of health care services to residents in central New Hampshire, including Concord Hospital.

### 1. Summary of Significant Accounting Policies

#### Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

#### Basis of Presentation

Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions in accordance with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 958, *Not-For-Profit Entities*. Net assets are classified as follows:

**Net assets without donor restrictions:** Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Association. These net assets may be used at the discretion of the Association's management and the Board of Trustees (Board).

**Net assets with donor restrictions:** Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Association or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of operations and changes in net assets. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire property and equipment are reported as support with donor restrictions. Absent explicit donor stipulations as to how long-lived assets must be maintained, satisfactions of donor restrictions are reported when the property and equipment are acquired and placed in service.

**CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.**

**Notes to Financial Statements**

**September 30, 2019 and 2018**

**Cash and Cash Equivalents and Certificates of Deposit**

All liquid investments with an original maturity of three months or less are considered to be cash equivalents.

Certificates of deposit (CDs) have original maturities of seven months to one year. Cost approximates fair value.

**Deposit - Restricted**

The restricted deposit represents an amount on deposit to cover potential workers' compensation claims.

**Patient Accounts Receivable**

Patient accounts receivable is stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to earnings and a credit to the valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to patient accounts receivable.

**Property and Equipment**

Purchased property and equipment are recorded at cost. Owned property and equipment are depreciated on the straight-line method over the estimated useful lives of the respective assets. Leasehold improvements are amortized by the straight-line method over the lesser of the lease term or the estimated useful life of the related asset.

**Investments**

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Consequently, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of financial position and statements of operations and changes in net assets.

Funds have been pooled for investment purposes. Income received, and realized and unrealized gains and losses are apportioned to the participating funds based on their respective units in the pool, and then apportioned to the appropriate net asset categories according to donor restrictions and law. The units held by each fund are determined using fair value.

**Deferred Revenue**

Providers of home health services to patients eligible for Medicare home health benefits are paid prospectively for 60-day episodes of service. Deferred revenue represents advance payments for these services that have not yet been earned. Revenue under this program is recorded as revenue without donor restrictions in the statements of operations.

# CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

## Notes to Financial Statements

September 30, 2019 and 2018

### **Net Patient Service Revenue**

The Association records its revenue related to patients eligible for Medicare home health benefits based on the portion of the episodic payment earned for patient services rendered during the period. The Association records its revenue related to all other patients based on its standard charges for patient services rendered. The Association has contractual arrangements with the Social Security Administration and the New Hampshire Department of Health and Human Services to render services to qualifying patients which may result in the Association receiving payments for such services which differ from the standard charges. Any differences of this nature are recorded as contractual adjustments.

### **(Deficiency) Excess of Revenues and Other Support over Expenses**

The Association has deemed all activities as ongoing, major, or central to the provision of healthcare services and, accordingly, they are reported as operating revenues and expenses, except for contributions, investment returns, and spending policy allotment releases which are recorded as nonoperating revenue and support. These topics are included in the (deficiency) excess of revenue and other support over expenses pursuant to the fair value option under FASB ASC Topic 825.

The statements of operations include (deficiency) excess of revenues and other support over expenses. Changes in net assets without donor restrictions, which are excluded from this measure, consistent with industry practice, include net assets released from restrictions used to purchase property and equipment and contributions of long-lived assets (including contributions which by donor restriction are to be used for the purposes of acquiring such assets).

### **Income Taxes**

The Association is a tax-exempt entity under Section 501(c)(3) of the Internal Revenue Code.

### **Newly Adopted Accounting Pronouncement**

In August 2016, FASB issued Accounting Standards Update (ASU) No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities (Topic 958)*, which makes targeted changes to the not-for-profit financial reporting model. The ASU marks the completion of the first phase of a larger project aimed at improving not-for-profit financial reporting. Under the ASU, net asset reporting is streamlined and clarified. The previous three category classification of net assets is replaced with a simplified model that combines temporarily restricted and permanently restricted into a single category called "net assets with donor restrictions." The guidance for classifying deficiencies in endowment funds and on accounting for the lapsing of restrictions on gifts to acquire property and equipment has also been simplified and clarified. New disclosures highlight restrictions on the use of resources that make otherwise liquid assets unavailable for meeting near-term financial requirements. The ASU also imposes several new requirements related to reporting expenses. The ASU is effective for the Association for the year ended September 30, 2019. Required disclosures for 2018 are also included in these financial statements.

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Notes to Financial Statements

September 30, 2019 and 2018

**Subsequent Events**

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through November 26, 2019, the date which the financial statements were available to be issued.

**2. Net Patient Service Revenue**

A summary of net patient service revenue for the years ended September 30 is as follows:

	<u>2019</u>	<u>2018</u>
Gross patient service revenue		
Medicare	\$ 26,630,723	\$ 26,980,641
Medicaid	2,156,751	2,077,971
Private patient	1,084,508	1,194,848
Other third-party	<u>3,988,904</u>	<u>3,667,733</u>
	<b>33,860,886</b>	33,921,193
Less contractual adjustments and charity care	<u>2,646,275</u>	<u>2,551,067</u>
Net patient service revenue	<b><u>\$ 31,214,611</u></b>	<b><u>\$ 31,370,126</u></b>

A summary of the payment arrangements with major third-party payors follows:

**Medicare**

- Providers of home health services to patients eligible for Medicare home health benefits are paid on a prospective basis, with no retrospective settlement. The prospective payment is based on the scoring attributed to the acuity level of the patient at a rate determined by federal guidelines.
- Providers of hospice services to patients eligible for Medicare hospice benefits are paid on a prospective basis, with no retrospective settlement, as long as the Association's aggregate annual Medicare reimbursement is below a predetermined aggregate cap.

**Medicaid**

- Providers of home health services to Medicaid eligible patients are paid on a prospective basis, with no retrospective settlement. The prospective payment is based on a statewide determined rate per service.

**3. Charity Care**

The Association has a policy of providing charity care to its clients who are unable to pay. Eligible clients are identified based on their financial information obtained and subsequent analysis. Since the Association does not expect payment, estimated charges for charity care are not included in revenue.



# CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

## Notes to Financial Statements

September 30, 2019 and 2018

The amount of home care charges foregone for services furnished under the Association's charity care policy was \$196,300 and \$265,100 for 2019 and 2018, respectively. Costs incurred for these activities approximated \$208,600 and \$276,400 for 2019 and 2018, respectively.

The Association also provided services in other health-related activities, primarily to indigent patients, at rates substantially below cost. Costs incurred for these activities, for services to Medicaid patients, approximated \$1,250,000 and \$1,043,000 for 2019 and 2018, respectively.

The Association was able to provide the above charity care under sliding fee scale policies and in activities without established rates or at rates substantially below cost through a combination of local community support and state grants. Local community support consisted of contributions and municipal appropriations.

In 2019 and 2018, approximately 1% of nongovernmental home health and hospice clients served received services on a discounted basis.

#### 4. Availability and Liquidity of Financial Assets

As of September 30, 2019, the Association had working capital of \$4,463,871 and average days (based on normal expenditures) of cash and cash equivalents and certificates of deposit on hand of 46 and 154 at September 30, 2019 and 2018, respectively.

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses and capital acquisitions costs not financed with debt or restricted funds (unfunded capital expenditures), were as follows as of September 30:

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 3,407,990	\$ 2,709,920
Certificates of deposit	517,075	2,758,846
Patient accounts receivable, net	4,294,280	5,226,857
Other receivables	76,055	118,282
Investments without donor restrictions	<u>470,933</u>	<u>8,513,721</u>
Financial assets available to meet general expenditures within one year	<u>\$ 8,766,333</u>	<u>\$ 19,327,626</u>

The Association has board designated long-term investments that are intended to fund certain costs or projects that could be made available for general expenditure upon board approval. During 2019, the Association transferred approximately \$8,500,000 of investments without donor restrictions to the board-designated long-term investments primarily to help fund capital purchases. Since these investments require the Board's appropriation for spending, they have not been included in the information above, resulting in the decrease in average days of cash and cash equivalents and certificates of deposits on hand in 2019. The Association has other assets restricted to use, which are more fully described in Note 8, and which are not available for general expenditure within the next year and not reflected in the amounts above.

**CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.**

**Notes to Financial Statements**

**September 30, 2019 and 2018**

The Association manages its cash and cash equivalents available to meet general expenditures following two guiding principles:

- Operating within a prudent range of financial soundness and stability.
- Maintaining adequate liquid assets.

**5. Investments**

Investments are stated at fair value and consist of the following at September 30:

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 638,538	\$ 322,239
Mutual funds	2,088,821	2,458,370
U.S. Government bonds	3,775,796	1,628,233
Equities	14,969,878	14,059,223
Exchange traded funds	-	1,064,991
Corporate bonds and notes	<u>2,328,844</u>	<u>3,336,254</u>
	<u>\$ 23,801,877</u>	<u>\$ 22,869,310</u>

Investments by class of net assets and designation consist of the following at September 30:

	<u>2019</u>	<u>2018</u>
Without donor restrictions and undesignated	\$ 470,933	\$ 8,513,721
Without donor restrictions - designated by Board		
Available for capital purchases	17,045,988	8,119,912
Hospice House	412,113	382,104
Hospice House replacement reserve	219,238	237,179
30 Pillsbury Street replacement reserve	261,360	237,179
Donahue Fund	36,105	34,430
Leadership Fund	25,345	-
With donor restrictions		
Temporary in nature	1,759,018	1,710,233
Perpetual in nature (income of which is expendable)	<u>3,571,777</u>	<u>3,634,552</u>
	<u>\$ 23,801,877</u>	<u>\$ 22,869,310</u>

Investment income consisted of the following for the years ended September 30:

	<u>2019</u>	<u>2018</u>
Interest and dividends, net of fees	\$ 423,737	\$ 426,448
Realized gains on sales of investments	219,469	257,730
Unrealized gains on investments	<u>349,015</u>	<u>1,667,074</u>
	<u>\$ 992,221</u>	<u>\$ 2,351,252</u>

Investment management fees were \$135,895 for 2019 and \$126,682 for 2018.

**CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.**

**Notes to Financial Statements**

**September 30, 2019 and 2018**

Endowment

The Association's endowment consists of individual funds established for a variety of purposes by donors. As required by GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Changes in endowment net assets for the years ended September 30 are as follows:

	<u>With Donor Restrictions</u>
Endowment net assets, October 1, 2017	\$ <u>3,509,436</u>
Investment return	
Investment income	47,548
Net appreciation	<u>249,430</u>
Total investment return	<u>296,978</u>
Spending policy allotment releases	<u>(171,862)</u>
Endowment net assets, September 30, 2018	<u>3,634,552</u>
Investment return	
Investment income	42,715
Net appreciation	<u>66,372</u>
Total investment gains	<u>109,087</u>
Spending policy allotment releases	<u>(171,862)</u>
Endowment net assets, September 30, 2019	\$ <u>3,571,777</u>

Strategies Employed for Achieving Objectives

The primary objective of the investment funds is preserving the purchasing power of the assets. The investment funds are managed based on relative performance, in a manner that provides liquidity and a dependable source of income. The goal is to attain a rate of return equal to the Consumer Price Index plus 4%.

Funds with Deficiencies

From time to time, the fair value of assets associated with donor-restricted endowment funds may fall below the level that the donor or the State of New Hampshire Uniform Prudent Management of Institutional Funds Act (the Act) requires the Association to retain as a fund of perpetual duration ("underwater"). In accordance with GAAP, there were no such deficiencies at September 30, 2019 and 2018.

**CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.**

**Notes to Financial Statements**

**September 30, 2019 and 2018**

Spending Policy

The Association has interpreted the Act as allowing the Board to appropriate for expenditure for the uses and purposes for which the endowment fund is established, unless otherwise specified by the donor, so much of the net appreciation, realized and unrealized, in the fair value of the assets of the endowment fund over the historic dollar value of the fund as is prudent. In doing so, the Board must consider the long and short-term needs of the Association in carrying out its purpose, its present and anticipated financial requirements, expected total return on its investments, price level trends, and general economic conditions. For the years ended September 30, 2019 and 2018, the Board retained all appreciation over 7% on donor-restricted endowment funds in net assets with donor restrictions.

