

## INDEX OF APPENDICES

APPENDIX A	NANA Articles of Agreement
APPENDIX B	NANA Bylaws
APPENDIX C-1	NANA Audited Financial Statements FY 19
APPENDIX C-2	NANA Form 990 FY18
APPENDIX D	LRVNA Articles of Agreement
APPENDIX E	LRVNA Bylaws
APPENDIX F-1	LRVNA Audited Financial Statements FY 19
APPENDIX F-2	LRVNA Form 990 FY18
APPENDIX G	Operating Services Agreement
APPENDIX H	Merger Agreement
APPENDIX I	Plan of Merger
APPENDIX J	REDACTED
APPENDIX K	Joint Press Release of Intent to Merge
APPENDIX L-1	Listening Session Transcript of Questions, Answers and Comments 11.12.20
APPENDIX L-2	NANA Board of Directors' Adopted Resolutions, December 10, 2020
APPENDIX L-3	Reserved
APPENDIX M	Minutes of December 10, 2020 NANA Board of Directors Meeting (approving Merger Agreement)
APPENDIX N	Reserved
APPENDIX O	Certification of NANA Directors Regarding RSA 7:19-b(II) Standards
APPENDIX P	Statement of LRVNA Regarding Furtherance of NANA Mission Post-Merger
APPENDIX Q	LRVNA Home Health Care Board of Directors' meeting minutes, December 9, 2020
APPENDIX R	LRVNA Hospice Board of Directors' meeting minutes, December 9, 2020
APPENDIX S	LRVNA Home Health Care Board of Directors' Adopted Resolutions, December 9, 2020
APPENDIX T	LRVNA Hospice Board of Directors' Adopted Resolutions, December 9, 2020
APPENDIX U	Statements of Support from Community Members

# Appendix A

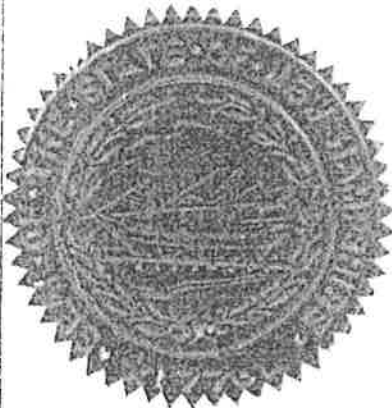
## Newfound Area Nursing Association Articles of Agreement

# State of New Hampshire

OFFICE OF SECRETARY OF STATE



I, ROBERT P. AMBROSE, Deputy Secretary of State of the State of New Hampshire, do hereby certify that the following and hereto attached Memorial of the Association of Agreement of 1904 and 1905 has been recorded in the records of Voluntary Associations, this 27th day of June 1906.



In Testimony Whereof, I hereto set my hand and  
cause to be affixed the Seal of the State, at  
Concord, this 27th day of June,  
A. D. 1906.

Robert P. Ambrose

Deputy Secretary of State

At the annual meeting of the Dorchester Area Nursing Association, a corporation duly organized under the laws of New Hampshire and having its place of business in Dorchester, N.H., pursuant to a notice in the said the said meeting, the following resolution is the Articles of Incorporation of said corporation were unanimously voted:

Article I. of the Articles of Incorporation of this Association is the following:

ARTICLE II. PURPOSE The purpose of this Association shall be to furnish a community health service in the town of Dorchester, Plymouth, Bristol and New Hampton, and in such adjoining areas as may later join in such service. Such service shall include the following:

To give skilled nursing, first and second order therapeutic services to patients requiring post office service in the patient's home.

To give prescribed prophylactic and emergency care as directed by physicians.

To cooperate with other organizations in the NASH area in promoting public health.

No individual shall be denied these services on the grounds of race, color, origin, or inability to pay.

Said meeting having been held at Dorchester, N.H. the 12th day of January, 1955.

I further certify that I am the duly elected Secretary of said Association and that said Association has no corporate seal.

Dated at Dorchester, N.H. June 12, 1955.

C. William Leary  
Secretary

STATE OF NEW HAMPSHIRE  
GRANTON ss.

June 12, 1955

Subscribed and sworn to before me,

C. William Leary  
Notary Public

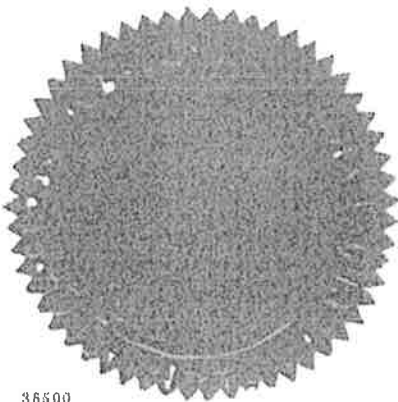


# State of New Hampshire

OFFICE OF SECRETARY OF STATE



*I, ROBERT L. STARK, ~~Deputy~~ Secretary of State of the State of New Hampshire, do hereby certify that the following and hereto attached* *Articles of Incorporation of NEWBORN AREA HUSBANDRY ASSOCIATION, have been recorded in Records of Voluntary Corporations, Volume 336, Page 475.*



*In Testimony Whereof, I hereto set my hand and cause to be affixed the Seal of the State, at Concord, this.....day of.....*  
*A. D. 19.....*

*.....*  
*Deputy Secretary of State*



U. S. TREASURY DEPARTMENT  
INTERNAL REVENUE SERVICE  
WASHINGTON 25, D. C.

IN REPLY REFER TO  
T:R:EO: 2-36

Referred for Exempt Organization  
P. O. Box 74  
Litchfield, New Hampshire

PURPOSE	
Charitable	
ADDRESS INQUIRIES & FILE RETURNS WITH DISTRICT DIRECTOR OF INTERNAL REVENUE	
Exempt Organization	
FORM 990-A REQUIRED	ACCOUNTING PERIOD ENDING
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	December 31

Gentlemen:

Based upon the evidence submitted, it is held that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code, as it is shown that you are organized and operated exclusively for the purpose shown above. Any questions concerning taxes levied under other subtitles of the Code should be submitted to your District Director.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code and are required to file Form 990-T for the purpose of reporting unrelated business taxable income. Any changes in your character, purposes or method of operation should be reported immediately to your District Director for consideration of their effect upon your exempt status. You should also report any change in your name or address. Your liability for filing the annual information return, Form 990A, is set forth above. That return, if required, must be filed after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to your District Director.

Your District Director is being advised of this action.

Very truly yours,

*John R. Bonbrue*  
Chief, Exempt Organizations Branch

THE STATE OF NEW HAMPSHIRE  
SECOND OF ORGANIZATION  
OF  
NEWFOUND AREA NURSING ASSOCIATION

ARTICLES OF ASSOCIATION

We, the undersigned, being all of lawful age, do hereby associate ourselves together for the purpose of forming a voluntary corporation under the provisions of Chapter 292 of New Hampshire Revised Statutes Annotated and any amendments thereto.

ARTICLE I

The name of this corporation shall be NEWFOUND AREA NURSING ASSOCIATION.

ARTICLE II

The objects for which this corporation is established are:

- (1) To furnish a visiting nurse service to the towns of Bristol, Bridgewater and New Hampton and in such other towns as may later join in such service, such service to include:
  - (a) Skilled nursing care at low cost to patients requiring part-time nursing.
  - (b) Prescribed treatment or emergency care under the direct supervision of licensed physicians.
  - (c) Cooperation with State and School nurses in promoting public health and cooperation with civil defense agencies in emergencies.
- (2) To employ and compensate such nurse or nurses and other agents as may be necessary to carry out the purposes of the corporation.
- (3) To acquire by purchase, lease or otherwise, such lands, buildings and tenements as may be necessary or convenient to carry out the purposes of the corporation; to hold and improve said lands, buildings and tenements and to mortgage, sell, lease or otherwise dispose of the same.

- (5) To raise money by solicitation, fund raising drives, dues assessed to members, charges for nursing services rendered by the Association and to raise money in any other manner not prohibited by law in order to carry out the purposes of the corporation; to accept, receive and expend for the purposes of the corporation such sums of money as may be raised and appropriated for its use by any town serviced by the nurses employed by the corporation and to accept, receive and expend such sums as may be granted to it by any charitable trust or organization.
- (6) To do and perform every other act and thing whatsoever as may be convenient or proper for the accomplishment of any of the purposes of the carrying out of any of the business of the corporation.

ARTICLE III

This corporation shall be a non-profit corporation and no capital stock shall be issued.

ARTICLE IV

The principal place of business of the corporation shall be located at Bristol in the County of Grafton and the State of New Hampshire.

Name

Post Office Address

William C. Walsh, M.D.

New Hampton, N.H.

John F. Walsh

Bristol, N.H.

John E. Walsh

Bristol, N.H.

John E. Walsh

Bristol, N.H.

STATE OF NEW HAMPSHIRE  
OFFICE OF THE SECRETARY OF STATE

Filed for record this 10th  
day of February, 19 60  
at 2:15 o'clock P.M.

*[Signature]*  
Acting Deputy  
Secretary of State

*Received of  
Mr. J. J. [unclear]*

*Book 111 p. 211*

*Book 111 p. 211*

*For the R. M. [unclear]  
[unclear]*

## Appendix B

### Newfound Area Nursing Association, Inc. Bylaws

# **BYLAWS of the NEWFOUND AREA NURSING ASSOCIATION**

LAST REVISED ON 5/20/2019

ADOPTED - MAY 20, 2019

## **ARTICLE I. NAME**

The name of the Association shall be Newfound Area Nursing Association, Inc., 214 Lake Street, Bristol, NH 03222.

## **ARTICLE II. PURPOSES OF THE ASSOCIATION**

The purposes of this Association are:

- A. To furnish community health services to the towns of Alexandria, Bridgewater, Bristol, Danbury, Groton, Hebron, Hill, New Hampton, and to such adjoining towns as may later join in such services.
- B. To provide skilled nursing care and one or more therapeutic services to patients requiring intermittent care in the home.
- C. To provide hospice care and services.
- D. To provide prescribed treatments and care as directed by physicians.
- E. To cooperate with other organizations in the Association service areas in promoting public and community health.
- F. To ensure that no individual shall be denied these services on the grounds of race, color, sex, sexual preference, handicap, diagnosis, age, national origin or ability to pay.
- G. To initiate and maintain rules and regulations for the self-government of this Association.

## **ARTICLE III. MEMBERSHIP AND MEETINGS**

### **Section I. Qualification**

All residents of participating towns are members of the Association.

### **Section II. Voting Privileges**

Each resident member shall have voting privileges at the Annual Meeting of the Association.

### **Section III. Annual Meeting of the Association**

- A. The Annual Meeting of the Association shall be held on the third Monday of each May or as determined by the Board of Directors.
- B. Notice of the Annual Association Meeting shall be published as a notice to the residents of the member towns in one or more general circulation area newspapers at least five (5) days prior to the meeting. The notice shall state the date, time and place of the meeting as well as the agenda.
- C. Twelve (12) members of the Association shall constitute a quorum for the Annual Meeting to conduct Association business and to amend these Bylaws.

# **BYLAWS of the NEWFOUND AREA NURSING ASSOCIATION**

LAST REVISED ON 5/20/2019

ADOPTED - MAY 20, 2019

## **ARTICLE IV. BOARD OF DIRECTORS**

### **Section I. Qualifications and Term of Service**

- A. Any resident of a participating town shall be qualified to serve on the Board of Directors, if duly nominated and elected. A non-resident may qualify to serve on the Board of Directors as a member-at-large, if duly nominated and elected.
- B. The term of office for members of the Board of Directors shall be three (3) years. Should a member of the Board of Directors fail to serve a full term of office, the position shall be filled by an appointment made by the Nominating Committee and elected by the Board of Directors to complete the un-expired term.

### **Section II. Election and Membership**

- A. Members of the Board of Directors shall be elected by plurality vote at the Annual Meeting of the Association from a slate presented by the Nominating Committee and/or by nominations from the floor. Should there be more than one nomination for any office, election shall be by secret ballot.
- B. One-third of the Directors shall be elected at each Annual Meeting of the Association and shall serve for a period of three (3) years.
- C. The Board of Directors may consist of at least two (2) elected Directors representing each of the member towns, and not fewer than four (4), nor more than seven (7), members-at-large.
- D. Any Director absent without excuse from four (4) consecutive, duly called meetings of the Board of Directors shall be considered resigned from the position and a replacement shall be elected by the Board of Directors under ARTICLE IV, Section I.B of these Bylaws. Excused absence requires notification to the NANA office prior to any scheduled meeting.

### **Section III. Meetings**

- A. The Board of Directors shall meet monthly, except in July and December. A majority of the Board shall constitute a quorum.
- B. The Board of Directors shall maintain a permanent record of its proceedings and actions.
- C. The President of the Board of Directors may call a special meeting of the Board at any time.
- D. The President shall call a special meeting within thirty (30) days following receipt of a written request for same signed by not fewer than five (5) resident members of the Association, stating the purpose of the proposed meeting.

### **Section IV. Duties**

The Board of Directors shall be responsible for the affairs of the Association and is vested with all the powers that the Association itself possesses within these Bylaws, including but not limited to the following:



# **BYLAWS of the NEWFOUND AREA NURSING ASSOCIATION**

LAST REVISED ON 5/20/2019

ADOPTED - MAY 20, 2019

- A. To represent and to act on behalf of the Association, subject to such limitation as may be imposed by these Bylaws.
- B. To establish policies of the Association and fulfill the Board of Directors' accountability to the Association for the health care tendered to patients.
- C. To report at each Annual Meeting of the Association the activities and all significant actions taken by the Board of Directors since the last meeting.
- D. To approve new programs/staff positions.
- E. To approve rates and changes for the services rendered by the Association.
- F. To appoint auditors and special consultants to serve the Association.
- G. To hire, monitor performance of, and dismiss, if necessary, the Executive Director of the Association.
- H. To fill vacancies in Board of Directors positions as prescribed under ARTICLE V, Section I.B, of these Bylaws.
- I. To fill vacancies among the Officers as prescribed under ARTICLE V, Section I.B, of these Bylaws.
- J. To authorize the President, Treasurer and Executive Director to sign checks for the Association.

## **Section V. Liability**

Members of the Board of Directors shall not be liable to NANA for any mistake of judgment, negligence or otherwise, except for actions, omissions, or decisions made in bad faith or contrary to the provisions of the Bylaws. NANA shall defend, indemnify, and hold harmless each Director against all claims by and liability to others arising out of actions or omissions by any Director in furtherance of NANA's business or decisions made on behalf of NANA, unless any such action, decision or omission shall have been made in bad faith or contrary to the provisions of the Bylaws.

## **ARTICLE V. OFFICERS**

### **Section I. Qualifications, Election, and Term of Service**

- A. Any member of the Board of Directors shall be qualified to serve as an officer if duly nominated and elected.
- B. Officers of the Board of Directors shall be elected by plurality vote at the Annual Meeting of the Association from a slate presented by the Nominating Committee and/or by nominations from the floor. Should there be more than one nomination for any office, election shall be by secret ballot.
- C. Officers of the Board of Directors shall serve two-year terms. Should an officer of the Board of Directors fail to serve a full term of office, the position shall be filled by an appointment made by the Nominating Committee and elected by the Board of Directors.
- D. Any Officer without excuse from four (4) consecutive, duly called meetings of the Board of Directors shall be considered resigned from the position and a replacement shall be elected by the Board of Directors under ARTICLE V, Section I.B, of these

# **BYLAWS of the NEWFOUND AREA NURSING ASSOCIATION**

LAST REVISED ON 5/20/2019

ADOPTED - MAY 20, 2019

Bylaws. Excused absence requires notification to the NANA office prior to any scheduled meeting.

## **Section II. Duties of Officers**

### **A. President**

The President shall serve as the chief administrative officer of the Board to:

1. Act in coordination and cooperation with the Executive Director.
2. Call, preside at, and be responsible for the agenda of all general meetings of the Association and the Board of Directors.
3. Serve as Ex Officio member of all committees.
4. Be responsible for the enforcement of the Association and the Board of Directors Bylaws, Rules, and Regulations.
5. Appoint committee chairs to all standing committees and special ad hoc committees, except as otherwise provided by these Bylaws.
6. Implement activities as may be assigned by the Board of Directors.

### **B. Vice-President**

The Vice-President shall:

1. Conduct the Annual Association Meeting and Board of Directors' Meeting in the absence of the President.
2. Share responsibility with the Executive Director for the orientation and continuing education of members of the Board of Directors.
3. Serve as the Acting President for the balance of the term should that office become vacant.

### **C. Treasurer**

The Treasurer shall:

1. Serve as a member of the Finance Committee.
2. Maintain an understanding of the financial operation and investment program of the Association.
3. Receive copies of and become familiar with all financial statements of the Association and maintain a file of statements in the NANA office.
4. Present financial reports and status at all regular Board Meetings and at the Annual Association Meeting.
5. Be authorized to sign checks for the Association.

### **D. Secretary**

The Secretary shall:

1. Maintain and distribute minutes and records of all meetings of the Association and of the Board of Directors.
2. Publish a notice of a call to the Annual Meeting of the Association as prescribed under ARTICLE III, Section III.B, of these Bylaws.

# **BYLAWS of the NEWFOUND AREA NURSING ASSOCIATION**

LAST REVISED ON 5/20/2019

ADOPTED - MAY 20, 2019

3. Attend to general correspondence of the Board of Directors.
4. Monitor unexcused absences at Board Meetings and notify the Nominating Committee as appropriate.

## **ARTICLE VI. COMMITTEES**

### **Section I. General**

- A. The Board of Directors will have the following standing committees: Executive, Finance, Nominating, Personnel, and Professional Advisory/Program Evaluation. Ad hoc committees may be assigned at the discretion of the Executive Committee. Their purpose and roles will be defined at the time of their creation.
- B. The chairs of the standing committees shall be members of the Board of Directors and shall be appointed by the President.
- C. The President and Executive Director shall review and appoint all committee assignments in May, following the Annual Meeting. Changes shall be reported to the Board at the next regularly scheduled meeting. Committee members need not be Board members, except where herein specified.
- D. The Executive Director shall be a voting member of all committees with the exception, as noted, under Personnel Committee.
- E. Written minutes of all committee meetings shall be recorded and submitted to the Board of Directors.
- F. Committees shall submit recommendations for policies or revisions thereto to the Board of Directors for consideration under ARTICLE IV, Section IV.B of these Bylaws.
- G. The President may create special ad hoc committees. All such committees shall consist of a chair and at least two (2) other members appointed by the President for a term not to exceed one (1) year. The Executive Director shall be a member of all special ad hoc committees and, as in all other instances wherein the Executive Director is an appointed member of any committee under these Bylaws, the Executive Director shall be afforded full voting privileges.

### **Section II. The Executive Committee**

- A. The Committee shall consist of the President, Vice President, Treasurer, Secretary and the Executive Director.

### **Section III. Finance Committee**

- A. The Committee shall authorize one of its members to sign checks for the Association in addition to the Treasurer and the Executive Director.
- B. The Committee shall develop and periodically review the Association Investment Plan and the Asset Allocation formula contained therein.
- C. The Committee shall prepare and present the Annual Budget to the Board of Directors based upon input from the Executive Director, Management Staff and other committees.

# **BYLAWS of the NEWFOUND AREA NURSING ASSOCIATION**

LAST REVISED ON 5/20/2019

ADOPTED - MAY 20, 2019

- D. The Committee shall monitor and, with the Treasurer, make recommendations on the investment program(s) of the Association in order to meet established goals.

## **Section IV. Nominating Committee**

- A. The Chair shall be appointed by the President and shall be a member of the Board of Directors.
- B. Duties of this Committee shall be to:
1. Present a slate of candidates for Directors and Officers to be elected by the membership at the Annual Meeting.
  2. Study each incumbent office holder's contribution to the Association and determine qualifications for re-nomination.
  3. Appoint candidates to fill unexpired terms on the Board of Directors and present them to the Board of Directors for a vote.