**6. Beneficial Interest in Perpetual Trusts**

The Association is a beneficiary of the Benjamin and Gertrude Couch, George Griffin, Jeanne C. and Walter W. Dwyer, and Thelma A. Larson Trusts, the assets of which are not in the possession of the Association. The Association has legally enforceable rights and claims to such assets, including the right to income therefrom. Consistent with the provisions of FASB ASC Topic 958 Subtopic 605, related to accounting for contributions received and contributions made, these funds are included in the Association's financial statements. The fair value of the trust assets is reflected as an estimate of the present value of the future cash flows from the trusts and is reported as net assets with donor restrictions. Appreciation of the trusts is not available for expenditure by the Association unless the trustee decides to appropriate it. Total contributions from these trusts were \$81,537 in 2019 and \$76,466 in 2018.

**7. Property and Equipment**

A summary of property and equipment as of September 30 follows:

	<u>2019</u>	<u>2018</u>
Building and improvements	\$ <b>3,762,996</b>	\$ 3,715,015
Leasehold improvements	<b>1,160,818</b>	1,160,818
Furniture and equipment	<b>698,830</b>	656,932
Information system equipment	<u><b>1,411,709</b></u>	<u>1,142,303</u>
	<b>7,034,353</b>	6,675,068
Less accumulated depreciation and amortization	<u><b>2,893,798</b></u>	<u>2,541,307</u>
Property and equipment, net	<u><b>\$ 4,140,555</b></u>	<u>\$ 4,133,761</u>

**CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.**

**Notes to Financial Statements**

**September 30, 2019 and 2018**

**8. Net Assets**

Net assets with donor restrictions were as follows at September 30:

	<u>2019</u>	<u>2018</u>
Funds maintained with donor restrictions temporary in nature:		
Slusser Fund - scholarships	\$ 101,094	\$ 101,261
Audrey Lindgren Fund - financial assistance	1,318,857	1,318,486
Bishop Scholarship - nursing education	2,835	3,046
Ruby Raine Nydegger Fund - pediatric education	16,859	15,785
Penacook Village Fund - homemaker services for residents of Penacook and Lower Boscawen	319,374	271,656
Hospice preparatory course and certification	<u>312</u>	<u>312</u>
	<u>1,759,331</u>	<u>1,710,546</u>
Funds subject to the Association's spending policy and appropriation Perpetual in nature, the income of which is expendable to support:		
General	1,136,357	1,136,357
Hospice House	823,377	823,377
Bishop Scholarship	20,543	20,543
Heston Hospice	463,244	463,244
Donahue Fund	32,199	32,199
Ruby Raine Nydegger Fund	32,282	32,282
Penacook Village Fund	899,567	899,567
Net appreciation of net assets with perpetual donor restrictions	<u>164,208</u>	<u>226,983</u>
	<u>3,571,777</u>	<u>3,634,552</u>
Funds maintained in perpetuity		
Beneficial interest in perpetual trusts, income without restrictions	<u>1,180,712</u>	<u>1,202,163</u>
Total	<u>\$ 6,511,820</u>	<u>\$ 6,547,261</u>

**9. Concentrations of Credit Risk**

The Association generated approximately 85% and 86% of its gross patient service revenues from the New Hampshire Medicaid and federal Medicare programs in 2019 and 2018, respectively. Under these programs, the provider is reimbursed for the care of the qualified clients at amounts which may differ from its standard charges.

**CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.**

**Notes to Financial Statements**

**September 30, 2019 and 2018**

The Association grants credit without collateral to its patients, most of whom are local residents and insured under third-party payor agreements. The mix of receivables for patients and third-party payors at September 30, 2019 and 2018 was as follows:

	<u>2019</u>	<u>2018</u>
Medicare	72 %	75 %
Medicare Advantage	10	6
Medicaid	2	4
Other third-party payors	11	11
Patients	<u>5</u>	<u>4</u>
	<u>100 %</u>	<u>100 %</u>

Due to the large concentration of clients who receive benefits from the Medicare reimbursement program, the Association is highly dependent upon regulatory authorities establishing reimbursement rates that are adequate to sustain the Association's operations.

**10. Contingency**

Malpractice Insurance

The Association carries malpractice insurance coverage under a claims-made policy through a group risk sharing arrangement with CRHC. The policy is a claims-made policy that includes basic liability, as well as excess liability coverage on varying levels. The cost of purchasing the coverage is shared between the entities that have entered into the risk sharing agreement.

Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, will be uninsured. The Association intends to renew its coverage on a claims-made basis and has no reason to believe that it may be prevented from renewing such coverage. The Association is subject to complaints, claims, and litigation due to potential claims which arise in the normal course of business. GAAP requires the Association to accrue the ultimate cost of malpractice claims when the incident that gives rise to the claim occurs, without consideration of insurance recoveries. Expected recoveries are presented as a separate asset. The Association has evaluated its exposure to losses arising from potential claims and determined that no such accrual is necessary for the years ended September 30, 2019 and 2018.

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Notes to Financial Statements

September 30, 2019 and 2018

11. **Functional Expenses**

The Association provides various services to residents within its geographic location. Expenses related to providing these services are as follows:

	<u>2019</u>	<u>2018</u>
Program services		
Salaries and benefits	<b>\$25,503,422</b>	\$24,579,191
Other operating expenses		
Program supplies	<b>1,913,320</b>	1,717,580
Purchased services	<b>670,454</b>	807,183
Transportation	<b>783,997</b>	728,295
Other	<b>703,947</b>	462,927
Depreciation and amortization	<b><u>210,536</u></b>	<u>248,774</u>
Total program services	<b><u>29,785,676</u></b>	<u>28,543,950</u>
Administrative and general		
Salaries and benefits	<b>3,356,395</b>	3,136,531
Other operating expenses		
Purchased services	<b>771,859</b>	697,960
Transportation	<b>40,787</b>	118,508
Other	<b>1,138,865</b>	967,822
Depreciation and amortization	<b><u>141,955</u></b>	<u>146,096</u>
Total administrative and general	<b><u>5,449,861</u></b>	<u>5,066,917</u>
Total	<b><u>\$35,235,537</u></b>	<u>\$33,610,867</u>

The Association allocates expenses between program and administrative and general services. Benefits are allocated based on a percentage of total salaries, and depreciation, rent, and repairs and maintenance are allocated based on square footage. The remaining expenses are allocated using a Medicare cost reporting methodology.

12. **Retirement Plan**

The Association sponsors a 401(k) profit sharing plan (Plan) that includes an Association match covering employees who meet certain age and time requirements. Contributions to the Plan were \$902,863 for 2019 and \$842,662 for 2018.

# CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

## Notes to Financial Statements

September 30, 2019 and 2018

### 13. Deferred Compensation Plan

The Association had established a funded deferred compensation plan for the former President/CEO. The plan was designed to defer a portion of annual compensation and provide payments, as determined by the plan, at disability, retirement, death, separation from service, or for certain financial hardships. All amounts contributed and income earned under the funded plan are held in a trust and remain, until made available to the participant or designated beneficiary, the sole property and rights of the Association, and are included in other assets and other liabilities in the statements of financial position. The former President/CEO has elected for distribution at a future time.

### 14. Related Party Transactions

The Association engages in activities with CRHC and its subsidiaries on a regular basis. Services provided to affiliates by the Association include nursing services of \$93,495 for 2019 and \$75,420 for 2018. Services purchased from affiliates by the Association include information system support, telephone services, and supplies of \$774,213 for 2019 and \$701,935 for 2018. The Association owed Concord Hospital \$63,306 and \$43,051 as of September 30, 2019 and 2018, respectively. These amounts are included in accounts payable in the statements of financial position.

The Association also purchases pharmaceuticals from entities which are owned by a member of the Board. Total purchases were \$574,451 in 2019 and \$607,716 in 2018. The Association owed these entities \$68,363 and \$16,271 as of September 30, 2019 and 2018, respectively, which was included in accounts payable in the statements of financial position.

### 15. Fair Value of Financial Instruments

ASC Topic 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. ASC Topic 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.



**CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.**

**Notes to Financial Statements**

**September 30, 2019 and 2018**

The following table sets forth by level, within the fair value hierarchy, the Association's assets measured at fair value on a recurring basis as of September 30:

	<b>2019</b>			
	<b><u>Carrying Amount</u></b>	<b><u>Level 1</u></b>	<b><u>Level 2</u></b>	<b><u>Level 3</u></b>
Investments				
Cash and cash equivalents	\$ 638,538	\$ 638,538	\$ -	\$ -
Mutual funds	2,088,821	2,088,821	-	-
U.S. Government bonds	3,775,796	3,775,796	-	-
Equities	14,969,878	14,969,878	-	-
Corporate bonds	<u>2,328,844</u>	<u>-</u>	<u>2,328,844</u>	<u>-</u>
	23,801,877	21,473,033	2,328,844	-
Beneficial interest in perpetual trusts	1,180,712	-	-	1,180,712
Assets to fund deferred compensation	<u>104,331</u>	<u>104,331</u>	<u>-</u>	<u>-</u>
 Total	 <u>\$25,086,920</u>	 <u>\$21,577,364</u>	 <u>\$ 2,328,844</u>	 <u>\$ 1,180,712</u>
	<b>2018</b>			
	<b><u>Carrying Amount</u></b>	<b><u>Level 1</u></b>	<b><u>Level 2</u></b>	<b><u>Level 3</u></b>
Investments				
Cash and cash equivalents	\$ 322,239	\$ 322,239	\$ -	\$ -
Mutual funds	2,458,370	2,458,370	-	-
U.S. Government bonds	1,628,233	1,628,233	-	-
Equities	14,059,223	14,059,223	-	-
Exchange traded funds	1,064,991	1,064,991	-	-
Corporate bonds	<u>3,336,254</u>	<u>-</u>	<u>3,336,254</u>	<u>-</u>
	22,869,310	19,533,056	3,336,254	-
Beneficial interest in perpetual trusts	1,202,163	-	-	1,202,163
Assets to fund deferred compensation	<u>108,804</u>	<u>108,804</u>	<u>-</u>	<u>-</u>
 Total	 <u>\$24,180,277</u>	 <u>\$19,641,860</u>	 <u>\$ 3,336,254</u>	 <u>\$ 1,202,163</u>

Fair value of the investments is measured using quoted prices in active markets where available. Fair value of Level 2 corporate bonds is primarily based on estimates using market prices of comparable securities.

Fair value of the beneficial interest in perpetual trusts is measured based on quoted market prices of the investments in the trusts, but is classified as Level 3 as there is no market in which to trade the beneficial interest itself.

**CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.**

**Notes to Financial Statements**

**September 30, 2019 and 2018**

Changes in the fair value of assets classified as Level 3 are comprised of the following:

Balance, October 1, 2017	\$ 1,217,976
Change in value	<u>(15,813)</u>
Balance, September 30, 2018	1,202,163
Change in value	<u>(21,451)</u>
Balance, September 30, 2019	<u><b>\$ 1,180,712</b></u>

APPENDIX F-2  
Concord VNA Form 990 FY18

Form **990**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

**A** For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

<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>Concord Regional Visiting Nurse Association, Inc.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>30 Pillsbury Street</b> City or town, state or province, country, and ZIP or foreign postal code <b>Concord, NH 03301</b> <b>F</b> Name and address of principal officer: <b>Beth J. Slepian same as C above</b>	<b>D</b> Employer identification number  <b>02-0222122</b> <b>E</b> Telephone number  <b>603-224-4093</b> <b>G</b> Gross receipts \$ <b>40,818,141.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>www.crvna.org</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1899</b>		<b>M</b> State of legal domicile: <b>NH</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>Concord Regional Visiting Nurse Association, incorporated in 1899, is a home health and hospice care</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>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>488</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>143</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, line 38	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>838,170.</b>	<b>548,033.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>32,202,251.</b>	<b>32,145,012.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>810,860.</b>	<b>779,101.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-7,514.</b>	<b>-7,772.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>33,843,767.</b>	<b>33,464,374.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<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>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>27,715,725.</b>	<b>28,859,818.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>30,478.</b>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>5,899,042.</b>	<b>6,381,854.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>33,614,767.</b>	<b>35,241,672.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>229,000.</b>	<b>-1,777,298.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>39,332,209.</b>	<b>37,764,327.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>4,295,460.</b>	<b>4,177,312.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>35,036,749.</b>	<b>33,587,015.</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 <b>Beth J. Slepian, President &amp; CEO</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Barbara J. McGuan, CPA</b>	Preparer's signature <b>Barbara J. McGuan, C</b>	Date <b>12/11/19</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00219457</b>
	Firm's name ▶ <b>Berry Dunn McNeil &amp; Parker, LLC</b>	Firm's EIN ▶ <b>01-0523282</b>			
	Firm's address ▶ <b>P.O. Box 1100 Portland, ME 04104-1100</b>	Phone no. (207) <b>775-2387</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 [X]

1 Briefly describe the organization's mission: The Organization provides and facilitates comprehensive care in the home and community to optimize health, well-being and independence.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 17,958,326. including grants of \$ ) (Revenue \$ 21,064,447.) Home Health Care - provides skilled care services to patients who qualify for care in their home. Services were rendered to 6,424 patients including 146,018 visits and 8,209 additional visits for indigent patients. Charity care is provided to individuals who are uninsured, underinsured, or otherwise unable to pay the published fee for service.