## **Section V. Personnel Committee**

- A. The Chair shall be appointed by the President and shall be a member of the Board of Directors.
- B. The Committee should consist of the Chair, one member not employed by the Association, with experience in the health care industry, one member of the Finance Committee, and one or more members-at-large. The Executive Director shall be a voting member of this Committee, except in matters related to the Executive Director's salary and performance evaluation.
- C. Duties of this Committee shall be to:
1. Prepare and negotiate an employment contract as needed for the position of Executive Director and submit any proposed contract to the Board of Directors for review and action.
  2. Develop and publish position descriptions and personnel policies for Association employees and review the same as needed.
  3. Consult with the Executive Director with respect to personnel needs and to make recommendations as to size, composition, qualifications, and compensation of the staff.
  4. Perform the annual evaluation of the Executive Director and recommend salary and benefits to the Board of Directors for approval.

## **Section VI. Professional Advisory/Program Evaluation Committee**

- A. The President shall appoint the Chair. The Committee will function as the "Group of Professional Personnel" as defined in the Federal Conditions of Participation, Section 484.16. The Group shall meet as needed to advise the agency on professional issues, to participate in the agency evaluation and to assist the agency in maintaining liaison with other health care providers in the community. All meetings shall be documented by dated minutes.

# **BYLAWS of the NEWFOUND AREA NURSING ASSOCIATION**

LAST REVISED ON 5/20/2019

ADOPTED - MAY 20, 2019

- B. The Chair shall select members of the Committee to include at least one physician, one registered nurse, and appropriate representation of other professional disciplines.
- C. There shall be appointed to the Committee at least one (1) member not employed by the Association, with experience in the health care industry, and one (1) consumer who is a member of the Association.
- D. The Professional Advisory portion of the Professional Advisory/Program Evaluation Committee shall meet at least semi-annually to review the Association's policies governing the scope of service rendered, admission and discharge policies, medical supervision and plans of treatments, emergency care, clinical records, and personnel qualifications.
- E. The Program Evaluation portion of the Professional Advisory/Program Evaluation Committee is responsible for overall evaluation of the Association's total program and shall meet at least annually. Duties include:
  - 1. To evaluate overall policy and administrative review to assess the Association's programs for appropriateness, adequacy, efficiency, and effectiveness. Results shall be reported to and acted upon by responsible Association management and maintained separately as administrative records.
  - 2. To conduct policy and administrative reviews to determine the extent they promote patient care, and establish mechanisms, in writing, for collection of pertinent data to assist Association evaluation.

Section VII. Ad hoc committees shall function at the direction of the President or the entire Board of Directors. Current recurring activities are organized around the following areas of interest:

- A. Building and Grounds.
- B. Bylaws.
- C. Fundraising.
- D. Public Relations.
- E. Scholarship.
- F. Strategic Planning.

- A. The Chair shall be appointed by the President and shall be a member of the Board of Directors.
- B. The Chair shall appoint at least two (2) members of the Board of Directors to the Committee.
- C. Duties of this Committee shall include:
  - 1. To develop, for review, the Association's Mission Statement and to present recommendations to the Board of Directors.
  - 2. To work towards developing a long-range plan for the Association, which would offer specific recommendations to achieve goals over three (3) to five (5) years.
  - 3. To develop any capital campaigns that may be necessary to meet the financial needs of the Association's strategic plan.

# **BYLAWS of the NEWFOUND AREA NURSING ASSOCIATION**

LAST REVISED ON 5/20/2019

ADOPTED - MAY 20, 2019

## **ARTICLE VII. AMENDMENTS TO BYLAWS**

Bylaws of the Association shall be reviewed annually by an ad hoc committee appointed by the President and the Bylaws may be amended, altered, diminished, or enlarged. Proposed changes shall be submitted to the Board of Directors for review and comment and shall be presented at the Annual Meeting of the Association. Action by the Association shall be by majority vote of the members present at the Annual Meeting.

## **ARTICLE VIII. PARLIAMENTARY AUTHORITY**

Parliamentary authority and procedure shall be in accordance with "Robert's Rules of Order: The Modern Edition."

## **ARTICLE IX. DISSOLUTION**

In the event that this Association shall be dissolved through voluntary action or legal process, Association assets retained following discharge of all legal obligations shall be distributed to the supporting towns then receiving services and such distributions shall be in proportion to the average contributions made by such towns to the Association over the previous three years. All such assets so distributed shall be designated and restricted for public welfare purposes. Patient records are to be forwarded to the respective towns for safekeeping until legal requirements have been satisfied.

## Appendix C-1

Newfound Area Nursing Association, Inc.  
Audited Financial Statement 2019



# NEWFOUND AREA NURSING ASSOCIATION

## FINANCIAL STATEMENTS

December 31, 2019 and 2018

With Independent Auditor's Report





## INDEPENDENT AUDITOR'S REPORT

Board of Directors  
Newfound Area Nursing Association

We have audited the accompanying financial statements of Newfound Area Nursing Association, which comprise the balance sheets as of December 31, 2019 and 2018, and the related statements of operations and 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 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 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, the financial position of Newfound Area Nursing Association as of December 31, 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 Matters**

*Change in Accounting Principles*

As discussed in Note 1, Newfound Area Nursing 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 related guidance, and FASB ASU No. 2018-08, *Clarifying the Scope of the Accounting Guidance for Contributions Received and Contributions Made*. Our opinion is not modified with respect to these matters.

*Berry Dunn McNeil & Parker, LLC*

Manchester, New Hampshire  
April 27, 2020

**NEWFOUND AREA NURSING ASSOCIATION**

**Balance Sheets**

**December 31, 2019 and 2018**

**ASSETS**

	<u>2019</u>	<u>2018</u>
Current assets		
Cash and cash equivalents	\$ 215,800	\$ 98,616
Patient accounts receivable, less allowance for uncollectible accounts of \$137,505 in 2019 and \$128,514 in 2018	206,356	308,945
Other current assets	<u>25,504</u>	<u>24,589</u>
Total current assets	447,660	432,150
Assets limited as to use	62,353	54,547
Property and equipment, net	<u>23,827</u>	<u>27,476</u>
Total assets	<u>\$ 533,840</u>	<u>\$ 514,173</u>

**LIABILITIES AND NET ASSETS**

	<u>2019</u>	<u>2018</u>
Current liabilities		
Accounts payable and accrued expenses	\$ 15,461	\$ 12,038
Accrued payroll and related expenses	75,311	76,426
Deferred revenue	<u>4,870</u>	<u>4,370</u>
Total current liabilities and total liabilities	95,642	92,834
Net assets		
Without donor restrictions	<u>438,198</u>	<u>421,339</u>
Total liabilities and net assets	<u>\$ 533,840</u>	<u>\$ 514,173</u>

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

# **NEWFOUND AREA NURSING ASSOCIATION**

## **Statements of Operations and Changes in Net Assets**

**Years Ended December 31, 2019 and 2018**

	<u><b>2019</b></u>	<u><b>2018</b></u>
Operating revenue		
Patient service revenue	\$ 1,204,178	\$ 1,245,795
Other operating revenue	<u>121,905</u>	<u>103,373</u>
Total operating revenue	<u><b>1,326,083</b></u>	<u><b>1,349,168</b></u>
Operating expenses		
Salaries and benefits	922,835	990,678
Other operating expenses	333,971	240,957
Depreciation	8,334	6,360
Provision for bad debts	<u>84,213</u>	<u>135,082</u>
Total operating expenses	<u><b>1,349,353</b></u>	<u><b>1,373,077</b></u>
Operating loss	<u><b>(23,270)</b></u>	<u><b>(23,909)</b></u>
Other revenue and gains (losses)		
Contributions	33,175	98,931
Investment income	1,433	311
Change in fair value of investments	6,521	(4,334)
Scholarships	<u>(1,000)</u>	<u>(750)</u>
Total other revenue and gains (losses)	<u><b>40,129</b></u>	<u><b>94,158</b></u>
Excess of revenue and gains over expenses and losses and increase in net assets without donor restrictions	<b>16,859</b>	70,249
Net assets without donor restrictions, beginning of year	<u><b>421,339</b></u>	<u>351,090</u>
Net assets without donor restrictions, end of year	<u><b>\$ 438,198</b></u>	<u><b>\$ 421,339</b></u>

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

# NEWFOUND AREA NURSING ASSOCIATION

## Statements of Cash Flows

Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Cash flows from operating activities		
Change in net assets	\$ 16,859	\$ 70,249
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities		
Depreciation	8,334	6,360
Provision for bad debts	84,213	135,082
Change in fair value of investments	(6,521)	4,334
(Increase) decrease in the following assets:		
Patient accounts receivable	18,376	(275,013)
Other current assets	(915)	(5,389)
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	3,423	(506)
Accrued payroll and related expenses	(1,115)	304
Deferred revenue	<u>500</u>	<u>-</u>
Net cash provided (used) by operating activities	<u>123,154</u>	<u>(64,579)</u>
Cash flows from investing activities		
Purchases of investments	(6,813)	(28,396)
Proceeds from sale of investments	5,528	164,311
Capital expenditures	<u>(4,685)</u>	<u>(5,719)</u>
Net cash (used) provided by investing activities	<u>(5,970)</u>	<u>130,196</u>
Net increase in cash and cash equivalents	117,184	65,617
Cash and cash equivalents, beginning of year	<u>98,616</u>	<u>32,999</u>
Cash and cash equivalents, end of year	<u>\$ 215,800</u>	<u>\$ 98,616</u>

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

# NEWFOUND AREA NURSING ASSOCIATION

## Notes to Financial Statements

December 31, 2019 and 2018

### 1. Summary of Significant Accounting Policies

#### Organization

Newfound Area Nursing Association (the Association) is a non-profit corporation organized in the State of New Hampshire. The Association's primary purpose is to provide home healthcare services.

#### Basis of 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 to 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 are to 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. At December 31, 2019 and 2018, the Association did not have any net assets with donor restrictions.

#### Income Taxes

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 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.

# **NEWFOUND AREA NURSING ASSOCIATION**

## **Notes to Financial Statements**

**December 31, 2019 and 2018**

### **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.

### **Investments**

The Association reports investments at fair value, and has elected to report all gains and losses in the excess (deficit) of revenue and gains over expenses and losses to simplify the presentation of these accounts in the statement of operations and changes in net assets, 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.

### **Allowance For Uncollectible Accounts**

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts by analyzing the Association's past history and identification of trends for all funding sources in the aggregate. In addition, balances in excess of 365 days are 100% reserved. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts.

### **Assets Limited As To Use**

Assets limited as to use consist of assets designated by the board of directors for operating purposes.

### **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. Depreciation expense is computed using the straight-line method over the useful lives of the related assets.

### **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.

## **NEWFOUND AREA NURSING ASSOCIATION**

### **Notes to Financial Statements**

**December 31, 2019 and 2018**

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.

#### **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. The gifts are reported as support with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statement of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met in the same year as received are included in other operating revenue in the accompanying financial statements.



# NEWFOUND AREA NURSING ASSOCIATION

## Notes to Financial Statements

December 31, 2019 and 2018

### Recently Issued Accounting Pronouncement

In 2019, 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 organizations. 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 organization expects to be entitled in exchange for those goods or services. Topic 606 also requires organizations 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 balances of accounts receivable at the beginning of 2018 were \$169,014. The impact of adoption for the year ended December 31, 2018 is an increase in net patient service revenue of \$135,082 and an increase in operating expenses of \$135,082.

In July 2018, FASB issued 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 December 31, 2019 and 2018. Adoption of the ASU did not have a material impact on the Association's financial reporting.

### 2. Availability and Liquidity of Financial Assets

As of December 31, 2019, the Association has working capital of \$352,018 and average days (based on normal expenditures) cash and liquid investments on hand of 76 which includes cash and assets limited as to use.

The following table reflects the Association's financial assets and liquidity resources available within one year for general expenditure for operations and capital expenditures not financed with debt or restricted funds (unfunded capital expenditures) as of December 31, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 215,800	\$ 98,616
Patient accounts receivable, net	206,356	308,945
Other receivables	14,570	9,121
Assets limited as to use	<u>62,353</u>	<u>54,547</u>
Financial assets available to meet cash needs for general expenditures and unfunded capital expenditures within one year	\$ <u>499,079</u>	\$ <u>471,229</u>

# NEWFOUND AREA NURSING ASSOCIATION

## Notes to Financial Statements

December 31, 2019 and 2018

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

- Operating within a prudent range of financial soundness and stability;
- Maintaining adequate liquid assets; and
- Maintaining sufficient reserves to provide reasonable assurance that long-term commitments and obligations under endowments with donor restrictions and quasi-endowments that support mission fulfillment will continue to be met, to preserve the sustainability of the Association.

### 3. Assets Limited As To Use

Assets limited as to use, stated at fair value, are as follows:

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 14,777	\$ 8,192
Equities	2,545	-
Mutual funds	11,087	12,889
Exchange-traded funds	<u>33,944</u>	<u>33,466</u>
Total assets limited as to use	<u>\$ 62,353</u>	<u>\$ 54,547</u>

### 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 values of all of the Association's assets limited as to use are measured on a recurring basis using Level 1 inputs.

# NEWFOUND AREA NURSING ASSOCIATION

## Notes to Financial Statements

December 31, 2019 and 2018

### 4. Property and Equipment

Property and equipment consists of the following:

	<u>2019</u>	<u>2018</u>
Land	\$ 9,491	\$ 9,491
Building and improvements	152,598	152,598
Furniture, fixtures and equipment	240,715	231,575
Fixed assets in progress	-	4,455
Total cost	402,804	398,119
Less accumulated depreciation	378,977	370,643
Property and equipment, net	<u>\$ 23,827</u>	<u>\$ 27,476</u>

### 5. Patient Service Revenue

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 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 cost to provide such services is not considered material to the financial statements.

The Association was able to provide charity care through local community support. Local community support consisted of contributions, income from investments, and municipal and county 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.

# NEWFOUND AREA NURSING ASSOCIATION

## Notes to Financial Statements

December 31, 2019 and 2018

The Association's net patient service revenue is comprised of healthcare services transferred over time. The composition of net patient service revenue is as follows:

	<u>2019</u>	<u>2018</u>
Medicare	\$ 994,985	\$ 911,627
Medicaid	40,390	35,862
Other third-party payors	154,985	280,172
Private pay	<u>13,818</u>	<u>18,134</u>
Total	<u>\$ 1,204,178</u>	<u>\$ 1,245,795</u>

### 6. 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	\$ 720,334	\$ 810,391
Other operating expenses		
Program supplies	25,175	30,212
Contract services	91,683	46,198
Travel	27,862	37,353
Other	116,305	96,557
Depreciation	5,835	5,251
Provision for bad debts	<u>84,213</u>	<u>135,082</u>
Total program services	<u>1,071,407</u>	<u>1,161,044</u>
Administrative and general		
Salaries and benefits	202,501	180,287
Other operating expenses	72,946	30,637
Depreciation	<u>2,499</u>	<u>1,109</u>
Total administrative and general	<u>277,946</u>	<u>212,033</u>
Total	<u>\$ 1,349,353</u>	<u>\$ 1,373,077</u>

The Association uses Medicare cost reporting methodology for allocation of expenses between program services and administrative and general expenses.

### 7. Retirement Plan

The Association maintains a defined contribution retirement plan, which covers substantially all full-time employees. The Association did not contribute to the plan for the years ended December 31, 2019 and 2018.

# NEWFOUND AREA NURSING ASSOCIATION

## Notes to Financial Statements

December 31, 2019 and 2018

### 8. Concentration of Risk

The Association grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. Following is a summary of accounts receivable, by funding source, at December 31, 2019:

Medicare	49 %
Medicaid	5
United Health	11
Other	<u>35</u>
Total	<u>100 %</u>

### 9. Malpractice Insurance

The Association insures its malpractice risks on an occurrence basis. Under this type of policy, claims based on occurrences during its term but reported subsequently will be insured should the policy not be renewed or replaced with other coverage. The Association intends to renew coverage on an occurrence basis and anticipates that such coverage will be available. There were no known malpractice claims outstanding at December 31, 2019.

### 10. Subsequent Events

For financial reporting purposes, subsequent events have been evaluated by management through April 27, 2020, which is the date the financial statements were available to be issued.

#### Management Agreement

In April 2020, the Association entered into a management agreement with Pemi-Baker Community Health (PBCH) to provide oversight and assistance with the financial and clinical operations of the Association. The Association will pay PBCH \$1,050 plus mileage at the current rates issued by the Internal Revenue Service. This contract will be in effect through August 2, 2020.

#### Uncertainty

Subsequent to December 31, 2019, 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 REPORT DATE, management believes that a material impact on the Association's financial position and results of future operations is reasonably possible.

## **NEWFOUND AREA NURSING ASSOCIATION**

### **Notes to Financial Statements**

**December 31, 2019 and 2018**

The U.S. government has responded with three phases of relief legislation, as a response to the COVID-19 outbreak. The most recent legislation was 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 Internal Revenue Code (or IRC if defined elsewhere), 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 effects of the CARES Act on the Association's financial statements have not yet been determined.

## Appendix C-2

Newfound Area Nursing Association, Inc.  
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)

- ▶ 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.

OMB No. 1545-0047  
**2018**  
Open to Public  
Inspection

**A** For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application  
pending

**C** Name of organization  
Newfound Area Nursing Association

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
214 Lake Street

City or town, state or province, country, and ZIP or foreign postal code  
Bristol, NH 03222

**D** Employer identification number

02-0258546

**E** Telephone number

(603) 744-2733

**G** Gross receipts \$ 1,476,889

**F** Name and address of principal officer:

Jennifer Rosene  
214 Lake Street  
Bristol, NH 03222

**H(a)** Is this a group return for  
subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates  
included? ☐ Yes ☒ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

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

**J** Website: ▶ N/A

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 1960

**M** State of legal domicile: NH

## Part I Summary

Activities & Governance

**1** Briefly describe the organization's mission or most significant activities:

TO PROVIDE QUALITY AND COMPASSIONATE HOME CARE AND HOSPICE TO FAMILIES IN OUR COMMUNITIES.