4b (Code: ) (Expenses \$ 9,275,192. including grants of \$ ) (Revenue \$ 9,479,264.) Hospice - supportive care for the terminally ill on a 24 hour basis. Services were rendered to 926 patients providing 44,391 hospice care days. Hospice care is provided in a ten bed house for those who require twenty four hour skilled nursing care for symptom management and in the community. Charity care is provided to individuals who are uninsured, underinsured, or otherwise unable to pay the published fee for services or for the house room and board.

4c (Code: ) (Expenses \$ 1,758,107. including grants of \$ ) (Revenue \$ 1,379,451.) Personal Care Services - Provides care and support primarily to frail elders who need assistance to stay living independently in their own homes.

4d Other program services (Describe in Schedule O.) (Expenses \$ 794,051. including grants of \$ ) (Revenue \$ 221,850.)

4e Total program service expenses 29,785,676.

**Concord Regional Visiting Nurse  
Association, Inc.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>X</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		<b>X</b>

**Concord Regional Visiting Nurse  
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**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		6
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Concord Regional Visiting Nurse  
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**Part V Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	488
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X



**Concord Regional Visiting Nurse  
Association, Inc.**

**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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b>	18		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	15		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>	
<b>7a</b> 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?	<b>7a</b>		<b>X</b>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>			<b>X</b>

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

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>			<b>X</b>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		<b>X</b>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		<b>X</b>	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		<b>X</b>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>			<b>X</b>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NH**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in 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 **Geraldine Holmes - 603-224-4093**  
**30 Pillsbury Street, Concord, NH 03301**

**Concord Regional Visiting Nurse  
Association, Inc.**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Melvin J. Severance, CFP Chair	1.00	X		X				0.	0.	0.
(2) Michelline Dufort Vice Chair	1.00	X		X				0.	0.	0.
(3) James Mullins Treasurer	1.00	X		X				0.	0.	0.
(4) Michael T Griffin Secretary	1.00	X		X				0.	0.	0.
(5) Mark T. Broth, Esq. Trustee	1.00	X						0.	0.	0.
(6) Charles J. Fanaras, RPh Trustee	1.00	X						0.	0.	0.
(7) Jessica S. Pollack, APRN Trustee	1.00	X						0.	60,000.	0.
(8) Deacon Winton DeRosia Trustee	1.00	X						0.	0.	0.
(9) Patricia Bourgault Trustee	1.00	X						0.	0.	0.
(10) Paul Greenan Trustee	1.00	X						0.	0.	0.
(11) Tim Lesko Trustee	1.00	X						0.	0.	0.
(12) Andrea M. Stevenson Trustee	1.00	X						0.	0.	0.
(13) Daniel L Andrus Trustee	1.00	X						0.	0.	0.
(14) Brian D Duffy Trustee	1.00	X						0.	0.	0.
(15) Brett Allard Trustee	1.00	X						0.	0.	0.
(16) Erin Feltes Trustee	1.00	X						0.	0.	0.
(17) Lyn Lindpaintner Trustee	1.00	X						0.	0.	0.

**Concord Regional Visiting Nurse  
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**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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Vera Buck Past Treasurer	1.00	X		X			0.	0.	0.	
(19) Beth J. Slepian President & CEO	50.00	X		X			270,481.	0.	13,945.	
(20) Geraldine Holmes Chief Financial Officer	50.00			X			171,819.	0.	23,519.	
(21) Linda Flewelling VP Human Resources	40.00				X		159,039.	0.	16,857.	
(22) Deborah Mullen Chief Information Officer	40.00				X		152,996.	0.	16,553.	
(23) Andrew Westbrook Medical Director	45.00				X		205,675.	0.	10,775.	
(24) Jason Edwards RN	45.00				X		121,408.	0.	12,520.	
(25) Rachel Heath PT	45.00				X		124,116.	0.	7,351.	
<b>1b Sub-total</b>							1,205,534.	60,000.	101,520.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							1,205,534.	60,000.	101,520.	

**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 **22**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
Concord Hospital IT 250 Pleasant Street, Concord, NH 03301	IT Services	364,864.
SHI Internation Corp 290 Davidson Avenue, Somerset, NJ 08873	IT Services	195,687.
Montagne Communications, Inc., 814 Elm Street, Suite 205, Manchester, NH 03101	PR Services	149,796.

**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 **3**

Concord Regional Visiting Nurse Association, Inc.

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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	7,938.				
	b Membership dues					
	c Fundraising events	154,811.				
	d Related organizations					
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	385,284.				
	g Noncash contributions included in lines 1a-1f: \$	5,950.				
	h Total. Add lines 1a-1f	548,033.				
	Program Service Revenue	2 a Home Care Revenue	621610	21,064,447.	21,064,447.	
b Hospice Revenue		623000	9,479,264.	9,479,264.		
c Personal Home Services Revenue		621610	1,379,451.	1,379,451.		
d Community Services Revenue		621990	221,850.	221,850.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f			32,145,012.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		559,632.		559,632.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		219,469.		219,469.	
	8 a Gross income from fundraising events (not including \$ 154,811. of contributions reported on line 1c). See Part IV, line 18	a		17,690.		
		b Less: direct expenses		25,462.		
c Net income or (loss) from fundraising events			-7,772.		-7,772.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		33,464,374.	32,145,012.	0.	771,329.	

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**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	479,764.		451,321.	28,443.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	21,989,698.	19,787,655.	2,202,043.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	885,970.	798,284.	87,686.	
<b>9</b> Other employee benefits .....	3,876,700.	3,481,674.	395,026.	
<b>10</b> Payroll taxes .....	1,627,686.	1,435,810.	189,841.	2,035.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	36,459.		36,459.	
<b>c</b> Accounting .....	58,000.		58,000.	
<b>d</b> Lobbying .....	5,640.		5,640.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	135,895.		135,895.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	774,941.	670,454.	104,487.	
<b>12</b> Advertising and promotion .....	227,451.		227,451.	
<b>13</b> Office expenses .....	440,213.	65,041.	375,172.	
<b>14</b> Information technology .....	584,124.		584,124.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	333,654.	167,522.	166,132.	
<b>17</b> Travel .....	824,784.	783,997.	40,787.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	156,183.	17,181.	139,002.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	352,491.	210,536.	141,955.	
<b>23</b> Insurance .....	65,390.		65,390.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>Medical Supplies</b> .....	1,913,320.	1,913,320.		
<b>b</b> <b>Bad Debt Expense</b> .....	387,281.	387,281.		
<b>c</b> <b>Dues &amp; Subscriptions</b> .....	86,028.	66,921.	19,107.	
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	35,241,672.	29,785,676.	5,425,518.	30,478.
<b>26</b> <b>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)				

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,510.	<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	5,788,495.	<b>2</b>	4,563,603.	
	<b>3</b> Pledges and grants receivable, net .....	118,282.	<b>3</b>	76,055.	
	<b>4</b> Accounts receivable, net .....	5,226,857.	<b>4</b>	4,294,280.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<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 .....	188,261.	<b>9</b>	232,447.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	7,034,353.			
	<b>b</b> Less: accumulated depreciation .....	2,893,798.			
	<b>11</b> Investments - publicly traded securities .....	4,133,761.	<b>10c</b>	4,140,555.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	22,547,071.	<b>11</b>	23,163,339.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>		
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	1,326,972.	<b>14</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	39,332,209.	<b>15</b>	1,294,048.		
		<b>16</b>	37,764,327.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,790,483.	<b>17</b>	2,916,655.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	1,396,173.	<b>19</b>	1,156,326.	
	<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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<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 .....	108,804.	<b>25</b>	104,331.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	4,295,460.	<b>26</b>	4,177,312.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	28,489,488.	<b>27</b>	27,075,195.	
	<b>28</b> Temporarily restricted net assets .....	1,937,529.	<b>28</b>	1,923,540.	
	<b>29</b> Permanently restricted net assets .....	4,609,732.	<b>29</b>	4,588,280.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	35,036,749.	<b>33</b>	33,587,015.	
	<b>34</b> Total liabilities and net assets/fund balances .....	39,332,209.	<b>34</b>	37,764,327.	

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**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	33,464,374.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,241,672.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,777,298.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,036,749.
5	Net unrealized gains (losses) on investments	5	349,015.
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 in Schedule O)	9	-21,451.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	33,587,015.

**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 in 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 checked="" type="checkbox"/> Separate basis <input 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 in 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 Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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**Concord Regional Visiting Nurse**

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 five 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 2018 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2018.</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 - 2017.</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 - 2018.</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 - 2017.</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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	528,572.	461,999.	629,195.	838,170.	548,033.	3,005,969.
<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 .....	28,633,975.	29,945,411.	32,703,281.	32,194,737.	32,145,012.	155,622,416.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<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 .....	29,162,547.	30,407,410.	33,332,476.	33,032,907.	32,693,045.	158,628,385.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	5,485.		10,000.	11,000.	10,000.	36,485.
<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 .....	5,485.		10,000.	11,000.	10,000.	36,485.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						158,591,900.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....	29,162,547.	30,407,410.	33,332,476.	33,032,907.	32,693,045.	158,628,385.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	549,402.	477,495.	408,153.	553,130.	559,632.	2,547,812.
<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 .....	549,402.	477,495.	408,153.	553,130.	559,632.	2,547,812.
<b>11</b> Net income from unrelated business activities not included in 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.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	29,711,949.	30,884,905.	33,740,629.	33,586,037.	33,252,677.	161,176,197.

**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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	98.40 %
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	98.50 %

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	1.58 %
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	1.49 %

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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

**Concord Regional Visiting Nurse**

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**Concord Regional Visiting Nurse**

**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.

<b>Section A - Adjusted Net Income</b>		(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	

<b>Section B - Minimum Asset Amount</b>		(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 (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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).		

**Concord Regional Visiting Nurse**

Schedule A (Form 990 or 990-EZ) 2018 **Association, Inc.**

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Concord Regional Visiting Nurse

**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2018**

Name of the organization

Concord Regional Visiting Nurse  
Association, Inc.

Employer identification number

02-0222122

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).



Name of organization <b>Concord Regional Visiting Nurse Association, Inc.</b>	Employer identification number <b>02-0222122</b>
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**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	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>23,373.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Concord Regional Visiting Nurse Association, Inc.</b>	Employer identification number <b>02-0222122</b>
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**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	<hr/> <hr/> <hr/>	\$ <u>17,305.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>10,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>10,030.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Concord Regional Visiting Nurse Association, Inc.</b>	Employer identification number <b>02-0222122</b>
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**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	<hr/> <hr/> <hr/>	\$ <u>7,323.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>7,938.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>8,565.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>6,375.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>5,950.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Concord Regional Visiting Nurse Association, Inc.</b>	Employer identification number <b>02-0222122</b>
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**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		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 5,815.	Person <input checked="" 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 <b>Concord Regional Visiting Nurse Association, Inc.</b>	Employer identification number <b>02-0222122</b>
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**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
17	safari for two to auction at fundraiser	\$ 5,950.	03/11/19
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization <b>Concord Regional Visiting Nurse Association, Inc.</b>	Employer identification number <b>02-0222122</b>
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**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.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

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

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

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

Name of organization <b>Concord Regional Visiting Nurse Association, Inc.</b>	Employer identification number <b>02-0222122</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

**Concord Regional Visiting Nurse**

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



**Concord Regional Visiting Nurse**

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		5,640.
<b>j</b> Total. Add lines 1c through 1i .....			5,640.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

**Part IV Supplemental Information**

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

**Part II-B, Line 1, Lobbying Activities:**

The Organization pays dues to various organizations, some to which a portion of the dues are attributable to lobbying expenses.

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**Name of the organization** Concord Regional Visiting Nurse Association, Inc. **Employer identification number** 02-022122

**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.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018



**Concord Regional Visiting Nurse  
Association, Inc.**

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>Deferred Compensation</b>	<b>104,331.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>104,331.</b>

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Concord Regional Visiting Nurse  
Association, Inc.**

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	33,785,803.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	349,015.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	25,462.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	374,477.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	33,411,326.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	31,597.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	21,451.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	53,048.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	33,464,374.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	35,235,537.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	25,462.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	25,462.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	35,210,075.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	31,597.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	31,597.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	35,241,672.

**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:**

The Endowment funds are used to subsidize charitable care, support community programs that have no outside funding, provide seed money for program expansion and new programs and to make capital improvements to the Hospice House.

Programs and Services supported by the Agency's funds include Community Health Education including "Better Choices, Better Health" a program that assists older adults in learning more effective ways of self-managing their chronic condition to improve their quality of life and "A Matter of Balance" a program that assists older adults in reducing their fear of falling and improving their activity levels, health clinics for seniors

**Part XIII** Supplemental Information (continued)

that provide screenings, footcare, ear wax removal, and other related services and immunization clinics. In addition, the Hospice Program and the Hospice House are supported through charitable funds to provide subsidized or free services; bereavement support groups, Hospice volunteer training and community education.

Part XI, Line 2d - Other Adjustments:

Fundraising Expenses 25,462.

Part XI, Line 4b - Other Adjustments:

Change in Fair Value of Beneficial Interest in Perpetual Trusts 21,451.

Part XII, Line 2d - Other Adjustments:

Fundraising Expenses 25,462.



**Concord Regional Visiting Nurse**

**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	
		Lights of Life (event type)	Annual Appeal (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	64,502.	51,570.	56,429.	172,501.
	2	Less: Contributions	64,502.	51,570.	38,739.	154,811.
	3	Gross income (line 1 minus line 2)			17,690.	17,690.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs			619.	619.
	7	Food and beverages			3,178.	3,178.
	8	Entertainment			565.	565.
	9	Other direct expenses	7,382.	8,262.	5,456.	21,100.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				25,462.
11	Net income summary. Subtract line 10 from line 3, column (d)				-7,772.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_







**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization **Concord Regional Visiting Nurse Association, Inc.** Employer identification number **02-0222122**

**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 filing 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>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

**Concord Regional Visiting Nurse  
Association, Inc.**

**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 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) Beth J. Slepian President & CEO	(i)	253,506.	16,975.	0.	11,495.	2,450.	284,426.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Geraldine Holmes Chief Financial Officer	(i)	161,919.	9,900.	0.	7,498.	16,021.	195,338.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Linda Flewelling VP Human Resources	(i)	149,962.	9,077.	0.	6,870.	9,987.	175,896.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Deborah Mullen Chief Information Officer	(i)	144,269.	8,727.	0.	6,566.	9,987.	169,549.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Andrew Westbrook Medical Director	(i)	195,597.	10,078.	0.	8,741.	2,034.	216,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 7:

The bonus compensation paid to Beth Slepian & Geraldine Holmes are determined based on the executive compensation policy conducted for the Organization, and therefore are non-fixed in nature.

The bonus compensation paid to Linda Flewelling, Deborah Mullen, Dr. Andrew Westbrook was part of a management bonus which was given to all managers.



**Concord Regional Visiting Nurse**

**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
The Prescription Center and	Vendor of Organizat	574,451.	Charles Fan		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 Interested Person:

The Prescription Center and Northeast Pharmacy

(b) Relationship Between Interested Person and Organization:

Vendor of Organization

(c) Amount of Transaction \$ 574,451.

(d) Description of Transaction: Charles Fanaras, a member of the Board of Trustees of the Organization is the sole owner of The Prescription Center and Northeast Pharmacy. The Organization purchases prescriptions and pharmacy services from this organization. All transactions are at arm's length.

(e) Sharing of Organization Revenues? = No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

Concord Regional Visiting Nurse  
Association, Inc.

Employer identification number  
02-0222122

Form 990, Part I, Line 1, Description of Organization Mission:

provider, offering both preventive and supportive health care services. Our mission is to provide and facilitate comprehensive care in the home and community to optimize health, well-being and independence. Our services include: Skilled Nursing; Physical Therapy, Occupational Therapy, & Speech Therapy; Homemaking; Maternal/Child Health; Social Work; Hospice Care; Palliative Care, Personal Home Services; Pediatric Care; Nutritional Counseling; Senior Health Clinics; Flu Immunization Clinics; Immunization Clinics; Blood Pressure Clinics; and Community Education.

Form 990, Part I, Line 1 Description of Organization Mission (Cont'd):

The agency's service area includes Merrimack County and portions of Hillsborough County, representing more than 42 communities in central New Hampshire. Concord Regional VNA serves over 7,300 patients annually and provides approximately 154,000 homecare visits and more than 44,000 hospice days annually, including a 10-bed Hospice House. Patients who are uninsured, underinsured, or otherwise unable to pay the published fees for services are provided charity care.

In the Fiscal Year 2019, the CRVNA Home Care Program provided care to 6,424 patients. Thirteen percent (13%) of the patients served in the Home Care Program were uninsured or received funding from Medicaid. In addition, 66% of the Home Care patients had Medicare or Medicare replacement plans as their insurance plan. The Hospice program provided care to 926 patients. Eighty nine percent (89%) of the Hospice patients

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Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18



Name of the organization	Concord Regional Visiting Nurse Association, Inc.	Employer identification number	02-0222122
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had Medicare and 3% of the patients were uninsured or received funding from Medicaid.

We are a 501(c)(3) non-profit agency and a subsidiary of Capital Region Health Care. Concord Regional VNA is a Medicare and Medicaid Certified Home Health and Hospice Provider and is licensed by the State of New Hampshire Bureau of Health Care Facilities. In addition, Concord Regional VNA's Hospice House, an inpatient setting providing care and comfort for the terminally ill, is licensed by the State of New Hampshire as a Supportive Residential Care Facility.

Form 990, Part III, Line 4d, Other Program Services:

Community Health Services - provides community based health care services in individual homes and clinic setting including senior health clinics, immunization clinics, and community health education including "Better Choices, Better Health" a program that assists older adults in learning more effective ways of self-managing their chronic condition to improve their quality of life and "A Matter of Balance" a program that assists older adults in reducing their fear of falling and improving their activity levels.

"Powerful Tools for Caregivers" is also an educational program offered for caregivers who are caring for someone with advance dementia or other cognitive impairments; in addition, a monthly Capital Area Memory Cafe is offered to support those who are caring for someone with advance dementia to help connect them with others for peer group support. Monthly walk in clinics and our "Dying to Talk Cafe's" are

Name of the organization Concord Regional Visiting Nurse Association, Inc.	Employer identification number 02-0222122
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offered to help those living with a chronic illness, life limiting illness or anyone in the community who would like to explore how to begin having the conversation about advanced care planning and their end of life wishes.

In 2018, a new program was launched in partnership with CATCH for Freedman Court 2 residents. The program is designed to assist residents with enhancing their overall health and wellness, and support their independence.

In 2016, The Aging Mastery Program began engaging adults in a fun and innovative way that empowers them to embrace their longevity and address their physical, financial, and emotional wellness. The Aging Mastery Program is a 10-week nationwide program from the National Council on Aging that includes 10, 90-minute classes.

This program benefits older adults who want to:

- o Improve health
- o Strengthen economic security
- o Enhance well-being
- o Increase societal participation

The art of aging gracefully has changed. Traditional retirement plans are disappearing, the cost of daily living continues to rise, and nearly all people aged 65+ live with at least one chronic condition. This program uses a proven model of behavior change incentives with a primary emphasis on getting older adults to improve their lives.

Expenses \$ 794,051. including grants of \$ 0. Revenue \$ 221,850.

Form 990, Part VI, Section A, line 6:

Name of the organization Concord Regional Visiting Nurse Association, Inc.	Employer identification number 02-0222122
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Capital Region HealthCare Corporation is the sole member of the Concord Regional VNA.

Form 990, Part VI, Section A, line 7a:

Capital Region HealthCare Corporation accepts any changes made to the bylaws by the governing body.

Form 990, Part VI, Section B, line 11b:

The role of Concord Regional Visiting Nurse Association's Audit Committee has expanded to include review of the agency's 990.

The Audit Committee engages the auditors and receives the audit and the 990 Report.

The Audit Committee receives a complete copy of the 990 including all schedules. The initial presentation of the FY2019 audit and the 990 Form will occur at the November 20, 2019 meeting of the Audit/Finance Committee meeting. Subsequent Audit Committee meetings will occur if necessary to complete the review.

The Audit Committee will report to the Board of Trustees that a review of the 990 has occurred.

The Board of Trustees accepts the Audit Committee reports, the audit, and the 990 documents. All members of the Board will have access to the reports. The Form 990 is available to the public upon request.

Form 990, Part VI, Section B, Line 12c:

Name of the organization Concord Regional Visiting Nurse Association, Inc.	Employer identification number 02-0222122
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The Conflict of Interest, Statement of Conflict of Interest with Respect to a Relationship, Transaction and/or Financial Interest form was revised by the Audit Committee in February 2010 and approved by the Board in March 2010. The form was revised to ensure compliance with the State of NH Pecuniary Benefit Law (Chapter 7: RSA 7:19a) and the revised IRS 990 disclosure requirements.

The Board Chair and Chief Executive Officer/President reviewed the form and the regulation requirements at the March 12, 2019 Board Meeting. Trustees at the meeting were requested to complete the forms and return them to management. The Executive Assistant worked with Board members to ensure each member had returned the Conflict of Interest Forms. In FY2019, 100% of the Board of Trustees returned the signed conflict of interest forms.

The Audit Committee at its May 7, 2019 meeting reviewed the forms for those Trustees that reported a conflict of interest. The Audit Committee reported to the full Board the conflict of interest transactions that had been disclosed on the conflict of interest forms. The Board at its May 14, 2019 meeting approved the conflict of interest disclosures. The approved transactions over \$5,000 were reported as required by law to the State of New Hampshire's Director of Charitable Trust at the Attorney General's office and a notice was published in the Concord Monitor.

In addition to the annual completion of the form, Trustees were asked at every Board meeting during Fiscal Year 2019, if there were any conflicts that they have identified that should be reported to Management and the Board.

Name of the organization Concord Regional Visiting Nurse Association, Inc.	Employer identification number 02-0222122
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Form 990, Part VI, Section B, Line 15:

The Board at its May 8, 2018 meeting adopted an Executive Compensation policy for the CEO/CFO positions. The Executive Committee's compensation philosophy is to pay the CEO and CFO at the appropriate level of compensation based on market data and surveys. The compensation will be performance based using the salary information available.

The Executive Committee commissions a bi-annual review by an independent consulting firm to evaluate the organization's executive compensation program against the competitive market. The evaluation is intended to ensure that the compensation program falls within a reasonable range of competitive practices for comparable positions among similarly situated organizations.

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 X, Line 10: Land, Buildings, and Equipment

Section 1.263(a)-3(n) Election:

Concord Regional Visiting Nurse Association, Inc.

30 Pillsbury Street

Concord, NH 03301

EIN 02-0222122

Concord Regional Visiting Nurse Association, Inc. is electing to capitalize repair and maintenance costs under Regulation Section

Name of the organization <b>Concord Regional Visiting Nurse Association, Inc.</b>	Employer identification number <b>02-0222122</b>
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1.263(a)-3(n).

Form 990, Part XI, line 9, Changes in Net Assets:

Change in Fair Value of Beneficial Interest in Perpetual

Trusts	-21,451.
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**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

**2018**

**Open to Public  
Inspection**

Name of the organization **Concord Regional Visiting Nurse Association, Inc.** Employer identification number **02-0222122**

**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

**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 Region Health Care Corporation - 02-0222123, 250 Pleasant Street, Concord, NH 03301	Health Care Services	New Hampshire	501(c)(3)	Line 12b, II	N/A		X
Concord Hospital, Inc. - 22-2594672 250 Pleasant Street Concord, NH 03301	Patient Care Services	New Hampshire	501(c)(3)	Line 3	N/A		X
Riverbend Community Mental Health, Inc. - 02-0264383, 3-5 North State Street, P.O. Box 2032, Concord, NH 03302	Mental Health Services	New Hampshire	501(c)(3)	Line 7	N/A		X
Capital Region Health Care Development Corporation - 02-0429749, 250 Pleasant Street, Concord, NH 03301	Management of Real Estate Holdings	New Hampshire	501(c)(2)		N/A		X

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

Schedule R (Form 990) 2018





**Concord Regional Visiting Nurse  
Association, Inc.**

**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 <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> 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.

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				



**Part VII Supplemental Information.**

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

Lined area for supplemental information.