**2** Check this box ☐ 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>	8
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	7
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	29
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	7
<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 34	<b>7b</b>	0

Revenue

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	145,005	201,956
<b>9</b> Program service revenue (Part VIII, line 2g)	975,425	1,110,311
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,089	-4,023
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,141,519	1,308,244

Expenses

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	942,256	990,678
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 46		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	237,708	247,317
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,179,964	1,237,995
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-38,445	70,249

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	444,126	514,173
<b>21</b> Total liabilities (Part X, line 26)	93,036	92,834
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	351,090	421,339

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign  
Here

Signature of officer

2019-09-23  
Date

Jennifer Rosene, Executive Director  
Type or print name and title

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ If self-employed  
PTIN P01603705

Firm's name ▶ Berry Dunn McNeil & Parker LLC

Firm's EIN ▶ 01-0523282

Firm's address ▶ 1000 Elm Street 4th Floor  
Manchester, NH 03101

Phone no. (603) 669-7337

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)



**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:

To provide quality and compassionate nursing, therapeutic and hospice care to families in our communities.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 1,010,123 including grants of \$ ) (Revenue \$ 1,110,311 )  
 Home Care - Provides acute home health care services to patients who can be cared for at home - and promotes and maintains community health through counseling, disease detection and health education. Hospice Care - Provides physical, emotional and spiritual end-of-life care to terminally ill patients and support for caregivers and family members. Hospice care neither hastens nor prolongs death, but rather affirms life, through compassionate quality care.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
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**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
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**4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** **Total program service expenses** 1,010,123

**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> . . . . .	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	Yes	
<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> . . . . .		No
<b>4 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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .	Yes	
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .	Yes	
<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> . . . . .	Yes	
<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> . . . . .		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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 (see instructions)</i> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		No
<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> . . . . .		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> . . . . .		No

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

	Yes	No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<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> . . . . .		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<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> . . . . .		No
<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> . . . . .		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	Yes	

**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 . . . . .		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	

<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 . . . . .	<b>2a</b> <span style="float: right;">29</span>	
<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)		<b>2b</b> Yes
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		<b>3a</b> No
<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 . . .		<b>3b</b>
<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)? . . .		<b>4a</b> No
<b>b</b> If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> 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? . . .		<b>5a</b> No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b> No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>
<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? . . .		<b>6a</b> No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>
<b>7 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? . . . . .		<b>7a</b> No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b> No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b> No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		<b>7f</b> No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>
<b>8 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? . . . . .		<b>8</b>
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .		<b>9a</b>
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		<b>9b</b>
<b>10 Section 501(c)(7) organizations. Enter:</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations. Enter:</b>		
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>	
<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.) . . . . .	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13 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.		<b>13a</b>
<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 . . . . .	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b> No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .		<b>14b</b>
<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 . . . . .		<b>15</b> No
<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 . . . . .		<b>16</b> No

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
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	<b>1a</b> 8		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 7		
<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>		No
<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>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<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>		No
<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>		No
<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>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<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>		No

### 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>	No
<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>	Yes
<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>	Yes
<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>	Yes
<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>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<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>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
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>	No
<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 Form 1023 (or 1024-A if applicable), 990, and 990-T (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:  
 ► Jennifer Rosene 214 Lake Street Bristol, NH 03222 (603) 744-2733

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

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

[illegible]

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 ▶ 0

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

## Section B. Independent Contractors

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

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

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	103,025			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	98,931			
	<b>g</b> Noncash contributions included in lines 1a - 1f: \$					
	<b>h Total.</b> Add lines 1a-1f . . . . .		201,956			
<b>Program Service Revenue</b>	<b>2a</b> Home Health Care	Business Code				
		621610	1,110,311	1,110,311		
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue.					
	<b>g Total.</b> Add lines 2a-2f . . . . .		1,110,311			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		311			311
	<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties . . . . .						
<b>Other Revenue</b>		(i) Real	(ii) Personal			
	<b>6a</b> Gross rents					
	<b>b</b> Less: rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .					
		(i) Securities	(ii) Other			
	<b>7a</b> Gross amount from sales of assets other than inventory	164,311				
	<b>b</b> Less: cost or other basis and sales expenses	168,645				
	<b>c</b> Gain or (loss)	-4,334				
	<b>d</b> Net gain or (loss) . . . . .		-4,334			-4,334
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
<b>11a</b> Miscellaneous Revenue	Business Code					
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .						
<b>12 Total revenue.</b> See Instructions. . . . .		1,308,244	1,110,311	0	-4,023	



**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
<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, line 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	158,276	68,059	90,217	
<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	746,664	671,538	75,126	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .	14,890	12,295	2,595	
<b>10</b> Payroll taxes . . . . .	70,848	58,499	12,349	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	18,949		18,949	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	37,001	30,552	6,449	
<b>12</b> Advertising and promotion . . . . .	1,997	1,649	348	
<b>13</b> Office expenses . . . . .	5,467	4,514	953	
<b>14</b> Information technology . . . . .	23,184	19,143	4,041	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	8,519	7,034	1,485	
<b>17</b> Travel . . . . .	37,855	37,353	502	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	3,088	2,550	538	
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	6,360	5,251	1,109	
<b>23</b> Insurance . . . . .	2,690	2,221	469	
<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> Equipment Rental & Repa	32,787	27,072	5,715	
<b>b</b> Program Supplies	29,325	29,325		
<b>c</b> Other Expenses	19,390	16,010	3,380	
<b>d</b> Telephone	11,589	9,569	2,020	
<b>e</b> All other expenses	9,116	7,489	1,581	46
<b>25 Total functional expenses.</b> Add lines 1 through 24e	1,237,995	1,010,123	227,826	46
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	32,999	<b>2</b>	98,616
	<b>3</b> Pledges and grants receivable, net . . . . .	12,321	<b>3</b>	9,121
	<b>4</b> Accounts receivable, net . . . . .	169,014	<b>4</b>	308,945
	<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 instructions) Complete Part II of Schedule 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 . . . . .	6,879	<b>9</b>	15,468
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 398,119		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 370,643	28,117	<b>10c</b> 27,476
	<b>11</b> Investments—publicly traded securities . . . . .	194,796	<b>11</b>	54,547
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	444,126	<b>16</b>	514,173	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	88,666	<b>17</b>	88,464
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	4,370	<b>19</b>	4,370
	<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		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	93,036	<b>26</b>	92,834
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	351,090	<b>27</b>	421,339
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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> <b>Total net assets or fund balances</b> . . . . .	351,090	<b>33</b>	421,339	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	444,126	<b>34</b>	514,173	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,308,244
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,237,995
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	70,249
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	351,090
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	421,339

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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		No
<b>2b</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	Yes	
<b>2c</b> 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.	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A  
(Form 990 or  
990EZ)**

**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 the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the  
Treasury

Name of the organization  
New York Area Nursing Association

Employer identification number

02-0258546

**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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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 grant.") . . .						
<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) . . . . .					<b>12</b>	
<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)) . . . . .	<b>14</b>	
<b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<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.")	139,174	134,660	147,281	145,005	201,956	768,076
<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	831,954	884,015	932,695	975,425	1,110,311	4,734,400
<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	971,128	1,018,675	1,079,976	1,120,430	1,312,267	5,502,476
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
<b>c</b> Add lines 7a and 7b.						0
<b>8 Public support.</b> (Subtract line 7c from line 6.)						5,502,476

**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.	971,128	1,018,675	1,079,976	1,120,430	1,312,267	5,502,476
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	17,974	13,594	10,427	5,841	311	48,147
<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.	17,974	13,594	10,427	5,841	311	48,147
<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.)	989,102	1,032,269	1,090,403	1,126,271	1,312,578	5,550,623
<b>14 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>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	99.130 %
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	98.790 %

**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>	0.870 %
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17	<b>18</b>	1.210 %

**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 on line 12 of 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<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)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
<b>b</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</b> <b>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? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," provide detail in <b>Part VI</b> .		
<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)? If "Yes," answer line 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

**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?

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**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.**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.

	Yes	No
<b>1</b>		
<b>2</b>		

**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.**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
<b>1</b>		

**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?

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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.**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
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		



**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)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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

<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</b>	<b>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 (see instructions)</b>	<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 Part VI). 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</b> Total 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. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2019. 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. . . . .			

**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).

<b>Facts And Circumstances Test</b>

Return Reference	Explanation
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**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue  
Service

► **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 the latest information.**

**Name of the organization**  
Newfound Area Nursing Association

**Employer identification number**

02-0258546

**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 an 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 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? . . . . . ☐ Yes ☐ No

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)? . . . . . ☐ Yes ☐ No

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 . . . . . ► \$ \_\_\_\_\_

**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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**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 in 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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
- (ii)** related organizations

**b** If "Yes" on 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.

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land		9,491		9,491
<b>b</b> Buildings		152,598	149,149	3,449
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		236,030	221,494	14,536
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				27,476

**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> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments** ☐ **Program Related.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<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) _____	
(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 ☒

**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>	1,308,244
<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>	
<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>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,308,244
<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>	
<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>	0
<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>	1,308,244

**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>	1,237,995
<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>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,237,995
<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>	
<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>	0
<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>	1,237,995

**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.

Return Reference	Explanation
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 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.

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

**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**

Department of the

Treasury  
Name of the organization  
Internal Revenue  
Service  
National Area Nursing Association

**Employer identification number**

02-0258546

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Executive Director and Financial Accounting Manager review the 990. Form 990 is distributed to all Board Members prior to filing.
Form 990, Part VI, Section B, line 12c	Policy is reviewed annually with the board of directors. Each member is asked to sign an affidavit acknowledging they have read the policy, understand the policy, and are in compliance with the policy.
Form 990, Part VI, Section B, line 15	The Executive Director is reviewed annually by the personnel committee of the Board of Directors. The Financial Accounting Manager is reviewed annually by the Executive Director.
Form 990, Part VI, Section C, line 19	Upon request.



## Appendix D

### Lakes Region Visiting Nurse Association Articles of Agreement

# **LAKES REGION VISITING NURSE ASSOCIATION CONSTITUTION**

## **ARTICLE I**

The name shall be LAKES REGION VISITING NURSE ASSOCIATION (also referred to as the Association)

## **ARTICLE II**

### **Objectives**

The objective of LAKES REGION VISITING NURSE ASSOCIATION, a non-profit Association, shall be to promote comprehensive home health care by providing skilled nursing services and at least one of the following therapeutic services: Physical, Occupational or Speech. Supervised Licensed Nursing Assistance, or Social Services will be provided to help maintain, strengthen and safe-guard individuals and/or family units where there are health and/or social needs which interfere with independent functioning. To accomplish this objective, we will establish and maintain a certified home health program within our service area, providing care regardless of the patient's ability to pay.

## **ARTICLE II-A**

There shall be no members in the Association.

## **ARTICLE III**

### **Limitations**

(a) No person will be denied services or employment because of race, color, religion, sex, age, national origin or physical or mental disability. This also includes hiring, assignment, promotion or other conditions of staff employment. There is no discrimination on the basis of race, color, religion, sex, age, national origin or physical or mental disability in membership on the Association's governing body.

(b) The Association shall neither have nor exercise any power, nor shall it engage directly or indirectly in any activity that would invalidate its status as a corporation which is exempt from federal income taxation as an organization described in Section 501(c) of the Internal Revenue Code of 1986, or any successor provision.

(c) The Association is not organized for pecuniary profit and shall not have any capital stock. No part of its net earnings or of its principal shall inure to the benefit of any officer director of the Association, or any other individual, partnership or corporation, but reimbursement for expenditures or the payment of reasonable compensation for services rendered shall not be deemed to be a distribution of earnings or principal.

(d) On dissolution, after provision is made for payment of debts, all property of the Association, from whatever source arising, shall be distributed only to such organizations as are then exempt from tax by virtue of Section 501(c) of the Internal Revenue Code of 1986, or any successor provision, and as the Board of Directors of the Corporation shall determine, unless otherwise provided in the instrument from which the funds to be distributed derive.

(e) No substantial part of the activities of the Association shall be carrying on 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 (or in opposition to) any candidate for public office.

#### **Article IV Address**

The address of the Association shall be the principal place of business. All correspondence should be directed to: Secretary  
LAKES REGION VISITING NURSE ASSOCIATION  
186 Waukewan St  
Meredith NH 03253

#### **Article V Capital Stock**

There shall be no capital stock of the Association.

#### **ARTICLE VI Board of Directors**

The management of LAKES REGION VISITING NURSE ASSOCIATION (Association) shall be the Board of Directors. New directors and the slate of officers shall be elected to office by the current board at the annual meeting. Board members shall take office at the close of the meeting at which they are elected. No board member shall serve more than two (2) consecutive three (3) year terms (i.e., 6 years). Any Physician who is actively practicing medicine within the Association's service area shall hold no office on the Board of Directors. If a vacancy should occur at any time, the Board of Directors may appoint a replacement. It is the intent of the Association that board representation be obtained from every community that provides the Association with financial support for services provided to residents unable to pay for it.

## Appendix E

### Lakes Region Visiting Nurse Association By-Laws

## **LAKES REGION VISITING NURSE ASSOCIATION**

### **By-Laws**

#### **ARTICLE I**

##### **Board of Directors**

There shall be a Board of Directors of the Association of not less than seven (7) persons and not more than thirteen (13) persons.

#### **ARTICLE II**

##### **Officers of the Board of Directors**

###### **Chairperson:**

The Chairperson shall preside at all meetings of the Executive Committee and the Board of Directors, shall be ex-officio member of all committees, shall appoint all standing committees and chairpersons with the advice of the Executive Committee, and shall perform such duties and exercise such powers that are normally associated with the office of the Chairperson.

###### **Vice Chairperson:**

The Vice Chairperson shall be prepared to stand in for the Chairperson at such times as the Chairperson may request or the Board of Directors may request, or due to disability or absence of the Chairperson.

###### **Secretary:**

The Secretary shall keep a record of all Board of Directors Meetings and Executive Committee meetings, and shall perform all duties relative to that office.

###### **Treasurer:**

The Treasurer shall be responsible for the monies of the Association, for maintaining an accurate record of all receipts and disbursements by the Association, for preparing and presenting monthly, quarterly, annual reports, and any other reports requested by the Board of Directors. The Treasurer shall perform all duties relative to that office including Chairpersonship of the Finance Committee.

###### **Assistant Treasurer:**

The Assistant Treasurer shall be responsible for the duties of the Treasurer in his/her absence and shall serve as sub-chairperson of the Finance Committee.

**Limitations of Length of Service:** In accordance with Article VI of the Constitution for the Association, no board member may serve more than six (6) years consecutively on the Board. Any board member elected to fill the term of another member shall not have the remainder of the term counted as part of the six (6) years. Any board member elected to fill an open seat (*i.e.*, a seat not created by another member leaving before their term has expired) shall have their term of service counted from the beginning of the first annual meeting after their election for purposes of counting the six (6) years.

### **ARTICLE III**

#### **Meetings**

**Annual Meeting:** The annual meeting of the Association shall be held in the month of October. The date and place is to be determined by the Chairperson and the Board of Directors.

**Special Meetings:** A special meeting may be called by the Chairperson of the Board or three (3) or more members of the Board of Directors may direct the Secretary to initiate notification of a special meeting. Written notice stating the place, day, and hour of the meeting and, in case of a special meeting, the purpose or purposes for which the meeting is called, shall be made by first class mail, email or telephone, whichever is more convenient, at least two days in advance of said meeting.

**Telephone Meetings:** Any one or more Directors may participate in a meeting of the Board of Directors by conference telephone or other electronic means by which all persons participating in the meeting can communicate with each other. Participation by telephone shall be equivalent to presence in person at a meeting for purposes of determining if a quorum is present.

**Notice of Meetings:** Monthly meetings are normally held on the fourth Tuesday of each month. A reminder of the monthly meeting will be sent to Board members at least two weeks prior to the meeting.

**Quorum:** A Quorum shall consist of five (5) members present from the Board of Directors. A majority of those present will carry a vote.

**Attendance:** Attendance and active participation in Board activities is expected. Excessive absence may be considered grounds for dismissal by a vote of the Executive Committee and approval of the Board of Directors.

## **ARTICLE IV**

### **Standing Committees**

The standing Committees of the Association shall be the Executive Committee, the Professional Advisory Committee, the Personnel Committee, the Finance Committee, the Nominating Committee, the Marketing Committee, the Evaluation Committee, the Clinical Record Review Committee, the Safety Committee, and the Outcome Based Quality Assurance Committee.

**1. Executive Committee.** The Executive Committee shall consist of the officers of the Association. It shall have such powers and duties as may be delegated to it by the Board of Directors, including the establishment of special committees, and among its functions shall be that of acting as a governing body between meetings of the Board of Directors.

**2. Professional Advisory Committee.** The Professional Advisory Committee is a group of professional personnel which includes one practicing Physician and/or one Registered Nurse, and appropriate representatives from other professional disciplines. This committee annually reviews the Association's policies for supervision, treatment plans, emergency care, clinical records, personnel qualifications and program evaluations. This committee meets frequently enough to advise the Association on professional issues.

**3. Personnel Committee.** The Personnel Committee shall have the power and duty to prepare, review and revise personnel policies and job descriptions for all staff, subject to the approval of the Board of Directors. This shall be done on an annual basis. The Committee will also act as a Grievance Committee for all employees. The Chairperson of the committee annually evaluates the Executive Director.

**4. The Finance Committee.** The Finance Committee shall have the power and the duty to recommend to the Board of Directors plans and methods for financing Association programs. The Committee shall present to the Board of Directors quarterly detailed financial reports of the Association's finances, and will submit at the annual meeting a summary of the previous year's income and expenses. The Chairperson of the Committee shall be the Treasurer of the Association. This committee shall consist of representatives of the Board of Directors, and Administrative staff.

**5. Nominating Committee.** The Nominating Committee shall consist of four (4) persons. This committee shall propose and present a slate of officers and board members to be presented as candidates at the Annual Meeting. Candidates for an officer's position should be current members of the Board of Directors

**6. Business Development Committee.** The Business Development Committee exists to identify, research and pursue opportunities to expand patient base,

geographic coverage, revenue and product/service offerings of the Association in a profitable, scalable and sustainable fashion.

**7. Evaluation Committee.** The Evaluation Committee shall consist of at least two (2) board members, professional personnel (or a committee of this group), Association staff, and one or more consumers and shall meet at least twice a year. Their duties are to make an annual overall evaluation of the Association itself, and its total programs, including clinical record reviews in order to assess the extent to which the programs are appropriate, adequate, effective and efficient. A report of the evaluation will be made to the Board of Directors to be acted upon accordingly and is to be maintained separately as an administrative record.

**8. Clinical Record Review Committee.** The Clinical Record Review Committee shall consist of appropriate health professionals representing at least the scope of the Association's programs. They shall review quarterly a sample of both active and closed clinical records to assure that established policies are followed in providing service. There is a continuing review of clinical records for each sixty (60) day period that a patient receives home health services to determine adequacy of the plan of treatment and appropriateness of continuation of same.

**9. Safety Committee.** The Safety Committee shall consist of one (1) member of management and (1) member from the employee staff and shall meet at least two (2) times per year. This committee shall review all occurrences and or incidents with recommendations to those involved in order to maintain a safe and hazard-free environment. In addition, the Committee shall conduct inspections of the workplace on a regular basis. All recommendations will be reviewed with the Executive Director.

**10. Outcome Based Quality Assurance (OBQA) Committee.** The Outcome Based Quality Assurance (OBQA) Committee shall consist of the Executive Director and two (2) representatives from the professional staff. This committee shall meet at least two (2) times per year to ensure the quality, effectiveness and efficiency of health care services provided by the Association.

**11. Fund Development Committee.** The goal of the Fund Development Committee is to supplement the Association's revenue stream with grants, contributions, sponsorships, social media and other campaigns. Leading this effort is the Executive Director with the support of the Fund Development Committee.



## **ARTICLE V**

### **Conflict of Interest**

#### **1. Duty to Disclose**

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the Executive Committee with governing board delegated powers considering the proposed transaction or arrangement.

#### **2. Determining Whether a Conflict of Interest Exists**

After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

#### **3. Procedures for Addressing the Conflict of Interest**

a. An interested person may make a presentation at the governing board or committee

meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.

b. After exercising due diligence, if the governing board or committee shall determine that a conflict of interest does exist, the board member having the conflict must remove the conflict within a reasonable time, or that member will be dismissed from the board.

## **ARTICLE VI**

### **Removal**

Any Director may at any time be removed from office for any cause deemed sufficient by the Board of Directors by the affirmative vote of two-thirds of the full number of Directors then in office acting at a meeting of the Board, the notice of which has specified the proposed removal. In addition, three (3) consecutive absences from regular meetings of the Board shall constitute an automatic resignation without any further action of the Board of Directors, unless the President of the Board has excused the absences.

**ARTICLE VII**  
**Clinical Records**

All Clinical records shall be retained for ten (10) years in the office of the Association. All clinical records are to be stored in a locked fireproof metal cabinet(s).

**ARTICLE VIII**  
**Amendments**

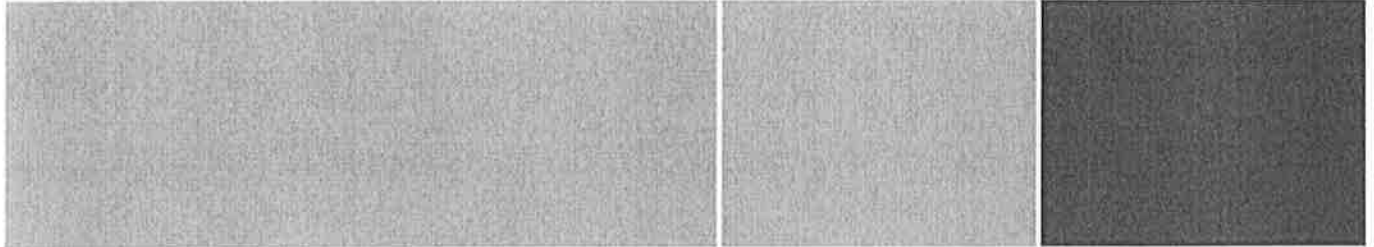
An amendment to the By-laws and Constitution of this Association shall become effective immediately upon its acceptance by a majority of the Board of Directors. Any proposed changes in policies shall become effective immediately upon acceptance at a regular monthly meeting.