APPENDIX G  
Merger Agreement

## MERGER AGREEMENT

This MERGER AGREEMENT (the “Agreement”) is made as of this 1st day of July, 2020 (“Effective Date”) by and between **Concord Regional Visiting Nurse Association, Inc.**, a New Hampshire non-profit corporation with a place of business at 30 Pillsbury Street, Concord, New Hampshire 03301 (“CRVNA”) and **Central New Hampshire VNA & Hospice**, a New Hampshire non-profit corporation with a principal place of business at 780 N. Main Street, Laconia, New Hampshire 03246 (“CNHVNAH”) (each of CRVNA and CNHVNAH is referred to as a “Party” and collectively they are referred to as the “Parties”).

### *Preamble:*

This Agreement is based on the following circumstances and mutual understandings of the Parties:

A. CRVNA is a licensed Medicare and Medicaid certified home health and hospice agency serving 44 municipalities in the Capital Region of New Hampshire. Formally established in 1899, CRVNA provides a range of personalized services and programs including home care, hospice, palliative care, personal home services, pediatric and maternal child health services, and wellness programming.

B. CNHVNAH is a licensed Medicare and Medicaid certified home health and hospice agency serving 45 municipalities in the Lakes Region of New Hampshire. Established through a 2010 merger of Visiting Nurse Association – Hospice of Southern Carroll County and Vicinity, Inc., founded in 1918, and Community Health & Hospice of Laconia, founded in 1975, CNHVNAH provides home health, hospice, rehabilitation, pediatric and maternal child health services, and educational programs.

C. CRVNA and CNHVNAH operate in separate but adjoining service areas in New Hampshire with some overlap, and have worked collaboratively in the provision of some health and hospice services in the Capital and Lakes Regions.

D. Given the compatibility of their missions, the adjacency of their service areas, their collective health services as described in Paragraphs A and B herein (the “Healthcare Services”), and their shared charitable missions of providing Healthcare Services to individuals living within the Capital and Lakes Regions, CRVNA and CNHVNAH have engaged in an exploration of a collaborative venture through which they can address current economic, regulatory, and legislative challenges, maintain and potentially increase their ability to meet the

community needs of their respective service areas, and enhance the quality and sustainability of their charitable services. As a result of this process, the Parties have concluded that the legal and operational integration of their respective organizations (“the Merger”) into one legal entity will result in a more effective means of providing Healthcare Services in their combined service areas.

E. Representatives of the boards of trustees of CRVNA and CNHVNAH and of the senior management teams of both entities (collectively the “Trustee Workgroup”) worked together over several months, with the advice of healthcare consultants and legal counsel, to analyze and negotiate the myriad issues involved in creating an integrated home health care and hospice organization which could further their mutual interests and respective missions, while addressing the health care needs of their communities.

F. Based on such analysis and negotiations CRVNA and CNHVNAH desire to merge their organizations into a single entity (referred to hereinafter as the “Combined Entity”).

G. CRVNA and CNHVNAH wish to describe the composition of the Combined Entity, and the various steps which need to be taken to facilitate the Merger and fully integrate the Parties. The Parties desire and intend to consummate this Agreement subject to: (i) further due diligence; (ii) review by appropriate regulatory bodies and the public pursuant to New Hampshire RSA 7:19-b; and (iii) any mutually acceptable modifications resulting from such due diligence and review.

#### ***Elements of Merger:***

IN CONSIDERATION of the mutual promises described below, and for other valuable consideration received, the Parties agree as follows:

### **1. STATEMENT OF PURPOSE AND MUTUAL VISION**

The Parties declare the following purposes for the Merger and the shared vision of its results.

1.1 Furtherance of Compatible Missions. Each of CRVNA and CNHVNAH seeks to further its charitable mission of providing Healthcare Services that are accessible to all members of the communities they serve and designed to achieve the best possible outcomes. Particularly given the economic and regulatory burdens in providing such services, the Parties believe that their respective missions will be achieved best by creating a single, integrated home health and hospice agency.

1.2 Integration of Operations: Expansion of Beneficial Services and Sustainability. The Parties will consolidate their administration and operations in the Combined Entity in order to expand beneficial Healthcare Services within the communities they serve. By streamlining their infrastructure into a single combined entity, the Parties expect to achieve cost savings that will make the pursuit of their mission more viable and sustainable. If successful, the Merger will result in a stronger and more efficient organization, better positioned to maintain local control over the delivery of Healthcare Services within the communities they serve and withstand economic uncertainties.

1.3 Continuation of Services in the Affected Communities. The Combined Entity will continue the current Healthcare Services and programs of both Parties following the Merger. While the Combined Entity Board of Trustees subsequently may modify its services and programs based on community needs and available resources, the Parties envision that by creating a combined organization that can utilize resources and deliver services more effectively and efficiently, the Combined Entity will be able to improve the quality of such services and potentially expand them in the future.

1.4 Respect for Parties: Heritage: Integration into a Combined Entity. Although for legal reasons CNHVNAH is merging into CRVNA in accordance with the requirements of New Hampshire law, the Parties envision that the surviving corporation will operate as an integrated entity that will be respectful of the identity and heritage of each of the Parties. The Parties expect that, after the Integration Period described below, the Combined Entity will have evolved into a unified entity pursuing its charitable mission without the need to maintain separate powers or protections for its founders. Operationally, this will not be a merger by which one organization subsumes and extinguishes another, but instead will be the integration of two home health and hospice licensed agencies with comparable missions to create one strong and vibrant home health and hospice agency, while preserving their respective charitable pursuits.

## **2. GUIDING PRINCIPLES**

2.1 Commitment to Health Care Needs of the Community. The healthcare needs of the communities served by the Parties are paramount, and the Combined Entity will be designed and operated to best address the needs of the residents of the communities being served. Healthcare Services and programs will continue to be provided in a manner consistent with the combined charitable mission of the Parties as set forth in the Articles of Agreement of the Combined Entity.

2.2 Commitment to Quality, Effective, and Efficient Services through Integration. Through this Merger, the Parties seek to provide the highest achievable quality and most effective Healthcare Services in an efficient manner by integrating the services provided by, and

the governance, administration and operations of, the Parties. Future programmatic and service delivery decisions will be consistent with this goal, subject to limitations imposed by economic conditions, resources, funding and applicable laws and regulations.

2.3 Furtherance of the Parties' Charitable Missions. The Parties have acknowledged the compatibility of their missions and the furtherance of those missions by the Combined Entity.

2.4 Compliance with Applicable Charitable and Tax-Exempt Requirements. The Combined Entity at all times will be operated in a matter consistent with the combined charitable missions of the Parties as stated in the Combined Entity's amended Articles of Agreement, and it will not be required to take any action pursuant to this Agreement which may impair or jeopardize its tax-exempt or public charity status under federal income tax law, or its charitable status under state law.

2.5 Commitment to Unified Entity and Fiduciary Duties. While remaining respectful of the identity and heritage of each organization, the Parties are committed to creating a unified entity as described in Section 1.4 above. Particularly during the Integration Period described below, the trustees of the Combined Entity are encouraged to share their perspectives and histories for the enrichment of discussion at Board of Trustees meetings. In furtherance of their fiduciary duties of loyalty and due care, however, the trustees of the Combined Entity ultimately will make informed decisions which, in their collective judgment, are in the best interests of the Combined Entity and its mission.

### **3. DESCRIPTION OF MERGER**

The Parties agree to take, or cause to be taken, the following actions to create the Combined Entity:

3.1 Legal Merger. As of the Merger Date (as defined in Section 3.1.7 below), CRVNA and CNHVNAH will be merged and CRVNA will be the legal surviving corporation under New Hampshire RSA 292:4. Simultaneously with the Merger on the Merger Date, however, the CRVNA Articles of Agreement and Bylaws will be amended to reflect the revised, combined governance and management structure described below, and the merged entity will be re-named as mutually agreed by the Parties before the Merger Date. The integrated entity which is the surviving corporation under the Merger is referred to in this Agreement as the "Combined Entity".

3.1.1 *Continued Existence and Effect.* Except as specifically provided in this Agreement the corporate existence of the Combined Entity, with all its powers and rights, will continue unaffected and unimpaired by the Merger.



3.1.2 *Assets of CRVNA and CNHVNAH.* As of the Merger Date and without any further action or conveyance, the Combined Entity will succeed to all rights and interests, and will become the holder or record title to all of the property (real, personal, and mixed), of the Parties and CNHVNAH will not retain any rights or reversionary interests regarding such assets. Pursuant to the Merger, the Combined Entity will honor, assume responsibility for, and continue the maintenance, support, preservation and management of any assets of the Parties that are donor-restricted. The Parties also agree that any board restricted or other operating reserves existing on the Merger Date will be identified by each Party in a schedule to be delivered at closing (the “Pre-Merger Operating Reserves”), and the Combined Entity will use the Pre-Merger Operating Reserves only for the communities served by the Party which accumulated such Pre-Merger Operating Reserves before the Merger Date. Neither Party will permit its Board of Trustees to impose any designations or restrictions upon its unrestricted assets prior to the Merger Date. Pursuant to its Articles of Agreement and applicable law and subject to the foregoing restriction on Pre-Merger Operating Reserves, the Combined Entity will utilize its combined assets and resources in furtherance of the combined mission of the Parties.

3.1.3 *Debts and Claims of CRVNA and CNHVNAH.* All debts, obligations and liabilities of the Parties, in addition to all rights, privileges, powers and defenses of the Parties, automatically will vest in the Combined Entity of the Merger Date.

3.1.4 *Accounting Treatment.* The assets, liabilities and surplus of the Parties will be reflected on the books of the Combined Entity in accordance with generally accepted accounting principles. Nothing in this Agreement will prevent the Board of Trustees of the Combined Entity from making any future changes in its accounts to the extent required by applicable law or to conform to sound financial practices.

3.1.5 *Principal Place of Business of Surviving Corporation; Commitment to Three Principal Offices.* As of the Merger Date, the legal address of the Combined Entity will be 30 Pillsbury Street, Concord, New Hampshire 03301. The Combined Entity Board will endeavor to maintain at least three principal places of business, one in the Capital Region area and the other two in the Lakes Region area, so that the communities in the Parties’ existing service areas will continue to be served by the Combined Entity.

3.1.6 *Trade Names.* From and after the Merger Date, the Combined Entity may register and conduct business under the names of either or both Parties as trade names if a new name is chosen for the Combined Entity by the Trustee Workgroup.

3.1.7 *Merger Date.* The Merger will become effective upon the filing of a Certificate of Merger with the New Hampshire Secretary of State as described in Section

4.1 below, which filing will occur within thirty (30) days of the date on which all of the conditions precedent to the Merger under this Agreement have been satisfied, or such other date as may be agreed upon the Parties (the “Merger Date”). The Parties’ goal is to complete the Merger by December 31, 2020.

3.2. Mission Statement. Prior to the Merger Date, the Trustee Workgroup will prepare a unified statement of the corporate purposes and mission statement of the Combined Entity, which combines the existing mission statement of each Party for submission to each Party’s board of trustees for approval prior to the Merger Date. Upon approval by both Parties, the unified mission statement will be attached as Exhibit A by an amendment to this Agreement and set forth in the amended Articles of Agreement of the Combined Entity to guide its activities and the decisions of its Board of Trustees.

3.3. Endowment and Investment Policies. As of the Merger Date, the Combined Entity will adopt, in its discretion, any necessary or desirable provisions of the endowment spending policy and investment policy of CNHVNAH as an addition to CRVNA’s endowment spending policy and investment policy (the “Combined Endowment and Investment Policies”).

3.4 Combined Entity Board of Trustees. The Parties will work collaboratively through the Trustee Workgroup to establish an initial board of trustees of the Combined Entity (the “Combined Entity Board”). To ensure that the Combined Entity Board adequately reflects the Parties’ intent to form an integrated organization which respects each Party’s heritage and identity, and to provide each Party with meaningful representation, the Combined Entity Board initially will be comprised of twenty-one (21) voting trustees, fourteen (14) of whom will be nominated by CRVNA (the “CRVNA Nominees”) and seven (7) of whom will be nominated by CNHVNAH (the “CNHVNAH Nominees”). Each Party will review its current trustees to determine their current terms and expertise and will identify a list of nominees for election to the Combined Entity Board in accordance with Section 3.6 below. The Combined Entity Chief Executive Officer will serve on the Combined Entity Board *ex officio*, without voting rights.

3.5 Board Composition. The Parties desire that the Combined Entity Board will reflect, over time, the diversity of the communities served and be composed of members diverse in age, ethnicity, gender, experience and skills. After the nomination of the initial board of trustees of the Combined Entity, which will be attached as Exhibit B by an amendment to this Agreement, subsequent trustees will be nominated by a nominating committee formed under the Combined Entity Bylaws (as described below) and elected by the Combined Entity Board. If, during the Integration Period defined in Section 3.7 below, any CRVNA or CNHVNAH Nominee serving on the Combined Entity Board resigns, is removed or otherwise is unable to complete his or her term, then the remaining Nominees of the organization with which the Nominee is associated will nominate a successor, and the Combined Entity Board shall vote to approve such nomination or re-elect (as the case may be) his or her successor.

3.6. Election Process; Officers of the Combined Entity.

3.6.1. *Initial Board.* Prior to the Merger Date, the Trustee Workgroup will serve as an *ad hoc* nominating committee for purposes of nominating the slate of directors for the initial Combined Entity Board to be approved by the existing board of trustees of each of CRVNA and CNHVNAH. The Trustee Workgroup also will stagger the terms of the initial Combined Entity Board so that roughly 1/3 of the Board is subject to re-election or replacement each year beginning on the expiration of the Integration Period, as shown on Exhibit B. After the Merger, the Combined Entity Bylaws will require the establishment of a nominating committee which initially, and throughout the Integration Period, will be comprised of a representative number of CRVNA Trustees and CNHVNAH Trustees, respectively.

3.6.2. *Initial Officers.* The Trustee Workgroup will nominate from among the CRVNA Nominees and CNHVNAH Nominees a slate of Board officers to be elected by the Combined Board as soon as possible after the Closing. The initial officers of the Combined Entity will serve for a term of two (2) years, and at least one officer will be a CNHVNAH Nominee. The Chairs of CRVNA and CNHVNAH as of the Effective Date shall serve as *ex-officio* voting members of the Combined Entity Board's Executive Committee during the Integration Period.

3.7 Integration Period. The Parties envision that over a period of twenty four (24) months following the Merger Date (the "Integration Period"), their respective missions, resources, leadership, clinical practices, administrative policies, and staff will become fully-integrated in the Combined Entity.

3.8 Governance Decisions Requiring Supermajority Approval by the Board. To help further the vision described in Section 1 above, the following decisions of the Combined Entity Board will require an affirmative vote of three-fourths (3/4) of the members of the Combined Entity Board entitled to vote (and not simply three-fourths of the trustees participating in a meeting at which a quorum is present) ("by supermajority vote"):

3.8.1. *Capital Expenditures; Debt.* Any unbudgeted capital expenditure or incurrence of debt, either in a singular instance or in a series of related transactions, in excess of \$100,000;

3.8.2. *Material Change in Clinical Services/Programs.* Except for actions necessitated by regulatory requirements, the material expansion or contraction of any clinical services or programs of the Combined Entity;

3.8.3. *Principal Office and Location or Closure, Geographic Change in Service Area.* The relocation or closure of any principal office or any existing principal clinical

facility of either Party, or the expansion or contraction of the current service areas of CRVNA and CNHVNAH, respectively;

3.8.4 *Corporate Reorganization.* The merger or reorganization of the Combined Entity with another organization, or the substitution or elimination of the existing sole corporate member of the Combined Entity;

3.8.5 *Dissolution.* The dissolution or other cessation of operations of the Combined Entity; and

3.8.6 *Amendment to Governing Documents.* Any amendment to the Articles of Agreement or Bylaws of the Combined Entity which modifies or removes these supermajority voting provisions.

3.9 Decisions Requiring a Supermajority Vote of the Combined Entity Board Only During Integration Period. To ensure that the Parties honor their commitment to respect each other's identity and heritage, the following actions of the Combined Entity Board will require a supermajority vote of its trustees for approval but only during the Integration Period;

3.9.1 *Hiring and Termination of Chief Executive Officer.* The hiring, evaluation, compensation and/or termination of the Combined Entity's Chief Executive Officer;

3.9.2 *Budgets.* The approval of operating and capital budget for the Combined Entity and its related operations and any proposed deviations in excess of \$100,000 from such budgets; and

3.9.3 *Endowment and Investment Policies.* A material change in the Combined Endowment and Investment Policies.

3.10 Combined Entity Articles of Agreement and Bylaws. After the Effective Date and before the Merger Date, the Trustee Workgroup will review the governance documents of each Party and will propose amendments to the Articles of Agreement and Bylaws of CRVNA which (a) incorporate the governance and related provisions of this Agreement, or (b) facilitate the integration of the governance of the Combined Entity. The proposed amendments to the CRVNA Articles of Agreement (the "Combined Entity Articles") and to the CRVNA Bylaws (the "Combined Entity Bylaws") will be approved by the board of trustees of each Party and appended to this Agreement as Exhibit E and Exhibit F, respectively.

3.11 Senior Management. The Combined Entity will utilize a single Chief Executive Officer in recognition that the Parties will have combined their operations and to experience the efficiencies of such combination. Beth Slepian will serve as the initial Chief Executive Officer of the Combined Entity and Lisa Dupuis will serve as the initial Chief Operating Officer of the Combined Entity. The Parties also agree that Ms. Slepian and Ms. Dupuis will develop an integration plan for the senior leadership of the Combined Entity (the "Senior Leadership Plan").

The Senior Leadership Plan will consider the experience and skills of the existing senior management of each of CRVNA and CNHVNAH, and will be presented to the Trustee Workgroup before the Merger Date for input.

#### **4. IMPLEMENTATION OF MERGER.**

4.1 Plan and Certificate of Merger. Following the satisfaction of the conditions described in Section 4.3 below and on or prior to the Merger Date, and in conjunction with its final approval of the Merger Agreement, the board of trustees of CNHVNAH and the board of trustees of CRVNA will approve the Plan of Merger substantially in the form attached as Exhibit C. On the Merger Date, CRVNA will file a Certificate of Merger with the New Hampshire Secretary of State substantially in the form attached as Exhibit D.

4.2 Amendments to CRVNA Organizational Documents. Following the satisfaction of the conditions described in Section 4.3 below and on or prior to the Merger Date, CRVNA will file with the New Hampshire Secretary of State, the Clerk of the City of Concord, New Hampshire, and the Clerk of the City of Laconia, New Hampshire, the amended and restated Articles of Agreement and Bylaws of CRVNA in the form of the Combined Entity Articles and Combined Entity Bylaws attached Exhibit E and Exhibit F, respectively.

4.3 Conditions to Closing. The obligation of the Parties to effect the Merger as described above is conditioned expressly upon the satisfaction of the following conditions:

4.3.1 *Receipt of Regulatory Approvals.* The receipt of all applicable regulatory approvals, including but not limited to the approval of the New Hampshire Director of Charitable Trusts under the so-called "Change of Control" provisions of RSA 7:19-b, and review by the New Hampshire Attorney General, Consumer Protection and Antitrust Review.

4.3.2 *Remaining Due Diligence Matters.* The completion by each Party, and receipt of satisfactory results, of due diligence into various operational, legal, financial, tax, administrative, political and other issues and matters which may impact the successful consummation of the Merger. The Parties agree to conduct such diligence as promptly as possible, and in any event prior to the Merger Date.

4.3.3 *Additional Board Votes.* To the extent that any material modifications are required to this Agreement or any of the documents attached as exhibits as a result of the regulatory review and/or public hearings under RSA 7:19-b, then such modifications must be approved and this Agreement ratified by the respective boards of CNHVNAH and CRVNA.

4.3.4 *Capital Region Health Care Corporation Approval.* The receipt of the approval of Capital Region Health Care Corporation, the sole corporate member of CRVNA.

4.3.5 *Third Party Consents.* The receipt of any required third-party consent under any material agreement or commitment, including but not limited to financing arrangements.

## 5. MANAGING THE PARTIES' RELATIONSHIP

5.1 Representations and Warranties. Each Party represents to the other, which representations will be deemed re-affirmed as of the Merger Date, as follows:

5.1.1 *Organization and Standing.* The Party has been duly organized under the laws of the State of New Hampshire as a nonprofit corporation and is in good standing under those laws.

5.1.2 *Corporate Action.* The Party has taken all necessary corporate action and has obtained, or by the Merger Date will have obtained, all necessary licenses, permits and approvals in order to execute this Agreement and perform or satisfy any undertaking herein contained.

5.1.3 *Authorization.* The Party has full and complete right, power and authority to execute this Agreement and to carry out the Merger subject to the conditions stated herein. This Agreement constitutes a legal, valid and binding obligation, of the Party in accordance with its terms.

5.1.4 *Restrictions. Consent of Third Parties.* Subject to the procurement of any necessary third party consents, the execution by the Party of this Agreement and the performance or satisfaction of any undertaking will not violate any provision of the Party's organizational documents, any contract, agreement or regulatory ruling or condition by which the Party is obligated or any provisions of applicable law. Attached as Schedule 5.1.4 is a list of any third party consents which must be obtained before Closing.

5.1.5 *Home Health, Home Care, and Home Hospice Care Provider Status.* The Party is licensed under the New Hampshire Administrative Rules as a home health and hospice agency under PART He-P 809, with respect to CRVNA only a home care service provider under PART He-P 822, and a home hospice care provider under PART He-P 823, and is organized and operated in such a manner as to meet all applicable statutory and regulatory requirements imposed on such licensees.

5.1.6 *Tax Status.* The Party is qualified as a tax-exempt 501(c)(3) corporation and a 509(a) public charity pursuant to the Internal Revenue Code of 1986, as amended.

5.1.7 *Financial Statements and Condition.* The Party has furnished its most recent audited financial statements together with the report of its independent accountants pertaining to said financial statements. Such financial statements present fairly the financial condition and the results of the operations of the Party at the dates thereof, using generally accepted-accounting principles consistently applied. Since the above date, there has been (i) no material adverse change in the financial condition or business of the Party; (ii) no material loss, destruction or damage to the properties of the Party; and (iii) no agreement, contract or commitment has been entered into or agreed to be entered into except for those in the ordinary course of business or as has been otherwise disclosed to the other Party in writing.

5.1.8 *Taxes.* The Party has filed all tax returns it is required by the United States Government and by the State of New Hampshire to file, and all taxes, assessments and other governmental charges due from the Party have been duly paid, other than taxes or charges which are not yet due and have been properly accrued on the books.

5.1.9 *Legal Proceedings.* [Except as disclosed on the attached Schedule 5.1.9,] There are no suits, actions, claims, proceedings (including, without limitation arbitration or administrative proceedings) or investigations pending against the Party or the properties, assets, or business thereof, or against any of its officers, trustees, employees, agents or consultants in connection with the business of the Party, and to their knowledge, there are no threatened suits, actions, claims, proceedings (including, without limitation arbitration or administrative proceedings) or investigations against the Party or its properties, assets or business.

5.1.10 *Contracts and Commitment, etc.* The Party has disclosed, or during the due diligence period will disclose, all material contracts to which it is a party. The Party has performed all obligations required to be performed by it to date and is not in default under and no event has occurred which, with the lapse of time or notice by a third party, or both, could result in a default by such Party under any outstanding mortgage, contract, lease or other agreement to which the Party is a party or by which the Party is bound.

5.1.11 *Insurance.* The Party has maintained and will continue to maintain until the Merger Date its usual and customary property, casualty, liability, extended coverage, and other insurance, including without limitation, insurance on the Party's tangible personal property and realty, whether owned or leased, against loss or damage by fire or other casualty, in amount equal to or in excess of one hundred percent (100%) of the replacement value thereof, subject to current deductibles; all such insurance is in full force and effect on the Effective Date of this Agreement, is carried in reputable companies authorized to do business in New Hampshire, and is in amounts and with coverages normally and customarily carried by similar businesses in New Hampshire.

5.1.12 *Opportunity for Due Diligence.* The Party has had full opportunity to conduct due diligence regarding legal, financial, operational, regulatory, clinical and other matters pertaining to the other Party specifically, and the Merger generally, and the completion by the Party of the actions described in Section 4 above will be conclusive evidence that the results of such diligence are satisfactory to the Party.

5.2 *Trustee Workgroup.* The Trustee Workgroup will continue in existence after the execution of this Agreement until the Merger Date and will assist the Parties as reasonably necessary to complete the actions needed to consummate the Merger, as contemplated under Sections 3.2 through 3.6 above. The Trustee Workgroup also will oversee in an advisory capacity senior management's preparation and planning for the integration activities outlined in Section 3.7 above. The Trustee Workgroup will ensure that such management activities include planning for the integration of: the clinical and administrative practices and policies; patient records of the Parties; the clinical and administrative staff; and operational practices and policies of the Parties.