**ARTICLE IX**  
**Procedures**

Procedures of all meetings shall be according to Roberts Rules of Order.

## Appendix F-1

### Lakes Region Visiting Nurse Association Audited Financial Statements FY 19



## FINANCIAL STATEMENTS

September 30, 2019 and 2018

With Independent Auditor's Report





## INDEPENDENT AUDITOR'S REPORT

Board of Directors  
Lakes Region Visiting Nurse Association

We have audited the accompanying financial statements of Lakes Region Visiting Nurse Association (the Association), which comprise the balance sheets as of September 30, 2019 and 2018, and the related statements of operations and 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 Lakes Region Visiting Nurse Association 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 of Not-for-Profit Entities* (Topic 958). Our opinion is not modified with respect to this matter.

*Berry Dunn McNeil & Parker, LLC*

Manchester, New Hampshire  
December 17, 2019

**LAKES REGION VISITING NURSE ASSOCIATION**

**Balance Sheets**

**September 30, 2019 and 2018**

**ASSETS**

	<u><b>2019</b></u>	<u><b>2018</b></u>
Current assets		
Cash and cash equivalents	\$ 610,868	\$ 231,374
Patient accounts receivable, less allowance for uncollectible accounts of \$114,895 in 2019 and \$72,249 in 2018	694,669	448,490
Other receivable	-	610
Other current assets	<u>32,681</u>	<u>1,253</u>
Total current assets	1,338,218	681,727
Investments	294,007	280,233
Property and equipment, net	<u>743,102</u>	<u>738,736</u>
Total assets	<u><b>\$ 2,375,327</b></u>	<u><b>\$ 1,700,696</b></u>

**LIABILITIES AND NET ASSETS**

Current liabilities		
Accounts payable and accrued expenses	\$ 55,432	\$ 10,499
Accrued payroll and related expenses	284,491	156,413
Deferred revenue	<u>13,252</u>	<u>13,252</u>
Total current liabilities	353,175	180,164
Net assets		
Without donor restrictions	<u>2,022,152</u>	<u>1,520,532</u>
Total liabilities and net assets	<u><b>\$ 2,375,327</b></u>	<u><b>\$ 1,700,696</b></u>

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

**LAKES REGION VISITING NURSE ASSOCIATION**  
**Statements of Operations and Changes in Net Assets**  
**Years Ended September 30, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
Operating revenue		
Patient service revenue	\$ 4,022,932	\$ 1,763,348
Provision for bad debts	<u>(148,730)</u>	<u>(52,722)</u>
Net patient service revenue	3,874,202	1,710,626
Other operating revenue	<u>27,162</u>	<u>44,437</u>
Total operating revenue	<u>3,901,364</u>	<u>1,755,063</u>
Operating expenses		
Salaries and benefits	2,697,163	1,365,511
Other operating expenses	870,715	411,657
Depreciation	<u>26,961</u>	<u>21,740</u>
Total operating expenses	<u>3,594,839</u>	<u>1,798,908</u>
Operating gain (loss)	<u>306,525</u>	<u>(43,845)</u>
Other revenue and gains		
Municipal and state appropriations	123,000	123,000
Contributions and fundraising income	57,993	43,553
Investment income, net	5,719	5,177
Change in fair value of investments	<u>8,383</u>	<u>8,854</u>
Total other revenue and gains	<u>195,095</u>	<u>180,584</u>
Excess of revenues, gains and other support over expenses and increase in net assets without donor restrictions	501,620	136,739
Net assets, beginning of year	<u>1,520,532</u>	<u>1,383,793</u>
Net assets, end of year	<u>\$ 2,022,152</u>	<u>\$ 1,520,532</u>

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



# LAKES REGION VISITING NURSE ASSOCIATION

## 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	\$ 501,620	\$ 136,739
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities		
Depreciation	26,961	21,740
Provision for bad debts	148,730	52,722
Change in fair value of investments	(8,383)	(8,854)
(Increase) decrease in the following assets		
Patient accounts receivable	(394,909)	(337,184)
Other receivable	610	7,716
Other current assets	(31,428)	41
(Decrease) increase in the following liabilities		
Accounts payable and accrued expenses	44,933	(19,515)
Accrued payroll and related expenses	128,078	88,346
Deferred revenue	<u>-</u>	<u>(5,000)</u>
Net cash provided (used) by operating activities	<u>416,212</u>	<u>(63,249)</u>
Cash flows from investing activities		
Proceeds from sale of investments	33,225	53,776
Purchases of investments	(38,616)	(58,936)
Capital expenditures	<u>(31,327)</u>	<u>-</u>
Net cash used by investing activities	<u>(36,718)</u>	<u>(5,160)</u>
Net increase (decrease) in cash and cash equivalents	379,494	(68,409)
Cash and cash equivalents, beginning of year	<u>231,374</u>	<u>299,783</u>
Cash and cash equivalents, end of year	<u>\$ 610,868</u>	<u>\$ 231,374</u>

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

# LAKES REGION VISITING NURSE ASSOCIATION

## Notes to Financial Statements

September 30, 2019 and 2018

### 1. Summary of Significant Accounting Policies

#### Organization

Lakes Region Visiting Nurse Association (the Association) is a non-stock, non-profit corporation organized in the State of New Hampshire. The Association's primary purpose is to provide comprehensive home care and hospice services to communities in Meredith, Center Harbor, Moultonborough and surrounding towns in New Hampshire.

#### 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 Financial Accounting Standards Board (FASB) Accounting Standards Codification Topic (ASC) 958, *Not-for-Profit Entities*. Under FASB ASC 958 and FASB ASC 954, *Health Care Entities*, all not-for-profit healthcare organizations are required to provide a balance sheet, a statement of operations, a statement of changes in net assets, and a statement of cash flows. FASB ASC 954 requires reporting amounts for an organization's total assets, liabilities, and net assets in a balance sheet; reporting the change in an organization's net assets in statements of operations and changes in net assets; and reporting the change in its cash and cash equivalents in a statement of cash flows.

**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 are to 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. 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.

# **LAKES REGION VISITING NURSE ASSOCIATION**

## **Notes to Financial Statements**

**September 30, 2019 and 2018**

### **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. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### **Cash and Cash Equivalents**

The Association has cash deposits in a major financial institution 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**

The Association reports investments at fair value and has elected to report all gains and losses in other revenues and gains to simplify the presentation of these accounts in the statement of operations and changes in net assets, 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.

### **Allowance For Uncollectible Accounts**

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts by analyzing its past history and identifying trends for all funding sources in the aggregate. In addition, balances in excess of 365 days are 100% reserved. Management regularly reviews data about revenue in evaluating the appropriateness of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts.

# LAKES REGION VISITING NURSE ASSOCIATION

## Notes to Financial Statements

September 30, 2019 and 2018

A reconciliation of the allowance for uncollectible accounts follows:

	<u>2019</u>	<u>2018</u>
Balance, beginning of year	\$ 72,249	\$ 89,350
Provision for bad debts	148,730	52,722
Write-offs	<u>(106,084)</u>	<u>(69,823)</u>
Balance, end of year	<u>\$ 114,895</u>	<u>\$ 72,249</u>

The increase in the provision for bad debts is due to a credentialing delay when implementing the hospice program.

### 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. Depreciation is computed using the straight-line method over the useful lives of the related assets.

### Patient Service Revenue

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.

During 2018, the Association was certified to provide hospice services. Providers of hospice services to clients eligible for Medicare hospice benefits are paid on a per-diem 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.

Charges for services to all patients are recorded as revenue when services are rendered at the net realizable amounts from patients, third-party payers and others, including estimated retroactive adjustments under reimbursement agreements with third-party payers. 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.

### 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. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statement of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met in the same year as received are reflected as contributions without donor restrictions in the accompanying financial statements.

# LAKES REGION VISITING NURSE ASSOCIATION

## Notes to Financial Statements

September 30, 2019 and 2018

### Recently Issued Accounting Pronouncement

In August 2016, Financial Accounting Standards Board (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 new ASU marks the completion of the first phase of a larger project aimed at improving not-for-profit financial reporting. Under the new ASU, net asset reporting is streamlined and clarified. The previous three category classification of net assets was 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, plant, 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.

### 2. Availability and Liquidity of Financial Assets

As of September 30, 2019, the Association has working capital of \$985,043 and average days (based on normal expenditures) cash and liquid investments on hand of 93 which includes cash and long-term investments.

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

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 610,868	\$ 231,374
Investments	294,007	280,233
Patient accounts receivable, net	694,669	448,490
Other receivable	<u>-</u>	<u>610</u>
Financial assets available to meet cash needs for general expenditures and unfunded capital expenditures within one year	\$ <u>1,599,544</u>	\$ <u>960,707</u>

The Association also has a line of credit available to meet short-term needs. See Note 5 for information about this arrangement.

# LAKES REGION VISITING NURSE ASSOCIATION

## Notes to Financial Statements

September 30, 2019 and 2018

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

- Operating within a prudent range of financial soundness and stability;
- Maintaining adequate liquid assets; and
- Maintaining sufficient reserves to provide reasonable assurance that long-term commitments that support mission fulfillment will continue to be met, ensuring the sustainability of the Association.

### 3. Investments

Investments stated at fair value are as follows:

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 54,621	\$ 50,077
Equity securities	127,179	133,640
Mutual funds	50,393	37,497
Corporate bonds	<u>61,814</u>	<u>59,019</u>
Total investments	<u>\$ 294,007</u>	<u>\$ 280,233</u>

### Fair Value Measurement

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 value of the Association's investments, with the exception of corporate bonds, is measured on a recurring basis using Level 1 inputs. The fair value of the Association's corporate bonds is measured based on Level 2 inputs. The fair value is determined annually based on quoted market prices of similar investments.

# LAKES REGION VISITING NURSE ASSOCIATION

## Notes to Financial Statements

September 30, 2019 and 2018

### 4. Property and Equipment

Property and equipment consists of the following:

	<u>2019</u>	<u>2018</u>
Land	\$ 233,357	\$ 233,357
Building and improvements	615,279	614,279
Furniture, fixtures, and equipment	<u>198,938</u>	<u>168,612</u>
Total cost	1,047,574	1,016,248
Less accumulated depreciation	<u>304,472</u>	<u>277,512</u>
Property and equipment, net	<u>\$ 743,102</u>	<u>\$ 738,736</u>

### 5. Line of Credit

The Association has a \$250,000 line of credit payable on demand with a local bank, collateralized by the Association's business assets. The line has been renewed through February 2021 and will be using a three-year adjustable rate at prime plus 1%. There was no outstanding balance at September 30, 2019 and 2018.

### 6. Patient Service Revenue

Patient service revenue is as follows:

	<u>2019</u>	<u>2018</u>
Medicare	\$ 3,218,727	\$ 1,463,420
Medicaid	52,218	31,070
Other third-party payers and private pay	<u>751,987</u>	<u>268,858</u>
Total	<u>\$ 4,022,932</u>	<u>\$ 1,763,348</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.

## LAKES REGION VISITING NURSE ASSOCIATION

### Notes to Financial Statements

September 30, 2019 and 2018

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 cost to provide these services is not considered material to the financial statements.

The Association was able to provide these services through local community support. Local community support consisted of contributions and municipal appropriations.

#### 7. 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	\$ 1,907,570	\$ 860,984
Other operating expenses		
Program supplies	121,412	24,827
Contract services	289,957	92,862
Transportation	91,473	46,429
Other	174,817	120,340
Depreciation	<u>19,204</u>	<u>13,903</u>
Total program services	<u>2,604,433</u>	<u>1,159,345</u>
Administrative and general		
Salaries and benefits	789,593	504,527
Other operating expenses		
Contract services	117,114	52,349
Transportation	5,333	7,011
Other	70,609	67,839
Depreciation	<u>7,757</u>	<u>7,837</u>
Total administrative and general	<u>990,406</u>	<u>639,563</u>
Total	<u>\$ 3,594,839</u>	<u>\$ 1,798,908</u>

The Association uses Medicare cost reporting methodology for allocation of expenses between program services and administrative and general.

#### 8. Retirement Plans

The Association has a 401(k) defined contribution retirement plan. Retirement contributions amounted to \$42,671 in 2019 and \$29,873 in 2018.



# LAKES REGION VISITING NURSE ASSOCIATION

## Notes to Financial Statements

September 30, 2019 and 2018

### 9. Concentration of Risk

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

	<u>2019</u>	<u>2018</u>
Medicare	61 %	65 %
United Health Care	6	18
Anthem	19	3
Other	<u>14</u>	<u>14</u>
Total	<u>100 %</u>	<u>100 %</u>

### 10. Malpractice Insurance

The Association maintains medical malpractice insurance coverage on a claims-made 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 September 30, 2019. The Association intends to renew coverage on a claims made 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 December 17, 2019, which is the date the financial statements were available to be issued.

## Appendix F-2

Lakes Region Visiting Nurse Association  
Form 990 FY18

Form  
990Department 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)

▶ 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.

OMB No 1545-0047

2018

Open to Public  
Inspection**A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019**

- B** Check if applicable:
- ☐ Address change
  - ☐ Name change
  - ☐ Initial return
  - ☐ Final return/terminated
  - ☐ Amended return
  - ☐ Application pending

**C** Name of organization  
Lakes Region Visiting Nurse Association

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
186 Waukegan Street

City or town, state or province, country, and ZIP or foreign postal code  
Meredith, NH 03253

**D** Employer identification number

02-0228242

**E** Telephone number

(603) 279-6611

**G** Gross receipts \$ 4,123,436

**F** Name and address of principal officer  
Renee Speltz  
186 Waukegan Street  
Meredith, NH 03253

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶ [www.lrvna.org](http://www.lrvna.org)

**K** Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other ▶

**L** Year of formation 1923

**M** State of legal domicile NH

**Part I Summary**

Activities &amp; Governance

**1** Briefly describe the organization's mission or most significant activities  
Foster independence, provide health education and guidance, and involve the community with respect for each client and their families' rights to participate in decision making, based on the client's need, not ability to pay

**2** Check this box ☐ 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>	10
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	9
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	49
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	16
<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 34	<b>7b</b>	0

Revenue

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	178,298	173,062
<b>9</b> Program service revenue (Part VIII, line 2g)	1,722,313	3,885,364
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,570	16,237
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,517	20,912
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,935,698	4,095,575

Expenses

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,365,511	2,697,163
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,388		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	433,448	896,792
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,798,959	3,593,955
<b>19</b> Revenue less expenses Subtract line 18 from line 12	136,739	501,620

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	1,700,696	2,375,327
<b>21</b> Total liabilities (Part X, line 26)	180,164	353,175
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	1,520,532	2,022,152

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign  
Here

Signature of officer

2020-02-06  
Date

Renee Speltz Chairman  
Type or print name and title

Paid  
Preparer  
Use Only

Print/Type preparer's name

Preparer's signature

Date  
2020-02-06

Check ☐ if self-employed PTIN P01712842

Firm's name ▶ Berry Dunn McNeil & Parker LLC

Firm's EIN ▶ 01-0523282

Firm's address ▶ 1000 Elm Street 4th Floor

Phone no (603) 669-7337

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

Foster independence, provide health education and guidance, and involve the community with respect for each client and their families' rights to participate in decision making, based on the client's need, not ability to pay

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 2,604,433 including grants of \$ ) (Revenue \$ 3,885,364 )  
See Additional Data

**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 **2,604,433**

**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)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<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? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 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? If "Yes," complete Schedule C, Part II	<b>4</b>	No
<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? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<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? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<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? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<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? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b>	No
<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? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<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? If "Yes," complete Schedule D, Part VII	<b>11b</b>	No
<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? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<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? If "Yes," complete Schedule D, Part IX	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b>	No
<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)? If "Yes," complete Schedule D, Part X	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b> Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<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? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<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? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<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? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<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? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<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? If "Yes," complete Schedule G, Part II	<b>18</b> Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<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? If "Yes," complete Schedule I, Parts I and II	<b>21</b>	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? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	No

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

	Yes	No
<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> . . . . .	<b>23</b> Yes	
<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> . . . . .	<b>24a</b>	No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<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>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<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> . . . . .	<b>25a</b>	No
<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> . . . . .	<b>25b</b>	No
<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> . . . . .	<b>26</b>	No
<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> . . . . .	<b>27</b>	No
<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> . . . . .	<b>28a</b>	No
<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> . . . . .	<b>28b</b>	No
<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> . . . . .	<b>28c</b>	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	No
<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> . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<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> . . . . .	<b>32</b>	No
<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> . . . . .	<b>33</b>	No
<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> . . . . .	<b>34</b>	No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	No
<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>35b</b>	
<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> . . . . .	<b>36</b>	No
<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> . . . . .	<b>37</b>	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> Yes	

**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 . . . . .	<b>1a</b> 4	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 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? . . . . .	<b>1c</b> Yes	

<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 . . . . .	<b>2a</b> 49			
<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)		<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		<b>3a</b>		No
<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 . . .		<b>3b</b>		
<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)? . .		<b>4a</b>		No
<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? . .		<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>		
<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? . . .		<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>		
<b>7 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? . . . . .		<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>		
<b>8 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? . . . . .		<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .		<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>			
<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) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13 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		<b>13a</b>		
<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 . . . . .	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . .		<b>14b</b>		
<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 . . . . .		<b>15</b>		No
<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 . . . . .		<b>16</b>		No

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.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>1b</b> Enter the number of voting members included in line 1a, above, who are independent		
<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?		No
<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?		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b> Did the organization have members or stockholders?		No
<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?		No
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<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?	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	Yes	
<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		No

**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?		No
<b>10b</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>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>11b</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	Yes	
<b>12b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	Yes	
<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>15a</b> The organization's CEO, Executive Director, or top management official	Yes	
<b>15b</b> Other officers or key employees of the organization	Yes	
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?		No
<b>16b</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?		

**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 Form 1023 (or 1024-A if applicable), 990, and 990-T (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:  
**Mary Elliard 186 Waukegan Street Meredith, NH 03253 (603) 279-6611**



7

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

## 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

[illegible]

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

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 ► 2

		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> . . . . .	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
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> . . . . .	5	No

## Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
	(A) Name and business address	(B) Description of services
		(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	139,000			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	34,062			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$					
	<b>h Total.</b> Add lines 1a-1f . . . . .		173,062			
<b>Program Service Revenue</b>	<b>2a</b> Patient Health Care	Business Code				
		621610	3,885,364	3,885,364		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue		3,885,364			
<b>g Total.</b> Add lines 2a-2f . . . . .						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		7,854			7,854
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss) . . . . .		8,383			8,383
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	23,931			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	3,019			
	<b>c</b> Net income or (loss) from fundraising events . . . . .		20,912			20,912
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>11a</b> Miscellaneous Revenue	Business Code					
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .						
<b>12 Total revenue.</b> See Instructions . . . . .		4,095,575	3,885,364	0	37,149	

**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
<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, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	433,049		433,049	
<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.	1,860,460	1,619,765	240,695	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	46,456	33,123	13,333	
<b>9</b> Other employee benefits.	203,358	144,994	58,364	
<b>10</b> Payroll taxes.	153,840	109,688	44,152	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.				
<b>c</b> Accounting.	15,794		15,794	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	2,135		2,135	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	391,277	289,957	101,320	
<b>12</b> Advertising and promotion.	34,128	24,333	9,795	
<b>13</b> Office expenses.	14,110	10,060	4,050	
<b>14</b> Information technology.	43,557	31,056	12,501	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	15,352	10,946	4,406	
<b>17</b> Travel.	96,806	91,473	5,333	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	8,678	6,187	2,491	
<b>20</b> Interest.	4	3	1	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	26,961	19,204	7,757	
<b>23</b> Insurance.	13,465	9,601	3,864	
<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> Program Supplies.	121,412	121,412		
<b>b</b> Other Expenses.	39,062	32,248	6,814	
<b>c</b> Telephone.	30,038	21,417	8,621	
<b>d</b> Equipment Rental/Repair.	20,324	14,491	5,833	
<b>e</b> All other expenses.	23,689	14,475	5,826	3,388
<b>25</b> Total functional expenses. Add lines 1 through 24e.	3,593,955	2,604,433	986,134	3,388
<b>26</b> 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 IX ☒

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	174	<b>1</b>	116
	<b>2</b> Savings and temporary cash investments . . . . .	511,433	<b>2</b>	665,373
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	449,100	<b>4</b>	694,669
	<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 instructions). Complete Part II of Schedule 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 . . . . .	1,252	<b>9</b>	32,681
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,047,574		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 304,472	<b>10c</b> 738,737	743,102
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	239,386
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,700,696	<b>16</b>	2,375,327	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	166,912	<b>17</b>	339,923
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	13,252
	<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 . . . . .	13,252	<b>25</b>	0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	180,164	<b>26</b>	353,175
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	1,520,532	<b>27</b>	2,022,152
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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> <b>Total net assets or fund balances</b> . . . . .	1,520,532	<b>33</b>	2,022,152	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	1,700,696	<b>34</b>	2,375,327	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,095,575
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,593,955
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	501,620
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,520,532
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,022,152

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ 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  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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  
☒ Separate basis ☐ Consolidated basis ☐ 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?  
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?
- 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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 02-0228242

**Name:** Lakes Region Visiting Nurse Association

Form 990 (2018)

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### Form 990, Part III, Line 4a:

100% of expenses attributable to providing a comprehensive range of skilled nursing and therapeutic services to meet the health care needs of our clients in their homes throughout The Lakes Region. All services will be provided under the direct orders of each client's physician.

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**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Name of the organization**

Lakes Region Visiting Nurse Association

**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 the latest information.**2018****Open to Public Inspection****Employer identification number**

02-0228242

**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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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 grant.")						
<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)					<b>12</b>	

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

- 14** Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) **14**
- 15** Public support percentage for 2017 Schedule A, Part II, line 14 **15**
- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ☐
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ☐
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 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> 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						
<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						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**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						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<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						
<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.)						

**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>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**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>	
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17	<b>18</b>	

**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 on line 12 of 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<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)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
<b>b</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</b> <b>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? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," provide detail in <b>Part VI</b> .		
<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)? If "Yes," answer line 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**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
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**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
<b>1</b>		
<b>2</b>		

**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
<b>1</b>		

**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
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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 governmental 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
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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

<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 (see instructions)</b>	<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 Part VI) 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 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI 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. . . . .			

**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)

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part I, Line 3	The Association's tax exemption is based upon the classification of a hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). Since the Association is not licensed by the State of New Hampshire as a hospital, Schedule H is not required.

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

**2018****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► **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 the latest information.**

**Name of the organization**

Lakes Region Visiting Nurse Association

**Employer identification number**

02-0228242

**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 an 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 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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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 ► \$ \_\_\_\_\_



**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

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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 in 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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 . . . . .

**(ii)** related organizations . . . . .

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land . . . . .		233,357		233,357
<b>b</b> Buildings . . . . .		615,279	136,152	479,127
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		198,938	168,320	30,618
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				743,102

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.**

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

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

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

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

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	4,096,459
<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>	
<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>	3,019
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	3,019
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,093,440
<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>	2,135
<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>	2,135
<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>	4,095,575

**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>	3,594,839
<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>	3,019
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	3,019
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	3,591,820
<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>	2,135
<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>	2,135
<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>	3,593,955

**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.

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 02-0228242  
**Name:** Lakes Region Visiting Nurse Association

**Supplemental Information**

Return Reference	Explanation
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 earned income 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.

**Supplemental Information**

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	Fundraising Expenses 3,019

**Supplemental Information**

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	Fundraising Expenses 3,019

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Lakes Region Visiting Nurse Association

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ 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

Employer identification number

02-0228242

Part I

Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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.
-



**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 Feed the Homecare Need (event type)	(b) Event #2 Benefit Concert with Temply Bhair (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	10,125	7,403	6,403	23,931
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	10,125	7,403	6,403	23,931
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	2,839	125	55	3,019
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				3,019
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶					20,912

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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 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.

Return Reference

Explanation

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

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.

**2018****Open to Public Inspection**Name of the organization  
Lakes Region Visiting Nurse Association

Employer identification number

02-0228242

**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 (e.g., maid, chauffeur, chef) |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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, officers, including the CEO/Executive Director, regarding the items checked in 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 type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input 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 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 in lines 5 and 6? If "Yes," describe in Part III

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

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

Yes No

1b

2

4a

No

4b

No

4c

No

5a

No

5b

No

6a

Yes

6b

No

7

No

8

No

9

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 are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Comp
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[illegible]

**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.

Return Reference	Explanation
Part I, Line 6	Kevin Kelly, CEO's incentive compensation is calculated as 7% of audited net income of the organization.



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

**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**

Department of the Treasury

Name of the organization

Lakes Region Visiting Nurse Association

Employer identification number

02-0228242

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Board of Directors and senior staff receive a copy of the return prior to filing for their review and approval

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	All interested parties are required to execute a new acknowledgement annually



990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	Compensation reviewed and approved by Board of Directors

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Made available upon request at office during business hours

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Contract Services Program service expenses 289,957 Management and general expenses 101,3 20 Fundraising expenses 0 Total expenses 391,277

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part X, Line 10 Land, Buildings, and Equipment	Section 1 263(a)-3(n) Election Lakes Region Visiting Nurse Association 186 Waukegan Stree t Meredith, NH 03253 EIN 02-0228242 Lakes Region Visiting Nurse Association is electing t o capitalize repair and maintenance costs under Regulation Section 1 263(a)-3(n)

## Appendix G

### Operating Services Agreement

**OPERATING SERVICES AGREEMENT  
BETWEEN NEWFOUND AREA NURSING ASSOCIATION  
AND LAKES REGION VISITING NURSE ASSOCIATION**

This Operating Services Agreement ("Agreement") is entered into effective September 23, 2020 ("Effective Date") by and between Newfound Area Nursing Association, a not for profit corporation with its principal place of business at 214 Lake Street, Bristol, New Hampshire 03222 ("NANA") and Lakes Region Visiting Nurse Association, a not for profit corporation with its principal place of business at 186 Waukewan Street, Meredith, New Hampshire 03253 ("LRVNA"). Together, NANA and LRVNA are the "Parties," and each is a "Party."

**RECITALS**

A. NANA is the owner and operator of a home health and hospice agency in Bristol, New Hampshire which provides community-based health care to the Newfound Area of central New Hampshire.

B. LRVNA is the owner and operator of a home health and hospice agency based in Meredith, New Hampshire which provides community-based health care to the Lakes Region of New Hampshire and employs personnel, including its Chief Executive Officer ("CEO"), who are experienced and qualified to provide management and operating services relating to the delivery of home health and hospice services ("Operating Services").

C. The Parties are engaged in merger discussions and anticipate such discussions will result in NANA's filing of a formal Notice of Change in Control under N.H. RSA 7:19-b (the "Notice") with the New Hampshire Attorney General, Charitable Trust Unit ("CTU").

D. Pending receipt of a decision from the CTU on NANA's Notice, NANA desires to engage LRVNA to provide Operating Services, and LRVNA is willing to provide such Operating Services, upon the terms and conditions set forth in this Agreement.

In consideration of the mutual covenants and promises set forth in this Agreement and for such other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, NANA and LRVNA agree as follows:

**1. LRVNA OBLIGATIONS TO NANA**

1.1 LRVNA Operating Services. LRVNA shall provide or arrange for the provision of all Operating Services to NANA, including, on an as-needed basis, but not limited to, staffing, administrative personnel and operations, and oversight of home care and hospice programs.

1.2 Chief Executive Officer. LRVNA shall provide the services of its CEO, Kevin Kelly, to NANA in ensuring adequate delivery of the Operating Services.

1.3 Consideration. LRVNA shall provide the Operating Services to NANA in consideration of the Parties' relationship and the proposed merger. NANA shall not be obligated to pay LRVNA for the Operating Services.

## **2. NANA OBLIGATIONS TO LRVNA**

2.1 Equipment and Space. NANA shall furnish, at its expense, such office equipment and appropriate office space as are reasonably necessary for LRVNA, its staff, and its CEO to deliver the Operating Services. To the extent that NANA does not have such equipment or space, LRVNA shall assist NANA with the procurement of such items.

2.2 NANA's Personnel. NANA shall provide the services of nurses, clerical, and all other non-physician personnel required for the delivery of the Operating Services. Such personnel shall be employed by NANA. All salaries, wages, taxes, insurance, workers' compensation insurance, retirement and other fringe benefits, and expenses of any kind incident to their employment shall be and remain the responsibility and obligation of NANA.

## **3. CONFIDENTIALITY**

3.1 Agreement Confidential. This Agreement is personal and confidential between the Parties, and the Parties hereto shall not release information concerning this Agreement to any person without the consent of the other Party. This prohibition against release of information shall not apply to any information required to be released by contracts existing as of the date of this Agreement, or to fiscal intermediaries, public agencies or commissions with government powers and duties related to disclosure of information having the right to compel disclosure of such information, nor to any information otherwise compelled to be released by process of law, nor to any information required to be disclosed to either Party's legal or financial representatives or others in connection with either Party's tax exempt status or other financing transactions.

3.2 Patient Records. Any and all patient records and charts produced as a result of either Party's performance under this Agreement shall be and remain the property of NANA. Both during and after the term of this Agreement, LRVNA shall be permitted to inspect and/or duplicate any individual chart or record to the extent necessary to meet its professional responsibilities to such patient(s), to engage in Quality Assurance review, and/or to assist in the defense of any malpractice or similar claim to which such chart or record may be pertinent, provided that such inspection or duplication is permitted and conducted in accordance with applicable law and pursuant to commonly accepted standards of patient confidentiality.

## **4. COMPLIANCE WITH LAWS**

4.1 Generally. Both Parties shall comply with all applicable laws, rules and regulations of all governmental authorities and accrediting agencies having jurisdiction over the Parties and/or this Agreement, including Medicare and Medicaid laws, rules and regulations and all professional licensure and reimbursement laws, regulations, rules and policies.

4.2 Privacy and Confidentiality. Both Parties shall comply with all federal and state laws governing the confidentiality and privacy of patient health information, including, without limitation, the Health Insurance Portability and Accountability Act of 1996 and all regulations thereunder and the Health Information Technology for Economic and Clinical Health Act and its implementing regulations.

## 5. TERM AND TERMINATION

5.1 Term. This Agreement shall commence on the Effective Date and shall continue until (a) receipt of final approval of the Notice acceptable to each Party or (b) receipt of a negative decision from the CTU regarding the Notice, unless terminated earlier pursuant to Section 5.2.

5.2 Termination of Agreement. Notwithstanding any other provisions of this Agreement, this Agreement may be terminated upon any of the following:

5.2.1 Without Cause. Either Party may terminate this Agreement, without cause or penalty, by giving no less than thirty (30) days' written notice to the other Party.

5.2.2 For Breach. Either Party may terminate this Agreement in the event of the other Party's breach hereof by giving thirty (30) days' prior written notice of the general nature of such breach. Notwithstanding the foregoing, this Agreement shall not terminate in the event that the breaching Party cures the breach, to the satisfaction of the non-breaching Party, within fifteen (15) days of the receipt of such notice.

5.3 Effect of Termination. Upon termination of this Agreement, neither Party shall have any further obligation hereunder except for (a) obligations due and owing which arose prior to the date of termination and (b) obligations, promises, or covenants contained herein which expressly extend beyond the term of this Agreement.

## 6. MISCELLANEOUS PROVISIONS

6.1 Notices. Written notice required under this Agreement shall be delivered personally or sent by United States registered or certified mail, postage prepaid and return receipt requested, and addressed or delivered to the Parties at the following addresses (or such address as may hereafter be designated by a Party by written notice thereof to the other Party):

To LRVNA:

Kevin Kelly  
Chief Executive Officer  
Lakes Region Visiting Nurse Association  
186 Waukegan Street  
Meredith, NH 03253

To NANA:

Ileana N. Saros  
Acting President, Board of Directors  
Newfound Area Nursing Association  
214 Lake Street  
Bristol, NH 03222



6.2 Governing Law. This Agreement shall be construed and enforced in accordance with the laws of the State of New Hampshire, without regard to its conflict of law rules. Any actions arising from or relating to this Agreement shall be filed in the state or federal courts in New Hampshire.

6.3 Severability. The provisions of this Agreement shall be deemed severable and if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of this Agreement shall be effective and binding upon the Parties.

6.4 Assignment and Delegation. Neither Party shall assign or delegate any of its rights or obligations under this Agreement, and any such assignment or delegation is expressly prohibited and shall be void.

6.5 Amendment. This Agreement may be amended at any time by mutual agreement of the Parties without additional consideration, provided that before any amendment shall become effective, it shall be reduced to writing and signed by the Parties.

6.6 Entire Agreement. This Agreement is the entire Agreement between the Parties and no other agreements, oral or written, have been entered into with respect to the subject matter of this Agreement. This Agreement supersedes all prior agreements, negotiations, and communications of whatever type, whether written or oral, between the Parties hereto with respect to the subject matter of this Agreement.

6.7 Captions. Any captions or headings of the articles, sections, subsections, paragraphs, or subparagraphs of this Agreement are solely for the convenience of the Parties, are not a part of this Agreement and shall not be used for the interpretation or determination of validity of this Agreement or any provision hereof.

6.8 Independent Operators.

6.8.1 The Parties agree that they shall be deemed to be independent operators and shall not be deemed employees, agents, partners, or joint venturers of each other for any purpose.

6.8.2 Nothing in this Agreement is intended to, or shall be construed to, create an employee/employer relationship, a joint venture relationship, a landlord/tenant relationship or to allow one Party to have control or direction over the manner or method of the other's performance of the services required hereunder; provided always that the performance of services hereunder shall at all times be in accordance with the law and with the terms and conditions of this Agreement.

6.8.3 Each Party acknowledges that neither it nor any of its employees shall be treated as employees of the other for tax purposes or for purposes of Workers' Compensation coverage, and that neither Party is responsible for any required withholdings or for the payment of any benefits to the other's employees.

6.9 Counterparts. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all such counterparts together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their respective duly authorized representatives effective as of the date first above written.

**LAKES REGION VISITING NURSE ASSOCIATION**

By: Renee Speltz  
Name: Renee Speltz  
Title: Board Chair

**NEWFOUND AREA NURSING ASSOCIATION**

By: Ileana N. Saros  
Name: ILEANA N. SAROS  
Title: ACTING PRESIDENT  
BOARD OF DIRECTORS

# Appendix H

## Merger Agreement

## MERGER AGREEMENT

This MERGER AGREEMENT (the "Agreement") is made as of this 10<sup>th</sup> day of DECEMBER, 2020 ("Effective Date") by and between **Lakes Region Visiting Nurse Association**, a New Hampshire non-profit corporation with a principal place of business at 186 Waukewan Street, Meredith, NH 03253 ("LRVNA") and **Newfound Area Nursing Association**, a New Hampshire non-profit corporation with a principal place of business at 214 Lake Street, Bristol, NH 03222 ("NANA") (each of LRVNA and NANA 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. LRVNA is a non-profit licensed Medicare and Medicaid certified home health and hospice agency serving 36 municipalities in the Lakes Region of New Hampshire. Established in 1923, LRVNA provides skilled nursing, home care, hospice, rehabilitation, homemaker and personal care services, community health services and screenings (blood pressure clinics, foot clinics, and flu clinics), and other health and wellness programs.

B. NANA is a non-profit licensed Medicare and Medicaid certified home health and hospice agency serving 8 municipalities in the Central Region of New Hampshire. Established in 1960, NANA provides home health, hospice, in-home physical therapy, and community health services and screenings (foot clinics, flu vaccinations, and blood pressure screenings),

C. LRVNA and NANA operate in contiguous service areas in New Hampshire, and have worked collaboratively in the provision of some health and hospice services in the Lakes and Central Regions of the state.

D. As a result of recent executive staffing changes for NANA, the Parties have entered into an Operating Services Agreement whereby LRVNA currently is providing operational support services to NANA, and this arrangement has helped foster a mutual understanding of the aspects and cultures of the two organizations

E. Given the compatibility of their missions, the overlap of aspects 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 Lakes and Central Regions of New Hampshire, LRVNA and NANA 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 (both agencies currently provide services to 6 of the 36 total towns served).

F. Representatives of the LRVNA Board of Directors and the NANA Board of Directors have worked together 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.

G. Based on such analysis and negotiations LRVNA and NANA desire to merge

their organizations into a single entity (referred to hereinafter as the "Combined Entity").

II. LRVNA and NANA wish to describe the composition of the Combined Entity, and the various steps that 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 LRVNA and NANA 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, to withstand economic uncertainties, and to respond to changes in reimbursement patterns.

1.3 Continuation of Services in the Affected Communities. The Combined Entity will continue to provide the current Healthcare Services and programs of both Parties following the Merger. While the Combined Entity Board of Directors 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 NANA is merging into LRVNA 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 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 respected 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 health care 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.

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## 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.

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

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2.4 Compliance with Applicable Charitable and Tax-Exempt Requirements. The Combined Entity at all times will be operated in a manner 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.

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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. In furtherance of their fiduciary duties of loyalty and due care, the directors 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.

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## 3. DESCRIPTION OF MERGER

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

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

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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.

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3.1.2 Assets of LRVNA and NANA. 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 NANA 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 Directors 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 LRVNA and NANA.** 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 Directors 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 Two Principal Offices.** As of the Merger Date, the legal address of the Combined Entity will be 186 Waukegan Street, Meredith, NH 03253, but the Combined Entity Board will also maintain NANA's principal place of business at 214 Lake Street, Bristol, NH 03222.

**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.

**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 as soon as possible.

**3.2. Mission Statement.** Prior to the Merger Date, the Parties 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 Directors 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 Directors.

**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 NANA as an addition to LRVNA's endowment spending policy and investment policy (the "Combined Endowment and Investment Policies").

**3.4 Combined Entity Board of Directors.** The Parties agree that the current eight (8)- member LRVNA Board of Directors will be expanded to add two (2) new board members from NANA's current Board of Directors. These ten (10) individuals will serve as the Combined Entity Board as of the Merger Date. The Board Member terms of the Combined Entity Board are reflected in Exhibit B. 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, skills, and geographic representation of the Combined Entity's service area. Subsequent directors will be nominated by a nominating committee formed under the Combined Entity Bylaws (as described below) and elected by the Combined Entity Board.

**3.6. Election Process: Officers of the Combined Entity.** The LRVNA Board of Directors, which will become the Combined Entity Board as outlined in 3.4 above, will prepare a slate of Board officers to be elected as soon as possible after the Effective Date. The initial officers of the Combined Entity will serve for a term commencing upon their election and through the 2021 Annual Meeting of the Combined Entity, held in October. The initial chair will be Renee Speltz and at least one officer on this initial slate will be a former member of the NANA Board of Directors.

3.7 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 directors participating in a meeting at which a quorum is present) ("by supermajority vote"):

3.7.1. *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;

3.7.2. *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 LRVNA and NANA respectively;

3.7.3 *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;

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

3.7.5 *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;

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

3.7.7 *Endowment and Investment Policies.* A material change to the Combined Endowment and Investment Policies; and

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

3.8 Combined Entity Articles of Agreement and Bylaws. After the Effective Date and before the Merger Date, the Parties will review their governance documents and will propose amendments to the Articles of Agreement and Bylaws of LRVNA 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 LRVNA Articles of Agreement (the "Combined Entity Articles") and to the LRVNA Bylaws (the "Combined Entity Bylaws") will be approved by the Board of Directors of each Party and appended to this Agreement as Exhibit C and Exhibit D, respectively.

3.9 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. Kevin Kelly will serve as the initial Chief Executive Officer of the Combined Entity. In addition to Mr. Kelly, the following individuals will serve as the senior management team of the Combined Entity: (a) Debra Peaslee, RN: Clinical/Home Care Director; (b) Tanaya Call, RN: Hospice Director; and (c) Mary Eliard, CMA: Finance Director.

3.10 Retention of NANA Employees. All NANA staff members will be provided with updated job descriptions outlining their roles and responsibilities in the Combined Entity. Those NANA staff members who have accepted their new role will be employed by the Combined Entity and will be given credit for their tenure at NANA. Both parties acknowledge that there may be some changes in the employment status of some part-time NANA employees as the part-time, per diem, and contract designations must match that of LRVNA in order to comply with New Hampshire labor laws and the Combined Entity cannot have both employees and contract workers performing the same jobs.