### 5.3 Confidentiality: Public Communications

5.3.1. *Confidentiality.* Except as and to the extent required by law, the Parties will not disclose or use, and will direct their representatives not to disclose or use to the detriment of the disclosing Party, any Confidential Information (as defined herein) with respect to the disclosing Party furnished by it or its representatives to the receiving Party or its representatives at any time or in any manner other than in connection with the transactions contemplated by this Agreement. For purposes of this paragraph, "Confidential Information" means any information stamped "confidential" or identified in writing as such by the disclosing Party to the receiving Party promptly following its disclosure, unless (a) such information is already known to the receiving Party or its representatives, (b) the use of such information is necessary or appropriate in making any filing or obtaining any consent or approval required for the consummation of the transaction, or (c) the furnishing or use of such information is required by or necessary or appropriate in connection with legal proceedings. Upon the written request of the disclosing Party, the receiving Party will promptly return any Confidential Information furnished to it or its representatives, and will not retain any copies, reproductions or extracts thereof and will certify in writing to the disclosing that it has done so.

5.3.2. *Public Relations.* Notwithstanding the above, the Parties may disclose the terms of the Merger to any regulatory authority but only as necessary to obtain requisite approvals, and only upon prior consultation with each other regarding the content and timing of such disclosure. Any press release or other communication to the public will be agreed upon in advance by the Parties.

### 5.4. Concerns: Conflict Resolution.



5.4.1. *Prior to Merger Date.* Prior to the Merger Date, each Party agrees to inform the other promptly of any concerns or of any circumstances which may impair the Party's performance of its obligations under this Agreement. The Parties agree to refer any such matters to the Trustee Workgroup to discuss and seek to resolve any such concerns promptly and in good faith.

5.4.2. *Following Merger Date and During Integration Period.* After the Merger Date and during the Integration Period, the Combined Entity Board will use its best efforts to operate the Combined Entity in accordance with the applicable organizational documents and in furtherance of the vision and purpose described in Section 1 above. Any concerns or disagreements among the members of the Combined Entity Board will be addressed promptly in good faith and through the application of the guiding principles described in Section 2 above.

#### 5.5. Duration of Merger.

5.5.1. *Perpetual Existence of the Combined Entity.* CNHVNAH and CRVNA have expended considerable resources to effect this Merger and, therefore, the Parties expect that their combination as embodied in the Combined Entity will continue in perpetuity.

5.5.2. *Reorganization or Dissolution During Integration Period (Un-Winding).* Notwithstanding the foregoing, if either of the following events occurs during the Integration Period, then the Combined Entity Board will dissolve or reorganize the Combined Entity and seek to un-wind the Merger as described below: (a) a subsequent and material change in applicable laws or regulations which prohibit or substantially impair the ability of the Combined Entity to effect the mutual vision and purpose of the Merger contemplated under Section 1 above; or (b) the determination by the Combined Board by a supermajority vote (as described in Section 3.8 above) that such mutual vision and purpose is unlikely to be furthered or achieved by the Combined Entity.

5.5.2.1. *Returning the Parties to the Status Quo Ante.* The Combined Board will devise a plan of reorganization for Combined Entity that seeks to re-establish the separate and independent corporate identities of the Parties. In allocating assets and liabilities to the re-constituted Parties under the plan of reorganization, the Combined Entity Board will consider the respective assets and liabilities of the Parties as of the Merger Date; and any subsequent actions taken jointly in furtherance of this Agreement, including, but not limited to, the acquisition of property, the incurrence of debt and the entry into contracts with third parties, and will endeavor as nearly as practicable under the circumstances present at the time of the termination event to restore the Parties to their respective rights, titles and interests and financial condition which they each enjoyed immediately prior to the Merger Date. To the

extent one Party has agreed to pay expenses of the other Party with respect to the Merger itself, such expenses will be part of the financial reconciliation. All expenses incurred by the Parties on or after the Merger Date will be shared equally by the Parties.

*5.5.2.2. Cooperation; Non-Solicitation/Interference; Non-Disparagement.* The members of the Combined Entity Board agree promptly and in good faith to extend such cooperation with each other, execute such instruments and generally take such action as may be needed to formulate and implement the plan of reorganization of the Combined Entity and the resulting unwinding of the Merger. Following the reorganization, each Party agrees that it will not (a) interfere with the relationships between the other Party and any of its trustees, officers, managers, employees or agents, and third-party vendors; (b) disparage the other Party; or (c) use or disclose any Confidential Information of the Other Party.

5.6 No Assignment. The identity of the Parties is an essential element of their relationship, and so neither Party may assign its rights or duties under this Agreement without the other Party's prior written consent.

5.7 Application of Legal Principles. The following legal principles will apply to the interpretation of this Agreement and the Parties' actions under it.

*5.7.1. Choice of Law and Jurisdiction.* This Agreement and the obligations of the Parties under it will be governed by and interpreted under New Hampshire law. Any legal action will be brought and conducted in a New Hampshire court with appropriate jurisdiction over the dispute, and any choice of law provisions to the contrary will not apply.

*5.7.2 Waiver.* A waiver of any right under this Agreement will be effective only if it is written and signed by the waiving Party, and no waiver of any right will be deemed to be a waiver of any future right under this Agreement.

*5.7.3 Integration.* This Agreement including all exhibits, which are incorporated herein by reference, represents the entire understanding and agreement between the parties and supersedes all prior negotiations, representations and agreements, both written and oral, made by and between them. This Agreement may be amended or modified only by a written document signed by the Parties.

*5.7.4 No Third-Party Beneficiaries.* No person, organization or other party not a signatory to this Agreement will be regarded as a beneficiary of its terms or will have the standing or right to enforce any of the provisions of this Agreement.

5.7.5. *Severability.* If any particular provision of this Agreement is determined to be invalid or illegal, it will not affect the other provisions of this Agreement; instead, the Agreement will be construed as if the invalid or unenforceable provisions were limited to the fullest extent permitted by law and consistent with the spirit and intention of this Agreement.

5.7.6 *Availability of Rights and Remedies.* Nothing in this Agreement is intended to limit the nature or extent of legal or equitable rights and remedies available to the Parties under New Hampshire law. The Parties agree that non-performance of this Agreement cannot be remedied by monetary damages, and that the equitable remedy of specific performance should be available to them as an appropriate remedy.

5.7.7. *Headings.* The headings used in this Agreement will not in any way be construed to limit or alter the meaning of any provision.

5.7.8. *Counterparts.* This Agreement may be executed in any number of counterparts, and each counterpart will be deemed to be an original instrument, but all such counterparts together will constitute one Agreement.

5.8. Provisions Surviving Effective Date. The Parties intend that this Agreement will guide their future actions regarding the Merger until the expiration of the Integration Period, and thus its provisions will survive for a period of twenty-four (24) months following the Merger Date. If and to the extent there is an inconsistency or conflict in the terms or operation of this Agreement with the terms or operation of Articles of Agreement and Bylaws of the Combined Entity, then the terms or operation of this Agreement will govern.

*[The Remainder of this Page Intentionally is Left Blank]*

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their duly authorized officers.

**CONCORD REGIONAL  
VISITING NURSE ASSOCIATION,  
INC.**

Madaline Holmes  
Witness

By: McDon J. Severance III  
Name: McDon J. Severance  
Title: Board Chair

**CONCORD REGIONAL  
VISITING NURSE ASSOCIATION,  
INC.**

Madaline Holmes  
Witness

By: Beth J. Slepian  
Name: Beth J. Slepian  
Title: President/CEO

**CENTRAL NEW HAMPSHIRE  
VNA & HOSPICE**

\_\_\_\_\_  
Witness

By: \_\_\_\_\_  
Name:  
Title: Board Chair

**CENTRAL NEW HAMPSHIRE  
VNA & HOSPICE**

\_\_\_\_\_  
Witness

By: \_\_\_\_\_  
Name:  
Title: Chief Executive Officer

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their duly authorized officers.

**CONCORD REGIONAL  
VISITING NURSE ASSOCIATION,  
INC.**

\_\_\_\_\_  
Witness

By: \_\_\_\_\_  
Name:  
Title: Board Chair

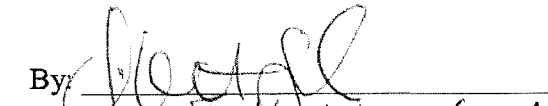
**CONCORD REGIONAL  
VISITING NURSE ASSOCIATION,  
INC.**

\_\_\_\_\_  
Witness

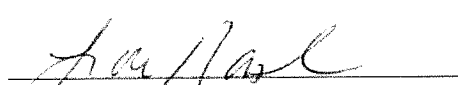
By: \_\_\_\_\_  
Name:  
Title: President/CEO

**CENTRAL NEW HAMPSHIRE  
VNA & HOSPICE**

  
\_\_\_\_\_  
Witness

By:   
Name: J. Kristen Cardiner  
Title: Board Chair

**CENTRAL NEW HAMPSHIRE  
VNA & HOSPICE**

  
\_\_\_\_\_  
Witness

By:   
Name: Lisa Dupuis  
Title: Chief Executive Officer

STATE OF NEW HAMPSHIRE  
COUNTY OF Merrimack

The foregoing instrument was acknowledged before me this 7 day of July, 2020 by MELVIN SEVERANCE duly authorized Board Chair of Concord Regional Visiting Nurse Association, Inc., a New Hampshire non-profit corporation, on behalf of the corporation.

Mary Mosseau  
Notary Public  
My Commission Expires:

MARY MOSSEAU, Notary Public  
State of New Hampshire  
My Commission Expires June 6, 2023

STATE OF NEW HAMPSHIRE  
COUNTY OF Merrimack

The foregoing instrument was acknowledged before me this 7 day of July, 2020 by MELVIN SEVERANCE duly authorized President/CEO of Concord Regional Visiting Nurse Association, Inc., a New Hampshire non-profit corporation, on behalf of the corporation.

Mary Mosseau  
Notary Public  
My Commission Expires:

MARY MOSSEAU, Notary Public  
State of New Hampshire  
My Commission Expires June 6, 2023

STATE OF NEW HAMPSHIRE  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of July, 2020 by \_\_\_\_\_ duly authorized Board Chair of Central New Hampshire VNA & Hospice, a New Hampshire non-profit corporation, on behalf of the corporation.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

STATE OF NEW HAMPSHIRE  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of July, 2020 by \_\_\_\_\_ duly authorized Board Chair of Concord Regional Visiting Nurse Association, Inc., a New Hampshire non-profit corporation, on behalf of the corporation.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

STATE OF NEW HAMPSHIRE  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of July, 2020 by \_\_\_\_\_ duly authorized President/CEO of Concord Regional Visiting Nurse Association, Inc., a New Hampshire non-profit corporation, on behalf of the corporation.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

STATE OF NEW HAMPSHIRE  
COUNTY OF Belknap

The foregoing instrument was acknowledged before me this 6 day of July, 2020 by J. Kristen Gardiner duly authorized Board Chair of Central New Hampshire VNA & Hospice, a New Hampshire non-profit corporation, on behalf of the corporation.

Heidi L Walker  
Notary Public  
My Commission Expires:

**HEIDI L. WALKER, Notary Public**  
**State of New Hampshire**  
**My Commission Expires September 27, 2022**

STATE OF NEW HAMPSHIRE  
COUNTY OF Belknap

The foregoing instrument was acknowledged before me this 6 day of  
July, 2020 by Lisa Dupuis duly authorized Chief  
Executive Officer of Central New Hampshire VNA & Hospice, a New Hampshire non-profit  
corporation, on behalf of the corporation.

Heidi L Walker  
Notary Public  
My Commission Expires:

HEIDI L. WALKER, Notary Public  
State of New Hampshire  
My Commission Expires September 27, 2022



**EXHIBIT A**

**Combined Mission Statement**

*[To Be Completed and Attached Before Merger Date]*

**EXHIBIT B**

**Initial Combined Entity Board of Trustees**

*[To Be Completed and Attached Before Merger Date]*

## EXHIBIT C

### PLAN OF MERGER

This PLAN OF MERGER (the "Plan of Merger") is made by and between **Central New Hampshire VNA & Hospice**, a New Hampshire non-profit, voluntary corporation with a principal place of business at 780 N. Main Street, Laconia, New Hampshire 03246 ("CNHVNAH") and **Concord Regional Visiting Nurse Association, Inc.**, a New Hampshire non-profit, voluntary corporation with a principal place of business at 30 Pillsbury Street, Concord, New Hampshire 03301 ("CRVNA") (each of CNHVNAH and CRVNA is referred to as a "Party" and collectively they are referred to as the "Parties").