3.11 Continuation of NANA Scholarship Program. The Combined Entity shall continue NANA's tradition of awarding at least \$1000 in scholarship support to one or more



students who plan to enter an allied health field and live in the Combined Entity's area in the same or similar manner as currently administered by NANA.

3.12 Allocation of 2021 Municipal Appropriations. All 2021 appropriations received by NANA from any municipality shall be allocated to services provided in the 8 municipalities currently served by NANA.

3.13 Provision of free screenings and clinics. The Combined Entity shall continue to provide free screenings and clinics at NANA's current place of business at 214 Lake Street, Bristol, NH 03222.

#### 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 Directors of NANA and the Board of Directors of LRVNA will approve the Plan of Merger substantially in the form attached as Exhibit E. On the Merger Date, LRVNA will file a Certificate of Merger with the New Hampshire Secretary of State substantially in the form attached as Exhibit E.

4.2 Amendments to LRVNA Organizational Documents. Following the satisfaction of the conditions described in Section 4.3 below and on or prior to the Merger Date, LRVNA will file with the New Hampshire Secretary of State, the Clerk of the City of Meredith, New Hampshire, and the Clerk of the City of Bristol, New Hampshire, the amended and restated Articles of Agreement and Bylaws of LRVNA in the form of the Combined Entity Articles and Combined Entity Bylaws attached Exhibit C and Exhibit D, 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 NANA and LRVNA.

4.3.4 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 non-profit 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.

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 and a home care service provider under PART He-P 822, 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.* 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, directors, 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 will have 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 Confidentiality: Public Communications

5.2.1. *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.

5.2.2. *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.

5.3. Concerns: Conflict Resolution

5.3.1. *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 discuss and seek to resolve any such concerns promptly and in good faith.

5.3.2. *Following Merger Date.* After the Merger Date, 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.

5.4. Duration of Merger. NANA and LRVNA 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 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.

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

5.6.1. *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 without regard to New Hampshire's conflict of law principles. Any legal action will be brought and conducted in a New Hampshire state or federal court with appropriate jurisdiction over the dispute, and any choice of law provisions to the contrary will not apply.

5.6.2 *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.

5.6.3 *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.

5.6.4 *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.

5.6.5. *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.

5.6.6 *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.

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

5.6.8. *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.

5.7. Provisions Surviving Effective Date. The Parties intend that this Agreement will guide their future actions regarding the Merger, and thus its provisions will survive for a period of twelve (12) 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.

*[SIGNATURES ON NEXT PAGE]*

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

LAKES REGION VISITING NURSE  
ASSOCIATION

Rhonda S. Thomas

By:

Rebecca J. Speltz

Witness                      Name: Renee Speltz  
                                    Title: Board Chair

STATE OF NEW HAMPSHIRE  
COUNTY OF mt

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of  
December, 2020 by Renee Speltz, duly authorized Board Chair of Lakes Region Visiting  
Nurse Association, a New Hampshire non-profit corporation, on behalf of the corporation.

Rhonda R. Thompson

Notary Public  
My Commission Expires: 8/14/2024

**NEWFOUND AREA NURSING  
ASSOCIATION**

Cynthia A. Reeler                      By: Ileana N. Saros

Witness                      Name: Ileana N. Saros  
                                    Title: Acting Board President

STATE OF NEW HAMPSHIRE  
COUNTY OF Grafton

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of  
December, 2020 by Ileana N. Saros, duly authorized Acting Board President of  
Newfound Area Nursing Association, a New Hampshire non-profit corporation, on behalf of the  
corporation.

Cynthia A. Reeler

Notary Public  
My Commission Expires: 5/11/25

# Appendix I

## Plan of Merger

## PLAN OF MERGER

This PLAN OF MERGER (the "Plan of Merger") is made by and between **Newfound Area Nursing Association**, a New Hampshire non-profit, voluntary corporation with a principal place of business at 214 Lake Street, Bristol, NH 03222 ("NANA") and **Lakes Region Visiting Nurse Association**, a New Hampshire non-profit, voluntary corporation with a principal place of business at 186 Waukegan Street, Meredith, NH 03253 ("LRVNA") (each of NANA and LRVNA is referred to as a "Party" and collectively they are referred to as the "Parties").

WHEREAS, the respective Boards of Directors of NANA and LRVNA have determined that it would be in their respective interests to merge their organizations into a single combined entity, with LRVNA being the surviving entity under a new name to be determined at an appropriate time (the "Surviving Corporation"); and

WHEREAS, the terms of such merger are set forth in a certain Merger Agreement between the parties dated as of December 10, 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 [ ] [ ], 2021 (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 NANA. 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 NANA will be transferred to and vested in the Surviving Corporation without further act, instrument or deed. NANA 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 NANA or the Surviving Corporation. Specifically, any board restricted or other operating reserves of NANA existing as of the Effective Date will continue to be used after the Effective Date for programming and related uses in NANA's historic service area. All rights of the creditors of NANA and all liens upon any property of NANA will be preserved unimpaired, and all debts, liabilities and duties of NANA

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 directors 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.

NEWFOUND AREA NURSING ASSOCIATION

\_\_\_\_\_  
Witness

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_, duly authorized.

LAKES REGION VISITING NURSE ASSOCIATION

\_\_\_\_\_  
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 **Newfound Area Nursing Association**, 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 **Lakes Region Visiting Nurse Association**, a New Hampshire voluntary corporation, on behalf of the corporation.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

## Appendix J

**REDACTED**

## Appendix K

### Joint Press Release of Intent to Merge

## **Press Release**

### **Lakes Region Visiting Nurse Association and Newfound Area Nursing Association Announce Intention to Merge**

**Bristol and Meredith, NH (October 30, 2020) – Lakes Region Visiting Nurse Association ( Lakes Region VNA) and Newfound Area Nursing Association (NANA)** today announced that they have engaged in discussions to consider a merger and have determined to proceed to a formal agreement to merge their two organizations to better serve the home and community based health care needs of residents of the Greater Bristol and Central/Lakes Regions of New Hampshire.

This announcement is part of process that involves further due diligence, negotiation of final terms, opportunities for public input, approval by each organization's Board of Directors and review by state regulators. The combined organization would:

- Improve access to high-quality home-based care for individuals and families in 43 communities served;
- Enhance and expand community wellness programming;
- Attract, retain and develop a highly skilled workforce

This decision to move forward represents a high-level agreement that the proposed merger of the two agencies would better serve the needs of the Greater Bristol and Central/Lakes Regions and position a combined agency to meet needs critical to their communities, which include nursing services, hospice services, physical rehabilitation, occupational therapy, homemaking services, and wellness programming. Merging would bolster the agencies' future sustainability.

Established in 1960, the Newfound Area Nursing Association initially provided home skilled nursing services in the towns of Bristol, Bridgewater, and New Hampton, adding the town of Alexandria to its service area in 1969. Since then, Newfound Area Nursing Association has added a variety of home health and community services and also serves the communities of Danbury, Groton, Hebron, and Hill.

Incorporated originally in 1923 as the Meredith Public Health Association, Lakes Region VNA, a not-for-profit licensed and certified home health and hospice care provider, has grown since then to serve 35 communities with over 45,000 visits in the Central/Lakes Region of New Hampshire.

Together, the agencies' services include skilled nursing services; hospice services; home health aide and homemaker services; physical therapy; speech and occupational therapy; Medical Social Workers; Well Child programs; blood pressure, foot care, and immunizations clinics; community support services; and other wellness programs.

## Appendix L-1

### Listening Session Transcript of Questions, Answers and Comments

**LRVNA & NANA Listening Session Live Stream  
11/12/20**

**09:05 NA:** At care to patients in our communities. 2020 also marks a move to the education for Nana, as you know, Nana is a small agency, and the changing landscape and the home health care field these many years has presented many challenges in order for us to continue providing the services that our communities have control expect how more of the records has determined that Nana needs to partner with another home health care and hospice agency. That partner we've determined after great diligence is Lakes Region VNA, which is based in Meredith, the goals and interests of the two agencies align exceptionally well, quality patient care, and outcomes are the primary priority for each agency, both organizations come together, breadth and owning their own buildings and both value the offering of free clinics and screenings, it is also very important to each organization that we serve those in the... Regardless of ability to pay, I'm very pleased to announce that the man building in Bristol will continue as a presence and base of operation, NANA is confident that the combined organization will move into the future with great strength and will do what each agency has been very good at doing namely to serve the interest of our patients of our communities. In conclusion, I would like to express my public appreciation to Renee for being such a receptive and responsive partner during this process is with great gratitude that I appreciate from the outset, her enthusiastic commitment to achieve for our two agencies, what is in the best interest of the organizations, our staff and our constituents, I also would like to thank the NANA staff for their patients during this process and for their commitment to excellence. Finally, gratitude is extended to the NANA Board of directors for their guidance, their support and their vision in preceding down the staff for nature toward merger in order to secure a very stable, successful future for NANA. Renee, back to you.

**12:04 LR-R:** Thank. You are so kind, and it has been a true pleasure to work with NANA, as Eliana just mentioned, we align our our mission, our vision aligned, vision aligns, and how we want to treat our constituencies, you... The folks that we serve, that our staff serves, over 100 years, almost a 100 years of service from LRVNA to NANA. And our staff is exceptional. As Eliana mentioned, have very similar aligned vision, and Lina, that vision is put into practice by our staff led by Kevin Kelly, our CEO Kevin Kelly, even if you haven't met him, is an incredible, incredible leader with force of good will and ability unites. It brings out the best in people. We see him as the leader. He is, he has worked over 40 years in the homecare industry and has an incredible insight to how we can best and never their folks home, the ones that we are engaging with right now. We want to assure you that, as Eliana mentioned, the free clinics over at Bristol will continue. The use of the building will continue as it has in the past. The services that you have come to know through LRVNA will continue, and we look forward to this combined entity allowing us to serve all of you out there... Regardless of where you come from or what your circumstances are, we are here because neighbors serve neighbors. We're here for you. And so without further ado, I'd like to turn it over to Kevin. And perhaps I could say a few words from the operational perspective.

**14:47 LR-K:** I think you were the every kind words, much appreciated, frankly, between what both you and Eliana had to say, I don't know how to follow that act, I covered things quite well and I appreciate that... The good news is that everything that their reporting is accurate, both teams are a terrific team, as I've had the pleasure of working previously on the board of LRVNA, and then came out of retirement to work with the agency and the direct fashion. We've had a terrific couple of years here, metrics show vast improvements in patient quality care, extension of services, and that actually, from my perspective, brings us for the best reason why this merger is suitable, we have overlapping territories and as it's happening, is noteworthy in other parts of the state, significant agencies, establish well established in their own, have been actively merging. So to me, it's natural



that to like-minded philosophies it soon as total agreement, philosophically and culturally... Groups can come together, so I'm very excited about our future.

**16:01 LR-R:** Thank you, Kevin. We have a couple of questions that came on the phone that were handed to us, and I'd like to... I don't even need glasses for these questions 'cause the writing is large... This question is from Liz. And she's asking how long... I mean, pursuant, before I read the question actually, I want you to know that over 5500 letters were sent to households before today's event, so there's a large constituency out there who actually have read about this merger and who are interested in what we're doing. So this question is from Liz, and she's saying, how long will it take to get this merger approved? And so I would say from LVN, A's perspective, would say, as soon as possible, we would like this to happen as soon as possible, we want to continue the work that our staff does very well. And would you say... What would you say Iliana...

**17:22 NA:** The state has indicated that it can take up to 180 days, our attorneys have already been in communication with the state representatives, and we are encouraged that a decision can be concluded, we hold in the near future who are providing all materials and responding to all requests from the state as expeditiously as possible.

**17:51 LR-R:** Thank you, Alana. There is another question that has come from Tim, from our switch board here, how will this merger help both organizations? So I think possibly this might be something that, Kevin, you'd like to answer, it's more of an operational question that you'd like to maybe make

**18:18 LR-K:** Sure... It's a complicated question based on all of the changing landscape and health services, this particular area, Central New Hampshire has for example, historically the densest cluster of VNAs in the United States of America, different towns have enjoyed excellent service delivered for 97 years by the Lakes Region VNA by 60 years by NANA. And now as we're seeing consolidation makes more business sense as well as enhancing patient care, we have complementary staffs that can mix and match, we're at a situation or where position with our moto to say yes for a suitable patient were positioned with staff and now combining to excellent staffs better positions us for that, so it's a win-win for both NANA and LRVNA and I look forward to the process getting completed.

**19:23 LR-R:** That's great. I would say that I would... On behalf of the board. Absolutely agree with that comment. Thank you, Kevin. This is sort of a new format for us, so bear with us. Just wanna make sure that you get the answers that you might be wanting to... Questions that you might be having for us, so you can call and you can go down on the chat and ask us questions, but in the meantime, as we wait for additional questions in the conversation that we're having here, we've had conversations in our merger talks in our due diligence work that we've gone through, and one of them has been about the wonderful scholarships that non has provided. We have discussed this issue and you might tell people a little bit about how you have done it in the past, and I will tell you then how we... Looking at this combines, looking to continue that.

**20:35-NA:** For many years now, Nana has had the tradition of awarding scholarships each year to more the individuals who are in or entering the home health care field and need assistance with tuition and cost of training, education, those scholarships have become very important in NANA communities. When I first raised that issue with Renee, she was very receptive to the concept, and her remark was she didn't know why Lakes hadn't been doing that already, so that tradition with the

combined organization will continue. I'm very pleased to say, NANA always had a scholarship committee that I need the applications, and then made decisions as to be aware of them, and we look forward to that tradition continuing with the combined organization.

**21:14 LR-R:** As Iliana said, I personally was actually really delighted to hear about this scholarship program, and when we then on the board level discussed the scholarship, it was an obvious, obvious decision that that would be something that we would wish to continue and expand on. So if anyone has had family members out there who've participated in the scholarship program, we know that you have been greatly helped by it, and we look forward to as a joint combined entity, continuing that tradition and affording that a scholarship to many more worthy folks. So you'll hear more about that and I'm sure that it will be... Once the two entities have merged, it will be on our websites and you'll hear more about it, so thank you, Iliana, and thank you for having that tradition.

**23:04:** There is just another question that was handed... This is from Jane. Does the... I'm assuming, Jane, that you're asking if the combined, it's a combined organization, have plans to expansion once they merge, and I would suggest to you right now, Jane, that we are... Absolutely, absolutely. Working on this merger, we don't have time to talk about anything going forward, it is not something that we are discussing, we are working to make NANA/LRVNA LRVNA/NANA work for the communities that we serve. How many communities do we serve?

**23:55 LR-K (offscreen):** Over 40 over for... That doesn't count that NANAs. If I may expound on that a little bit, we're not looking to expand beyond our immediate service area, when we've done is expand a service within our service area, we found that the number of patients in need were much greater in number than have historically been responded to, so when we talk about our annual visit, speaking only for LRVNA, we've gone from about 6500 weighted visits to over 45000, so as Renee said, we've got plenty to keep us busy in our appointed areas, I would guess in the future, just as we found one another in this merger opportunity, there might be other groups that are seeking similar mergers, so we're not saying no to anything, but as Renee said, we've got plenty to keep us busy right now.

**24:53 LR-R:** Thanks , Kevin. Yeah, the combined entities will be working really hard for you, so don't worry if you're worried about taking the focus being off of you, the focus will always be you, Titus will always be this area that we're working at right now, and that's the most important thing for you Jane to now. It's obviously you... So in terms of a couple of other questions that have come in. This one came... And it's really kind of an interesting one. So comes because it's operational, it could go to Kevin. This one came in and it's a question about the regulatory pressures and why this particularly make the combined entity white makes us... For us to be combined, so... Do you have some thoughts on that? Inoki

**26:04 LR-K:** Worked for a lady a long time ago, she was a big, big boss, that quality care was... It was only quality care, and she said, I never believe it'd be in home care this long, but I've been in it this long because it changes every three years, and it's a new job in a new career for me every three years, and I thought, Well, I wonder what she means by that. She's being proven correct, as we speak, right now, he can change almost every time you open the mail, it seems... And we have to keep pace with that from not only a regulatory and a reimbursement standpoint, there was a CEO on the cutting edge, now it's next generation ACO, and where the future lies for home care is one on the big mergers take place when consolidation between hospital the next generation ACO is take place, they're gonna be looking out for the community to see who's best to work with to continue

their mission, they're gonna be lining up the various silos of care, and so it's incumbent upon our agencies to be in a position to be among those chosen to be the best bets for them and to the community at large, so we're excited about that, we feel so we're moving in the right direction with that, and we hope to maintain it.

**27:22 LR-R:** Thanks Kevin. So there is an additional question that has come in, and it's talking about the boards and how these two organizations... What the make-up of the reports will be, and so the answer to that question is that the combined entity will have a combined board, currently, what we have decided jointly is that the LRVNA board chair will chair the combined board, and it will have representation current representation. From NANA and LRVNA, so it will be a combined board and will be chaired by LRVNA chair, so that's the... To that question, do you wanna talk a little bit about the service area that the existing service area that your staff is working at, and will that make a difference this merger to that service area from your perspective?

**28:37 NA:** NANA currently serves eight communities, eight towns, and one of the many benefits of combining our organization with Lakes is that resources are magnified for not only our towns, but the towns that Lakes services, and there is strength in numbers, and combining our staff's ability to hire more individuals as needed will all serve to strengthen the services and variety of services that are currently provided to each of our organizations communities.

**29:30 LR-R:** Thanks Iliana. these masks, as we all know, can be a little bit of a problem when you put on and think your glasses. So what about the services that everyone is receiving? Kevin, you want to address a little bit, address the issue of services that everybody is receiving currently, and how will that be in the future?

**29:54 LR-K:** Well, we have four patient satisfaction stars here at LRVNA. We've grown, as I described earlier, dramatically, we've added over 50 employees in doing so, to make sure that there's no follow-off in the quality of service is delivered, and to add to what Iliana was saying, one thing to note, and I think it's a great advantage, I've served as a non-profit as well as for-profit growth, one of the advantages as we're going forward, and one care, is that we can use the call revenue dollar towards patient services. We don't have the challenge of the public sector and the challenges of profit-making, we are able to direct money into our staff to deliver the very best care, so the success of what we've been having with our growth has translated, I feel most proud of into more care for the under-insured and indigent than ever before, and I see that continuing quite nicely with the NANA group.

**31:03 NA:** And Kevin, I would add to all of that, that both organizations pride themselves on responding to request for service 24/7. That is essential when people are in need for services, weekends, night time, that agencies be able to respond, and is one of the benefits of our combining is that there will be that strength, so that whenever requests come in, we are confident that all requests will be answered

**31:42 LR-R:** Thanks, Iliana. I'm hoping that you take advantage of over at home or in your office and call in, we still have a few more minutes to take your calls. And to respond to any questions that you may have, we are being getting signals that there are no questions, we have a very well-versed staff here who are putting together this broadcast, so there are no more questions that are immediately there. Oh, actually, so you've got that question, you have some questions that folks have asked us knowing that we were going to be having this event, obviously, and not everyone is

being able to call in or get on the chat, but Iliana had been asked by one of her constituency about the talent appropriations, and she'd like to take the opportunity to respond to that, if you would?

**33:00 NA:** It is at this time of year that Nana makes application to our member communities for monies in the 2021 town appropriations, and it's very important that our towns be assured that whatever is allocated to Nana in their 2021 appropriations will be dedicated to NANAs services.

**33:36 LR-R:** Thanks. As I said, we have been... This letter went out, these 5500 letters went out a few days ago, so you've had the opportunity to read and make comments, and that was clearly a comment as one of one in your constituency made. I wanna make sure that we did not ignore you, whoever you are who ask that question, we appreciate the question, we know that you're concerned that you get the same benefits and same care and same services that you have had in the past, so I hope that that whoever you are who asked that question, we appreciate it, and we thank you for the questions and...

**35:25** Oh this, a good question. Thank you, Carol, Carol's question is, what will the new name of the combined agency? So we have discussed the combining of the hand, and as of right now, Carol, those of you who might be interested, we are going to be an agency with a slash, so it will be LRVNA/NANA Healthcare and Hospice. And that is where we are currently, and we look forward to it being a combined organization, so... I hope that answered your question, Carol. Thank you very much and please, you've got some more time if you have additional questions, anyone, this, or go into chat and send a similar questions in the meantime, do you wanna talk a little bit... Iliana. Your mission statement that you have over at Nana... We don't have questions from you guys, so a little bit about more about your mission statement and perhaps about the patient care and how that actually translates.

**35:53 NA:** Our mission, currently and historically, has been to provide compassionate expert care in the home health care field and also in hospice, and I would imagine the lakes experience was similar to ours in that at the time when we were just a home healthcare agency, it became difficult for our staff and for their patients, when they went, when they needed hospice services, to have to suddenly break away from that and engage a different agency, those are difficult times for hospice patients and their families. And as a result, Nana obtained Hospice certification, and our mission is to provide both in a compassionate and expert Matter, Home Healthcare and Hospice, we... I imagine your experience was similar...

**37:05 LR-R:** Yeah, I would say it would be able, has been and is. And the mission of LRVNA, as we're all reminded, is that we want to provide... And I'm reading this because this is a mission statement, and I wanna make sure that it is heard or currently it's providing individualized and Compassionate patient care that promotes independence and wellness, and that is pretty much as well said as what you've just... what you've just said. We also have the hospice mission statement. And I think in hospice, and considering the fact that November is the National Hospice and Palliative Care month, probably a very good point to be made right now that we combined individually, both organizations provide end-of-life care that promotes the best possible quality of life. And so we wanna make sure that that continues. Kevin. I was wondering about the... From our operational point of view, the free clinics... Would you wanna talk about the free clinic little bit?

**38:29 LR-K:** Well, we have run three clinics here for 97 years on and off, and they will certainly continue as were the ones out serving the NANA area that has been agreed to by both boards and as

from day one, as a matter of fact, it was insisted upon from day one. So rest assured that will continue, I'll tell you the one thing I've noticed about the hospice care is that we have the line that might sound a little unorthodox when it comes to providing care, I find that people can be occasionally frugal in their patient utilization. We have a motto, let's air on the side of spending... We're a non-profit, so we're in a position to afford people the type of care that we think is gonna put them in the very best place and their families, because the amount of support and rest and encouragement, families, reporting families get through this process is measurable. How we've got folks who receive letters of praise and would bring a tear to your eye and that'd be really hard to end. It's remarkable and super to know these people. I'm very proud to continue, not only for LRVNA, having met the staff at NANA, it continues there as well.

**39:55 LR-R:** Thanks Kevin. I would suggest that we align so well in all these different areas, which is why the merit merger, from the LRVNA board perspective is, if I may say so, a non-brainer, and it has truly been a pleasure working with Iliana, and I look forward to working with you going forward. We see eye to eye, our organizations see eye to eye, we bring the same values to the table, and Kevin is this incredible uniter, his ability to bring people together, and his ability to get people to be the best at what they do is remarkable. I just really want the world to know because not everyone is... Is this gift, and it is a gift that I have been privileged to watch Kevin work for the last six and a half years, and we're truly grateful for the leadership that you provide to our staff, so... If there are no more questions, which I'm getting nods and no's, we hope that you take advantage of the websites, we hope that you call If you have questions, we hope that the Attorney Generals Office approved this merger expeditiously, so that our staff can move on, work at doing what they love to do, which is be out there in the community, helping you, helping you... So that you are well. And please everyone. Take care of yourselves. Wear masks, wash your hands, be safe. And if I may, on behalf of Nana and Iliana, Kevin and Ilana, thank you everyone. So much for tuning in today. Be safe. Thank you.

## Appendix L-2

Newfound Area Nursing Association  
Board of Directors Adopted Resolutions, December 10, 2020

NANA



Newfound Area Nursing Association

Newfound Area Nursing Association  
**BOARD OF DIRECTORS**

***ADOPTED RESOLUTIONS***

**December 10, 2020**

***WHEREAS***, the Board of Directors of Newfound Area Nursing Association (NANA) has recognized that the regulatory and economic pressures on the delivery of home health, hospice and community-based care services, the ongoing reforms in health care reimbursement including payment for quality outcomes, the challenges of recruiting and retaining qualified health care providers in rural areas, and the increasing need of the aging population in its service area for access to quality home health, hospice and community-based care services pose distinct challenges to NANA's ability to continue to provide these services to its communities; and

***WHEREAS***, through its Board President and Board of Directors representatives, NANA has engaged in discussions with Lakes Region Visiting Nurse Association (the "Corporation") regarding the merits of a potential affiliation and, as part of such discussions, has entered into an Operating Services Agreement with the Corporation which has resulted in significant benefit to NANA and its patient services; and

***WHEREAS***, as a result of these discussions and the success of the Operating Services Agreement, NANA has conducted preliminary due diligence of the Corporation, the results of which have been presented and are satisfactory to the Board of Directors; and

***WHEREAS***, as a result of these steps the Board of Directors of NANA has negotiated the terms and conditions of a merger agreement with the Corporation (the "Merger Agreement") under which NANA will be merged into the Corporation to form a single, consolidated entity; and

***WHEREAS***, NANA has posted on its website and Facebook page information to inform the public about the nature of the proposed merger and the manner in which it will promote access to quality

*WHEREAS*, NANA's Board of Directors desires to approve the Merger Agreement and commence the necessary regulatory filings;

*THEREFORE*, the Board of Directors of NANA adopts the following resolutions:

**VOTED:** That a merger with the Corporation in accordance with the terms of the Merger Agreement is in the best interest of NANA and in furtherance of its charitable mission, including without limitation the promotion of access to quality physical and mental home health, hospice and community-based care services; and

**FURTHER VOTED:** That the Merger Agreement in the form presented to the Board of Directors is approved and accepted; and

**FURTHER VOTED:** That NANA promptly commence the preparation and filing of all regulatory notices and applications required by law, and the fulfillment of any condition to the Merger Agreement within NANA's control; and

**FURTHER VOTED:** That NANA's Board of Directors, in collaboration with the Corporation's Board of Directors, (i) develop, evaluate and propose revisions to Corporation's articles of agreement and bylaws to become effective when the merger is consummated (the "Governance Revisions"), (ii) nominate individuals to serve as representatives of NANA on the board of directors of the combined entity following the merger (the "Board Nominees"), and (iii) propose a slate of individuals to serve as officers of the combined entity board following the merger (the "Officer Nominees"), which Governance Revisions, Board Nominees and Officer Nominees will be submitted to the Corporation's Board for approval prior to the consummation of the merger; and

**FURTHER VOTED:** That the President of the Board of Directors, acting individually on behalf of NANA, is authorized to execute and deliver the Merger Agreement, regulatory filings, and such other documentation, and take such actions, as are necessary or desirable, in her sole discretion, to effect the foregoing resolutions.



The following are the qualified and elected Directors of Newfound Area Nursing Association who approved the Transaction and have signed this Certification as of December 10, 2020. This Certification may be signed in counterparts.

Ileana N. Saros, Acting Board President

Signed: Ileana N. Saros

Betty Seeler, Acting Vice President

Signed: Betty Seeler

Louise Franklin

Signed: Louise Franklin

Dian West

Signed: Dian West

Betsy Schneider

Signed: Betsy Schneider

Jill Erickson

Signed: Jill Erickson

## Appendix L-3

(Reserved)

# Appendix M

Minutes of December 10, 2020  
Newfound Area Nursing Association  
Board of Directors Meeting (approving Merger Agreement)

**Newfound Area Nursing Association  
Board Meeting**

**December 10, 2020**

Present: Ileana Saros, Acting President; Betty Seeler, Acting Vice-President; Dian West, Betsy Schneider, Jill Erickson, Louise Franklin.

The meeting was called to order by Acting President Ileana Saros at 3:03 p.m.

**Secretary's Report:** The minutes of the October 26, 2020 meeting were read. There were no corrections.

A motion to accept the minutes as prepared was made by Betsy Schneider, and seconded by Jill Erickson. The motion passed.

**Brief update** on Lakes Region VNA oversight of NANA's operations:

Ileana reported that the patient census is significantly increased in Hospice and Home Care, the number of patient visits has improved greatly, submission of patient notes on a timely basis has substantially improved, billing is more timely, and reimbursement is improved. Kevin Kelly is reviewing job descriptions with staff, and LRVNA staff is integrating with NANA staff positively. Kevin has good rapport with NANA employees.

**Merger**

Support for Merger from members of the community

Letters in support of the merger have been provided by Robert Rooke, Anne Bryan, Derry Hogan.

Board members have spoken with individuals expressing support:

Ileana Saros- Don Sorrie

Louise Franklin- Donald Franklin, Kathleen Crowell

Betsy Schneider- Garlyn Manganiello, Donna Graves

Jill Erickson- Judy Dodge

Listening Session 11/12/20 –

Board members who participated: Ileana Saros, Acting President

Board members who viewed live: Louise Franklin, Betsy Schneider, Betty Seeler

Board members who viewed on NANA's website: Dian West, Jill Erickson

The Board discussed the presentation and voiced that they were pleased with the content and presentation of the Listening Session, and stated that the presentation was very candid and appropriate. There were many telephone questions, and no negative responses via telephone. Free clinics were

emphasized, NANA's building will remain in service, the scholarship program will remain, and both organizations are free of debt, own their own buildings, and are similarly aligned in goals and missions.

Ileana noted that the Board was advised at a prior meeting that two NANA Board members will join the board of the Combined Entity. She asked for a motion to nominate her and Betty to serve on the board of the Combined Entity following the merger.

A motion to nominate Ileana Saros and Betty Seeler to serve on the board of the Combined Entity was made by Dian West, and seconded by Betsy Schneider; the motion was unanimously approved.

### **Merger Documents**

The Merger Documents were provided to Board members in advance of today's meeting for review.

Ileana asked each Board member if she had sufficient opportunity to review and digest them, and each member replied in the affirmative.

Comments included that the missions of the two organizations reflect that the missions and goals are aligned very well, and the two organizations have very similar programs. The documents, taken as a whole, reflect this and guarantee NANA's priorities, viz. building will remain, free clinics and screenings will continue, scholarship program will continue, and 2021 town appropriations will be allocated to NANA's current towns.

The Board then discussed each document as follows:

1. Notice of Merger (draft form)- On page 2, 1-A, regarding the audited Form 990, it was noted that the date needs to be changed from March 31, 2019 to December 31, 2019.

Following further discussion, and on the motion of Betsy Schneider, seconded by Betty Seeler, the Board voted unanimously to approve with this correction.

2. NANA Directors RSA 7:19-b Standards Certification-

Following extensive discussion, and on the motion of Dian West, seconded by Jill Erickson, the Board voted unanimously to approve, as presented.

Each Board member then signed the document.

3. Merger Agreement-

On Page 8, it was noted that Bristol and Meredith should be changed from "city" to "town."

In this agreement, all of NANA's important points are included, and have been approved by LRVNA.

Following further discussion, and on the motion of Jill Erickson, and seconded by Louise Franklin, the Board voted unanimously to approve.

4. NANA Board of Directors' Resolutions-

Discussion included that the Resolutions reflect the positive attitudes and respect that each of the organizations has for the other, and highlights the benefit LRVNA has already had on NANA. The Resolutions set forth that the merger is in the best interests of NANA's charitable mission.

It states that NANA will be represented on the Combined Entity's Board, and demonstrates the respect between the two organizations.

Following this discussion, the Board voted unanimously to approve, pursuant to a roll call. The documented roll call (have you read the Resolutions; how do you vote) was given to Ileana Saros.

5. Draft Plan of Merger- will be included in the packet to the State, and will be signed at a later date. The final Plan of Merger will be signed after approval by the CTU.

Comments on the draft included that it was comprehensive and well-stated. It includes that all assets will be transferred to the Combined Entity; NANA will be merging into LRVNA. We brainstormed regarding a new name for this organization.

On the motion of Betsy Schneider, and seconded by Dian West, the Board voted unanimously to approve the Draft Plan of Merger.

**Other Business:**

Ileana Saros asked for a motion authorizing her, as Board President, to sign and execute all documents relating to the merger. That motion was made by Dian West, and seconded by Jill Erickson. The motion was approved unanimously.

Ileana also asked for a motion to allow the Board to approve today's Board meeting minutes by email (rather than in person), in order to expedite the approved minutes' delivery to the lawyers, as well as any other matters that may require a vote after today's meeting. That motion was made by Betsy Schneider, and seconded by Louise Franklin. The motion was unanimously approved.

Louise will email documentation of approval of today's minutes to Ileana with a copy of the approved minutes, with documentation of the motion and second, and approval by the Board.

**Adjournment-**

There being no further business, Dian West moved that the meeting be adjourned; the motion was seconded by Betsy Schneider. The motion passed, and the meeting was adjourned at 4:10 p.m.

Submitted by,

Louise Franklin  
Board Secretary

# Appendix N

(Reserved)

## Appendix O

Certification of Newfound Area Nursing Association Directors  
Regarding RSA 7:19-b(II) Standards



**NEWFOUND AREA NURSING ASSOCIATION  
BOARD OF DIRECTORS**

***RSA 7:19-b (II) Standards Certification***

We, the members of the Board of Directors of **Newfound Area Nursing Association ("NANA")**, certify to the New Hampshire Director of Charitable Trusts that in approving the terms of the Merger Agreement (the **"Transaction"**) between NANA and **Lakes Region Visiting Nurse Association ("LRVNA")**, we have considered in good faith and complied with all of the requirements of New Hampshire RSA 7:19-b (II), which statutory requirements are itemized as follows:

1. We have determined that the proposed Transaction is permitted by applicable law, including, but not limited to, RSA 7:19-32, RSA 292, and other applicable statutes and common law.

2. We have exercised due diligence in selecting LRVNA as the other party to the Transaction, in structuring the Transaction, in negotiating the terms and conditions of the proposed Transaction, and in determining that the Transaction is in the best interest of NANA and the communities which it serves, including the communities' need for access to quality and affordable physical and mental health care services.

3. Any conflict of interest has been disclosed and has not affected the decision to enter into the Transaction, and the Transaction does not constitute or establish any pecuniary benefit transaction as defined in RSA Chapter 7.

4. No proceeds or other consideration will be paid or received in connection with the Transaction.

5. The assets of NANA will continue to be devoted to charitable purposes consistent with the charitable objects and mission of NANA and the needs of the communities which it serves, including the communities' need for access to quality and affordable physical and mental health care services.

6. Each of the parties to the Transaction is a New Hampshire health care charitable trust.

7. Reasonable notice of the proposed Transaction and its terms has been

provided to the communities served by NANA, including but not limited to transaction documents and an analysis of how the Transaction will meet the communities' need for access to quality and affordable physical and mental health care services, along with reasonable and timely opportunity for such communities to inform our deliberations regarding the proposed Transaction through well-noticed public meetings and other similar methods, and we have considered carefully all public testimony and input during our deliberations to approve the Merger Agreement.

*[Signature Page to Follow]*

The following are the qualified and elected Directors of Newfound Area Nursing Association who approved the Transaction and have signed this Certification as of December 10, 2020. This Certification may be signed in counterparts.

Ileana N. Saros, Acting Board President

Signed: Ileana N. Saros

Betty Seeler, Acting Vice President

Signed: Betty A. Seeler

Louise Franklin

Signed: Louise Franklin

Dian West

Signed: Dian West

Betsy Schneider

Signed: Betsy Schneider

Jill Erickson

Signed: Jill Erickson

## Appendix P

Statement of Lakes Region Visiting Nurse Association  
Regarding Furtherance of Newfound Area Nursing Association  
Mission Post-Merger

**RSA 7:19-b, III STATEMENT OF CONTINUATION OF CHARITABLE PURPOSE**  
**Lakes Region Visiting Nurse Association**

**Lakes Region Visiting Nurse Association** ("LRVNA"), a New Hampshire voluntary corporation and party to the Merger Agreement dated \_\_\_\_, 2020 (the "Merger Agreement") with Newfound Area Nursing Association ("NANA"), affirms to the NANA Board of Directors and to the New Hampshire Director of Charitable Trusts in conjunction with the Change of Control Notice (the "Notice") being filed by NANA pursuant to New Hampshire RSA 7:19-b, as follows:

1. Sections 2.1 and 2.3 of the Merger Agreement expressly state that the Merger of LRVNA and NANA is intended to be in furtherance of the charitable missions of both parties, and LRVNA affirms its commitment to honor these contractual obligations in the exercise of its powers and other rights and responsibilities under the Merger Agreement. LRVNA further acknowledges the compatibility of the charitable missions of LRVNA and NANA, and notes that the Combined Entity will be guided by a combined mission statement established by the parties under Section 3.2 of the Merger Agreement.

2. Subsection 3.1.2 of the Merger Agreement expressly delineates that pursuant to the Merger, the Combined Entity will honor and continue the maintenance, support, preservation, and management of any assets of NANA that are donor-restricted, and that pursuant to the Articles of Agreement of the Combined Entity and restrictions on Pre-Merger Operating Reserves, the Combined Entity will utilize its combined assets and resources in furtherance of the combined charitable mission of the Parties and ensure that any NANA Pre-Merger Operating Reserves will be used only within the communities comprising the current NANA service area.

3. Section 3.1.5 of the Merger Agreement obligates the parties to endeavor to maintain at least two principal places of business, with one in Bristol and one in Meredith, which will allow the communities in NANA's original service area to continue to be served by the Combined Entity.

4. Upon the Merger Date, at all times a supermajority vote of three-fourths (3/4) of the members of the Combined Entity entitled to vote shall be required to affect any material change in clinical programs and services or relocation or closure of any principal office. These contractual safeguards are designed to ensure that the assets of NANA continue to be used for its charitable purposes and to address the needs of the communities in its service area.

*(Signature page follows)*

Executed by a duly authorized officer of Lakes Region Visiting Nurse Association.

LAKES REGION VISITING NURSE ASSOCIATION

DATE: 12/9, 2020

By: Renee Speltz  
Name: Renee Speltz  
Title: Board Chair

## Appendix Q

Lakes Region Visiting Nurse Association  
Board of Directors' Meeting Minutes, December 9, 2020



Minutes of a Special Meeting of the  
Home Health Care Board of Directors  
Lakes Region VNA  
Wednesday Dec 9<sup>th</sup>, 2020

Attendees: Erin Jospe, Kevin Kelly, John King, Kathleen Patenaude, Kathleen Sweeney, Renée Speltz, Frederick Strader, Marcus Weeks.

The meeting started at 4:30 pm

1. Chair Renee Speltz provided a status of the merger activities and an overview of the actions needed required during this meeting.
2. CEO Kevin Kelly provided an update on the NANA operations. Since LRVNA began providing support, the census and referrals have increased substantially, the financials have improved, and the staffing has stabilized and they are now starting to add staff to meet the increased demand. LRVNA staff have provided support and training and have been key to the improved performance.
3. Kevin provided his input supporting the merger and the documents the Board would be approving.
4. Dr. Erin Jospe moved approval of the Board resolutions related to the merger, seconded by Kathy Sweeney. Secretary Fred Strader then conducted a roll call of each member, asking if they had read the resolutions, and how they voted. The resolutions were approved unanimously. A summary of the resolutions and the roll call is attached.
5. Kathy Patenaude then moved approval of the Board's Affirmation of Charitable Purpose, seconded by John King. The Board discussed the document and then approved it unanimously.
6. The Board then discussed further actions to be taken by the Governance committee as the merger process continues.

The meeting was adjourned at 4:48 pm.

Respectfully Submitted,

Frederick M. Strader  
Secretary

Attachments: Resolutions, Merger Agreement, Statement of Continuation of Charitable Purpose



## Appendix R

Lakes Region Visiting Nurse Association  
Hospice Board of Directors' Meeting Minutes of  
December 9, 2020



Minutes of a Special Meeting of the  
Hospice Board of Directors  
Lakes Region VNA  
Wednesday Dec 9<sup>th</sup>, 2020

Attendees: Erin Jospe, Kevin Kelly, John King, Kathleen Patenaude, Kathleen Sweeney, Renée Speltz, Frederick Strader, Marcus Weeks.

The meeting started at 4:49 pm

1. CEO Kevin Kelly provided an update on the NANA hospice operations.
2. Kathy Sweeney moved approval of the Board resolutions related to the merger, seconded by Marcus Weeks. Secretary Fred Strader then conducted a roll call of each member, asking if they had read the resolutions, and how they voted. The resolutions were approved unanimously. A summary of the resolutions and the roll call is attached.
3. Marcus Weeks then moved approval of the Board's Affirmation of Charitable Purpose, seconded by Dr. Jospe. The Board discussed the document and then approved it unanimously.

The meeting was adjourned at 5:10 pm.

Respectfully Submitted,

Frederick M. Strader  
Secretary

Attachments: Resolutions, Merger Agreement, Statement of Continuation of Charitable Purpose

## Appendix S

Lakes Region Visiting Nurse Association  
Home Health Care Board of Directors' Adopted Resolutions,  
December 9, 2020



**Lakes Region Visiting Nurse Association  
Home Health Care Board of Directors**

***RESOLUTIONS***

**December 9<sup>th</sup>, 2020**

***WHEREAS***, in recognition of the regulatory and economic pressures on the delivery of home health, hospice and community-based care services, the ongoing reforms in health care reimbursement including payment derived from analyses of quality metrics, the renewed emphasis on population health, the challenges of recruiting and retaining qualified health care providers in rural areas, and the increasing need of the aging population in its service area for access to quality home health, hospice and community-based care services, the Board of Directors of Lakes Region Visiting Nurse Association (the “Corporation”) has recognized that an affiliation with a provider with a similar culture and mission would be in the best interest of the Corporation and in furtherance its charitable mission; and

***WHEREAS***, through its Board chair, Board of Directors representatives, and Chief Executive Officer, the Corporation has engaged in discussions with Newfound Area Nursing Association (“NANA”) regarding the merits of a potential affiliation and, as part of such discussions, has entered into an Operations Services Agreement with NANA which has resulted in significant benefit to NANA and its patient services; and

***WHEREAS***, as a result of these discussions and the success of the Operations Services Agreement, the Corporation has conducted preliminary due diligence of NANA, the results of which have been presented and are satisfactory to the Board of Directors; and

***WHEREAS***, as a result of these steps the Board of Directors of Corporation has negotiated the terms and conditions of a merger agreement with NANA (the “Merger Agreement”) under which NANA will be merged into the Corporation to form a single, consolidated entity; and



**WHEREAS**, the Corporation has posted on its website and Facebook page information to inform the public about the nature of the proposed merger and the manner in which it will promote access to quality home health, hospice and community-based care, and has conducted with NANA a jointly noticed public informational session to receive public input, all of which has informed the Board of Directors' deliberations; and

**WHEREAS**, the Corporation's Board of Directors desires to approve the Merger Agreement and commence the necessary regulatory filings;

**THEREFORE**, the Board of Directors of the Corporation adopts the following resolutions:

**VOTED:** That a merger with NANA in accordance with the terms of the Merger Agreement is in the best interest of the Corporation and in furtherance of its charitable mission, including without limitation the promotion of access to quality physical and mental home health, hospice and community-based care services; and

**FURTHER VOTED:** That the Merger Agreement in the form presented to the Board of Directors is approved and accepted; and

**FURTHER VOTED:** That the Corporation promptly commence the preparation and filing of all regulatory notices and applications required by law, and the fulfillment of any condition to the Merger Agreement within the Corporation's control; and

**FURTHER VOTED:** That the Corporation's Board of Directors Trustees, in collaboration with the NANA's Board of Directors (i) develop, evaluate and propose revisions to the Corporation's articles of agreement and bylaws to become effective when the merger is consummated (the "Governance Revisions"), (ii) nominate individuals to serve as representatives of the Corporation on the board of directors of the combined entity following the merger (the "Board Nominees"), and (iii) propose a slate of individuals to serve as officers of the combined entity board following the merger (the "Officer Nominees"), which Governance Revisions, Board Nominees and Officer Nominees will be submitted to the Corporation's Board for approval prior to the consummation of the merger; and



**FURTHER**

**VOTED:** That the Chair of the Board of Directors, acting individually on behalf of the Corporation, is authorized to execute and deliver the Merger Agreement, regulatory filings, and such other documentation, and take such actions, as are necessary or desirable, in her sole discretion, to effect the foregoing resolutions.

**Chair Renee Speltz conducted a roll call for 2 votes on the resolution.**

Votes	Have you read the resolutions?	How do you vote on the resolutions?
Renee Speltz, Chair	Yes	Yes
Marcus Weeks, Vice-Chair	Yes	Yes
Frederick Strader, Secretary	Yes	Yes
Kathleen Sweeney, Treasurer	Yes	Yes
Kathleen Patenaude, EdD, RN CNE Board Member	Yes	Yes
John King, Esq., Board Member	Yes	Yes
Erin Jospe, MD, Board Member	Yes	Yes

The motion passed unanimously.

Respectfully Submitted,

  
Frederick M. Strader, Secretary

## Appendix T

Lakes Region Visiting Nurse Association  
Hospice Board of Directors' Adopted Resolutions of  
December 9, 2020



**Lakes Region Visiting Nurse Association  
Hospice Board of Directors**

***RESOLUTIONS***

**December 9<sup>th</sup>, 2020**

***WHEREAS***, in recognition of the regulatory and economic pressures on the delivery of home health, hospice and community-based care services, the ongoing reforms in health care reimbursement including payment derived from analyses of quality metrics, the renewed emphasis on population health, the challenges of recruiting and retaining qualified health care providers in rural areas, and the increasing need of the aging population in its service area for access to quality home health, hospice and community-based care services, the Board of Directors of Lakes Region Visiting Nurse Association (the “Corporation”) has recognized that an affiliation with a provider with a similar culture and mission would be in the best interest of the Corporation and in furtherance its charitable mission; and

***WHEREAS***, through its Board chair, Board of Directors representatives, and Chief Executive Officer, the Corporation has engaged in discussions with Newfound Area Nursing Association (“NANA”) regarding the merits of a potential affiliation and, as part of such discussions, has entered into an Operations Services Agreement with NANA which has resulted in significant benefit to NANA and its patient services; and

***WHEREAS***, as a result of these discussions and the success of the Operations Services Agreement, the Corporation has conducted preliminary due diligence of NANA, the results of which have been presented and are satisfactory to the Board of Directors; and

***WHEREAS***, as a result of these steps the Board of Directors of Corporation has negotiated the terms and conditions of a merger agreement with NANA (the “Merger Agreement”) under which NANA will be merged into the Corporation to form a single, consolidated entity; and





**WHEREAS**, the Corporation has posted on its website and Facebook page information to inform the public about the nature of the proposed merger and the manner in which it will promote access to quality home health, hospice and community-based care, and has conducted with NANA a jointly noticed public informational session to receive public input, all of which has informed the Board of Directors' deliberations; and

**WHEREAS**, the Corporation's Board of Directors desires to approve the Merger Agreement and commence the necessary regulatory filings;

**THEREFORE**, the Board of Directors of the Corporation adopts the following resolutions:

**VOTED:** That a merger with NANA in accordance with the terms of the Merger Agreement is in the best interest of the Corporation and in furtherance of its charitable mission, including without limitation the promotion of access to quality physical and mental home health, hospice and community-based care services; and

**FURTHER VOTED:** That the Merger Agreement in the form presented to the Board of Directors is approved and accepted; and

**FURTHER VOTED:** That the Corporation promptly commence the preparation and filing of all regulatory notices and applications required by law, and the fulfillment of any condition to the Merger Agreement within the Corporation's control; and

**FURTHER VOTED:** That the Corporation's Board of Directors Trustees, in collaboration with the NANA's Board of Directors (i) develop, evaluate and propose revisions to the Corporation's articles of agreement and bylaws to become effective when the merger is consummated (the "Governance Revisions"), (ii) nominate individuals to serve as representatives of the Corporation on the board of directors of the combined entity following the merger (the "Board Nominees"), and (iii) propose a slate of individuals to serve as officers of the combined entity board following the merger (the "Officer Nominees"), which Governance Revisions, Board Nominees and Officer Nominees will be submitted to the Corporation's Board for approval prior to the consummation of the merger; and



**FURTHER**


**VOTED:** That the Chair of the Board of Directors, acting individually on behalf of the Corporation, is authorized to execute and deliver the Merger Agreement, regulatory filings, and such other documentation, and take such actions, as are necessary or desirable, in her sole discretion, to effect the foregoing resolutions.

**Chair Renee Speltz conducted a roll call for 2 votes on the resolution.**

Votes	Have you read the resolutions?	How do you vote on the resolutions?
Renee Speltz, Chair	Yes	Yes
Marcus Weeks, Vice-Chair	Yes	Yes
Frederick Strader, Secretary	Yes	Yes
Kathleen Sweeney, Treasurer	Yes	Yes
Kathleen Patenaude, EdD, RN CNE Board Member	Yes	Yes
John King, Esquire, Board Member	Yes	Yes
Erin Jospe, MD, Board Member	Yes	Yes

The motion passed unanimously.

Respectfully Submitted,

  
Frederick M. Strader, Secretary

# Appendix U

Statements of Support from Community Members

Ileana Saros of:

Newfound Area Nursing Association (NANA)

214 Lake Street

Bristol, NH 03221

Re: Merger of Lakes Region Visiting Nurses Association and Newfound Area Nursing Association.

Dear Ileana Saros,

I am writing this letter commending these 2 associations that provide both visiting nursing care along with free clinical care in the greater lakes region of New Hampshire. NANA is not new to me as I have been a resident of Bristol for the past 22 years and have used their services for vaccinations throughout our time here. Also I am currently a Select Board member and I am aware of the services that they provide thought out our community especially those less fortunate. Having spent some years on the budget committee before my current role as a Select Board member I fully supported a portion of our town budget going to keep this valuable organization funded, giving them the ability to serve anyone in need of their services here in Bristol.

Secondly I am learning through Betsy Schneider that these 2 entities are looking to join together to create a singular service that insures greater fiscal stability both now and into the future. What a wonderful opportunity for these 2 fine organizations helping each other fulfill their mission of kindness to their communities. I want to whole heartily support this union!

In closing as a Town of Bristol Select Board member, resident of Bristol, and client I look forward to these organizations coming under one umbrella in the coming year. I wish you all the best in this pursuit and if I may be of service to you in achieving this union please let me know.

Warmest regards,

Wayne H. Anderson

1463 Summer Street

Bristol, NH 03222

To Whom It May Concern,

I am writing to you today to encourage and support the proposed merger of the Newfound Area Nursing Association (NANA) with the Lakes Region Visiting Nurses Association (LRVNA). NANA has always been in my thoughts each year as their work is so vital to the Newfound Community. I can think of no better union than to partnered with LRVNA. Both groups have covered very special territories here in this area and both share similar goals. By combining forces, this merger would round out and complete a very large territory that would enhance central New Hampshire. I am very much in favor of this and hope my letter reaches the appropriate parties to heighten the positivity of this merger. I will continue to support NANA as it is critical and important to the Newfound Community.

Best of luck and happiest of holidays.

Sincerely,

Anne Bryan  
81 North Shore Rd  
Hebron, NH 03241



**MEREDITH**  
**INSURANCE AGENCY**  
HOME | AUTO | BUSINESS

December 1, 2020

Kevin Kelly  
Lakes Region Visiting Nurse Assoc.  
186 Waukegan St.  
Meredith, NH 03253

Dear Kevin,

I would like to congratulate you on the recent relationship formed between LRVNA and NANA. This is a great opportunity to provide outstanding service to our community residents in a professional and compassionate manner. I have had the unique privilege of witnessing the growth and dedication of everyone involved at LRVNA including staff, board members and volunteers over the past 22 years. I am proud to be associated with an organization that has strived to always place the care of its patients as their number one priority.

I wish LRVNA and NANA all the best in the future as they continue to be a valuable part in all our lives in one way or another. Well done.

Sincerely,

Ted Fodero

2 Lake Street, Suite 1 | PO Box 683 | Meredith NH 03253

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Phone: (603) 707-4322 | [www.MeredithInsAgency.com](http://www.MeredithInsAgency.com) | Fax: (603) 242-1412

To Whom it may concern:

I have been a resident of Meredith and the Lakes Region for almost 20 years. Over that time, I have become associated with the Lakes Region VNA in many ways, as a citizen, patient, donor, Rotary Club member and President, and as Secretary of the Meredith Planning Board.

The Lakes Region VNA has been in existence for almost 100 years serving area communities. In recent years, management has streamlined procedures and increased efficiencies allowing the VNA to reach more communities and serve more people. The proposed merger with the Newfound area NANA will expand this outreach and efficiently serve more area residents. This merger is a win-win situation for our Lakes region communities and I wholeheartedly support it.

*Richard R Gerken*

14 Oak Knoll Road PO Box 558

Meredith, NH 03253

603-494-1403

November 27, 2020  
103 Powers Road  
Meredith, NH 03253

To whom it may concern,

As a former board member of the LRVNA, and current resident of Meredith, I know the merger of the LRVNA and NANA would be in the best interest of the communities they serve. The LRVNA, in a very short time period, has increased exponentially both revenue and number of visits per year. The Agency's financial condition at present is very strong. This has been accomplished while maintaining the very highest level of quality. Personal comments to me from those who have been served by the LRVNA could not be more complementary.

The LRVNA is fortunate to have very capable leadership. The staff is well trained, loyal, compassionate, motivated, and dedicated.

By combining these two agencies, the LRVNA will reinvigorate NANA so that it will be in a much better position to provide excellent home health care to NANA's service area.

Economies of scale will also be realized. The LRVNA takes pride in serving those in the community regardless of the ability to pay. With the merger, the capability to provide this service will be strengthened, which is vital during these challenging times. The Lakes Region would be well served to bring these two agencies together.

Richard L. Goodby



To Whom it may concern,

This letter is written on behalf of the proposed merger of the Lakes Region Visiting Nurse Association (LRVNA) and the Newfound Area Nursing Association (NANA). I have long held that the economic realities of the health care industry, and the Federal Government's increasing demands for efficiency and cost cutting inevitably leads to consolidation among home health care providers.

As the past Treasurer of the LRVNA I experienced firsthand the ever-increasing administrative burdens placed on us by Medicare, while they reduced reimbursement rates. In fact, the rates for in-home nursing visits were made so low that margins, meaning gross profit, varied between negative and razor thin. This, when coupled with Medicaid rates that barely covers half the cost, leads to both cost cutting and more reliance on donations, grants, and municipal support. Without cost reduction more patients simply means greater losses.

Above all else the quality of the health care being provided must be maintained, so the most fertile ground for finding cost cutting opportunities lie in greater efficiency and administrative costs. I believe these can best be achieved by streamlining management, financial services, scheduling, and billing.

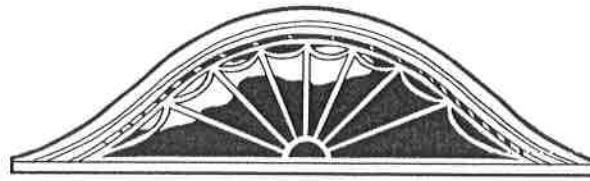
Over the last several years the LRVNA has worked diligently on these streamlining efforts, and greatly strengthened management and board governance, and as a result improved their financial strength and assured their sustainability. By merging the two organizations I believe health care can be improved for your constituents by better resource utilization and sharing, while economies of scale will lead to greater efficiency and reduced cost in the administrative arena. Several years ago, we explored the merger possibility with NANA and determined that the two organizations were culturally and philosophically a good fit. This will make merging a smoother and more quickly successful endeavor.

For all these reasons I view the merger of LRVNA and NANA as an opportunity for both organizations to better serve their communities. I sincerely hope that the merger progresses on to fruition.

Respectfully,

A handwritten signature in cursive script, appearing to read "R A Moritz".

Raymond A. Moritz



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Derry J. Riddle · 11 Brookside Lane · Hebron, New Hampshire 03241

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December 8, 2020

To Whom It May Concern:

I am writing in support of the merger between Newfound Area Nursing Association (NANA) and Lakes Region VNA. Although I have not had direct experience with Lakes Region VNA, I know that their goals to provide quality nursing and hospice care in Central New Hampshire are similar to NANA's. And that by pooling their resources, both human and otherwise, we will all be better served.

My father was diagnosed with cancer during the summer of 2019. The support we received before, during and after his illness was invaluable to him and my entire family. From learning "what comes next" with his condition and providing personal hygiene assistance, to teaching us effective ways to cope with the emotional strain of the situation, the NANA staff was amazing. The professional, compassionate and gentle care he received was greatly appreciated by him and our entire family. With the help of NANA, my father was able to live his final days in dignity at home with his family. What a precious gift they gave to us.

Sincerely,

Derry J. Riddle

**ROBERT C. ROOKE**  
668 SPRING VALLEY ROAD  
MORRISTOWN, NEW JERSEY 07960

November 18, 2020

Mr. Gordon MacDonald  
NH Attorney General  
33 Capitol St.  
Concord, NH 03301


Subject: Potential merger of the Newfound Area Nursing Association and the Lakes Region  
Visiting Nurses Association

Dear Mr. MacDonald:

As a long time benefactor and supporter of the Newfound Area Nurses Association, I write to offer my strong support for the above merger. While my family and I are New Jersey residents, we have summered in the Bristol-Newfound Lake area since 1931 and feel, after extensive review, that the above merger would be desirable for the people of the Newfound area. As evidence of our conviction, I am pleased to say that our family has been, and continues to be, one of the major sources of financial aid to N.A.N.A.

Your favorable consideration of the merger will be most appreciated.

Sincerely,

  
Robert C. Rooke

RCR/sto

To Whom It May Concern:

It has recently come to my attention that there is proposed action whereby the Newfound Area Nursing Association (NANA) would merge with the Lakes Region VNA and Hospice (LRVNA). Having served on the LRVNA Board of Directors from 2007 until 2017, I am very well acquainted with their achievements in health care, their growth over time and most importantly the quality of service it provides residents in the communities served.

Two decades ago NANA, founded in 1960, was very similar to the then Meredith Visiting Nurse Association, founded in 1924. Both served the home care needs of a small group of adjoining communities. At times both struggled economically but LRVNA took bold action in 2009 when it absorbed the Moultonborough VNA. This seamless merger more than doubled its service area overnight. Informally, throughout the last ten years, LRVNA has also become the agency of choice by many patients living in communities in the southern Lakes Region. This gradual growth has continued to strengthen the agency. Not surprisingly it has attracted only the very best practitioners who want to be a part of a growing, vibrant and well managed professional organization. Paramount to all of this and of greatest importance was its growing reputation for quality home care and its willingness to respond within hours of a call!

To truly become a full service agency, LRVNA was still missing a critical piece! In 2018 their dream to also become a Hospice agency came to fruition. They could now provide the home nursing care so much needed by the ever increasing aging proportion of our population. This provided and continues to provide welcome relief for patients and families when the need is the greatest.

Unlike LRVNA, the Newfound Area Nursing Association remained small and has struggled in an ever changing health care market. For some time it has considered a merger. It appears that they have decided that NOW IS THE TIME and that the **Lakes Region Visiting Nurse Association and Hospice** is the right choice. Geographically, demographically and financially it makes perfectly good sense. The areas served are contiguous to each other. The demographic of a rapidly increasing aging population is similar. LRVNA is fiscally strong (average monthly revenue \$425,000) compared to NANA (average monthly revenue \$128,000). Logistically, it also makes good sense. LRVNA is currently serving 250 patients with a staff of 74 while NANA has 30 patients and 15 staff members. The financial savings in this proposed merger are obvious! More importantly, the commitment of LRVNA to respond more quickly and most effectively when a need arises is already an achieved goal!

I strongly encourage that approval be granted merging the Newfound Area Nursing Association with the Lakes Region Visiting Nurse Association and Hospice. There is no reason to believe that this merger will be anything but seamless. Ultimately, it will provide the best home nursing and hospice care available in New Hampshire to the Newfound area communities.

Respectfully submitted,

Edward C. Touhey

33 Soley Lane

Meredith, New Hampshire 03253