WHEREAS, the respective Boards of Trustees of CNHVNAH and CRVNA have determined that it would be in their respective interests to merge their organizations into a single combined entity, with CRVNA being the surviving entity under the new name of [ ] (the "Surviving Corporation"); and

WHEREAS, the terms of such merger are set forth in a certain Merger Agreement between the parties dated as of [ ], 2020 (the "Merger Agreement"), and the Parties wish to set forth the plan for effecting the merger in accordance with the Merger Agreement;

NOW, THEREFORE, in consideration of the undertakings contained in this Plan of Merger and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. **MERGER.** The Parties will be merged pursuant to New Hampshire RSA 292:7 (the "Merger"). The Surviving Corporation will survive the Merger and will continue to be a non-profit, voluntary corporation governed by the laws of the State of New Hampshire.

2. **EFFECTIVE DATE AND TIME.** The Merger will become effective for tax and other purposes at 12:01 a.m. on [ ], 2020 (the "Effective Date"), even if, for any reason, the requisite public filings with respect to the Merger should occur on some other date. The Parties will make the filing required by RSA 292:7 with the New Hampshire Secretary of State and any other required filings, which filings may be made prior to the Effective Date.

3. **SUCCESSION.** On the Effective Date, the Surviving Corporation will succeed to all of the rights, privileges, debts, liabilities, powers and property of CNHVNAH. Without limiting the foregoing, on the Effective Date, all real property, personal property, rights (including without limitation beneficial rights under testamentary or other gifts -- or other conditional rights -- which have not yet vested), privileges, franchises, patents, trademarks, licenses, registrations, and other assets of every kind and description of CNHVNAH will be transferred to and vested in the Surviving Corporation without further act, instrument or deed. CNHVNAH will not retain any rights or reversionary interests regarding such assets. The Surviving Corporation will adhere to, assume responsibility for, and continue the maintenance, support, preservation and management of, any board restricted or other operating reserves of CNHVNAH or the Surviving Corporation. Specifically, any board restricted or other operating reserves of CNHVNAH existing as of the Effective Date will continue to be used after the Effective Date for programming and related uses in CNHVNAH's historic service area. All rights of the creditors of CNHVNAH and all liens upon any property of CNHVNAH will be preserved unimpaired, and all debts,

liabilities and duties of CNHVNAH will attach to the Surviving Corporation and may be enforced against it to the same extent as if said debts, liabilities and duties had been incurred or contracted by it.

4. FURTHER ASSURANCES. From time to time, as and when required by the Surviving Corporation or by its successors and assigns, there will be executed and delivered on behalf of the Parties such deeds and other instruments, and there will be taken or caused to be taken on behalf of each of them such further and other action, as will be appropriate or necessary in order to vest or perfect in or to confirm of record or otherwise in the Surviving Corporation the title to and possession of all the property, interests, assets, rights, privileges, immunities, powers, franchises and authority of the Parties, and otherwise to carry out the purposes of this Plan of Merger, and the officers and trustees of the Parties are fully authorized in the name and on behalf of the Parties or otherwise to take any and all such action and to execute and deliver any and all such deeds and other instruments.

5. AMENDMENT AND TERMINATION. This Plan of Merger may be amended or terminated by mutual written agreement of the Parties at any time prior to the Effective Date.

6. COUNTERPARTS. This Plan of Merger may be executed in any number of counterparts, each of which will be deemed to be an original and together will constitute a single instrument.

IN WITNESS WHEREOF, each of the Parties has caused this Plan of Merger to be executed and attested on its behalf by its duly-authorized officers.

CENTRAL NEW HAMPSHIRE VNA &  
HOSPICE

\_\_\_\_\_  
Witness

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_, duly authorized.

CONCORD REGIONAL VISITING NURSE  
ASSOCIATION, INC.

\_\_\_\_\_  
Witness

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_, duly authorized.

STATE OF NEW HAMPSHIRE

\_\_\_\_\_, SS.

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 2020 by \_\_\_\_\_, duly authorized \_\_\_\_\_ of **Central New Hampshire VNA & Hospice**, a New Hampshire voluntary corporation, on behalf of the corporation.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

STATE OF NEW HAMPSHIRE

\_\_\_\_\_, SS.

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 2020 by \_\_\_\_\_, duly authorized \_\_\_\_\_ of **Concord Regional Visiting Nurse Association, Inc.**, a New Hampshire voluntary corporation, on behalf of the corporation.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

**EXHIBIT D**

**STATE OF NEW HAMPSHIRE**

Recording fee: \$25.00

RSA 292:7

**CERTIFICATE OF MERGER OF DOMESTIC VOLUNTARY CORPORATIONS**

**CENTRAL NEW HAMPSHIRE VNA & HOSPICE**  
(Merged Corporation)

**INTO**

**CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.**  
(Surviving Corporation)

PURSUANT TO THE PROVISIONS OF NEW HAMPSHIRE RSA 292:7, THE UNDERSIGNED CORPORATIONS CERTIFY THAT THE FOLLOWING RESOLUTIONS WERE ADOPTED FOR THE PURPOSE OF MERGING THE MERGED CORPORATION INTO THE SURVIVING CORPORATION, EFFECTIVE [ ] [ ], 2020 at 12:01 AM:

1. The following resolution was adopted by the Board of Trustees of Central New Hampshire VNA & Hospice on [ ] [ ], 2020 in [ ], New Hampshire in the manner prescribed by New Hampshire law and the corporation's bylaws:

*RESOLVED: That Central New Hampshire VNA & Hospice (the "Corporation") approves the Plan of Merger regarding the merger of the Corporation with and into Concord Regional Visiting Nurse Association, Inc., in the form presented to the Board of Trustees, which Plan of Merger is in the best interests of the Corporation.*

2. The following resolution was adopted by the Board of Directors of Concord Regional Visiting Nurse Association, Inc. on [ ] [ ], 2020 in [ ], New Hampshire in the manner prescribed by New Hampshire law and the corporation's bylaws:

*RESOLVED: That Concord Regional Visiting Nurse Association, Inc. (the "Corporation") approves the Plan of Merger regarding the merger of Central New Hampshire VNA & Hospice, with and into the Corporation, in the form presented to the Board, which Plan of Merger is in the best interests of the Corporation.*

3. Attached is the Plan of Merger adopted by the Boards of Trustees of each of the corporations.

We, the undersigned, being the chief executive officer and president, respectively, of each of the above-named New Hampshire nonprofit corporations, do hereby certify that the foregoing resolutions approving the merger of the corporations, and the attached Plan of Merger, were duly and lawfully adopted and remain in full force and effect.

CENTRAL NEW HAMPSHIRE VNA &  
HOSPICE

DATE: [\_\_\_\_\_] [\_\_], 2020

\_\_\_\_\_  
By: Lisa Dupuis  
Its Chief Executive Officer, duly authorized

CONCORD REGIONAL VISITING NURSE  
ASSOCIATION, INC.

DATE: [\_\_\_\_\_] [\_\_], 2020

\_\_\_\_\_  
By: Beth J. Slepian  
Its President/CEO, duly-authorized

**EXHIBIT E**

**Amended Articles of Agreement of CRVNA (Combined Entity)**

*[To Be Completed and Attached Before Merger Date]*



**EXHIBIT F**

**Amended and Restated Bylaws of CRVNA (Combined Entity)**

*[To Be Completed and Attached Before Merger Date]*

APPENDIX H  
Plan of Merger

## PLAN OF MERGER

This PLAN OF MERGER (the “Plan of Merger”) is made by and between **Central New Hampshire VNA & Hospice**, a New Hampshire non-profit, voluntary corporation with a principal place of business at 780 N. Main Street, Laconia, New Hampshire 03246 (“CNHVNAH”) and **Concord Regional Visiting Nurse Association, Inc.**, a New Hampshire non-profit, voluntary corporation with a principal place of business at 30 Pillsbury Street, Concord, New Hampshire 03301 (“CRVNA”) (each of CNHVNAH and CRVNA is referred to as a “Party” and collectively they are referred to as the “Parties”).

WHEREAS, the respective Boards of Trustees of CNHVNAH and CRVNA have determined that it would be in their respective interests to merge their organizations into a single combined entity, with CRVNA being the surviving entity under the new name of [\_\_\_\_\_] (the “Surviving Corporation”); and

WHEREAS, the terms of such merger are set forth in a certain Merger Agreement between the parties dated as of [\_\_\_\_\_] [\_\_\_], 2020 (the “Merger Agreement”), and the Parties wish to set forth the plan for effecting the merger in accordance with the Merger Agreement;

NOW, THEREFORE, in consideration of the undertakings contained in this Plan of Merger and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. **MERGER.** The Parties will be merged pursuant to New Hampshire RSA 292:7 (the “Merger”). The Surviving Corporation will survive the Merger and will continue to be a non-profit, voluntary corporation governed by the laws of the State of New Hampshire.

2. **EFFECTIVE DATE AND TIME.** The Merger will become effective for tax and other purposes at 12:01 a.m. on [\_\_\_\_\_] [\_\_\_], 2020 (the “Effective Date”), even if, for any reason, the requisite public filings with respect to the Merger should occur on some other date. The Parties will make the filing required by RSA 292:7 with the New Hampshire Secretary of State and any other required filings, which filings may be made prior to the Effective Date.

3. **SUCCESSION.** On the Effective Date, the Surviving Corporation will succeed to all of the rights, privileges, debts, liabilities, powers and property of CNHVNAH. Without limiting the foregoing, on the Effective Date, all real property, personal property, rights (including without limitation beneficial rights under testamentary or other gifts -- or other conditional rights -- which have not yet vested), privileges, franchises, patents, trademarks, licenses, registrations, and other assets of every kind and description of CNHVNAH will be transferred to and vested in the Surviving Corporation without further act, instrument or deed. CNHVNAH will not retain any rights or reversionary interests regarding such assets. The Surviving Corporation will adhere to, assume responsibility for, and continue the maintenance, support, preservation and management of, any board restricted or other operating reserves of CNHVNAH or the Surviving Corporation. Specifically, any board restricted or other operating reserves of CNHVNAH existing as of the Effective Date will continue to be used after the Effective Date for programming and related uses

in CNHVNAH's historic service area. All rights of the creditors of CNHVNAH and all liens upon any property of CNHVNAH will be preserved unimpaired, and all debts, liabilities and duties of CNHVNAH will attach to the Surviving Corporation and may be enforced against it to the same extent as if said debts, liabilities and duties had been incurred or contracted by it.

4. FURTHER ASSURANCES. From time to time, as and when required by the Surviving Corporation or by its successors and assigns, there will be executed and delivered on behalf of the Parties such deeds and other instruments, and there will be taken or caused to be taken on behalf of each of them such further and other action, as will be appropriate or necessary in order to vest or perfect in or to confirm of record or otherwise in the Surviving Corporation the title to and possession of all the property, interests, assets, rights, privileges, immunities, powers, franchises and authority of the Parties, and otherwise to carry out the purposes of this Plan of Merger, and the officers and trustees of the Parties are fully authorized in the name and on behalf of the Parties or otherwise to take any and all such action and to execute and deliver any and all such deeds and other instruments.

5. AMENDMENT AND TERMINATION. This Plan of Merger may be amended or terminated by mutual written agreement of the Parties at any time prior to the Effective Date.

6. COUNTERPARTS. This Plan of Merger may be executed in any number of counterparts, each of which will be deemed to be an original and together will constitute a single instrument.

*[The Remainder of the Page Intentionally Is Left Blank]*

IN WITNESS WHEREOF, each of the Parties has caused this Plan of Merger to be executed and attested on its behalf by its duly-authorized officers.

CENTRAL NEW HAMPSHIRE VNA & HOSPICE

\_\_\_\_\_  
Witness

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_, duly authorized.

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

\_\_\_\_\_  
Witness

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_, duly authorized.

STATE OF NEW HAMPSHIRE  
\_\_\_\_\_, SS.

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 2020 by \_\_\_\_\_, duly authorized \_\_\_\_\_ of **Central New Hampshire VNA & Hospice**, a New Hampshire voluntary corporation, on behalf of the corporation.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

STATE OF NEW HAMPSHIRE  
\_\_\_\_\_, SS.

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 2020 by \_\_\_\_\_, duly authorized \_\_\_\_\_ of **Concord Regional Visiting Nurse Association, Inc.**, a New Hampshire voluntary corporation, on behalf of the corporation.

\_\_\_\_\_  
Notary Public  
My Commission Expires: