

Form 990

OMB No. 1545-0047

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.**2022****Open to Public  
Inspection****A** For the 2022 calendar year, or tax year beginning 10/01, 2022, and ending 9/30, 2023

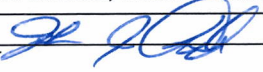
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> VNA Home Health & Hospice Northern Light Home Care & Hospice 225 Gorham Road, Ste 200 South Portland, ME 04106	<b>D</b> Employer identification number 01-0246804
		<b>E</b> Telephone number 207-973-9081
<b>F</b> Name and address of principal officer: John J. Doyle Same As C Above		<b>G</b> Gross receipts \$ 40,960,410.
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. See instructions.
<b>J</b> Website: <a href="http://www.northernlighthealth.org/homecare-hospice">www.northernlighthealth.org/homecare-hospice</a>		<b>H(c)</b> Group exemption number
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1921 <b>M</b> State of legal domicile: ME

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: VNA Home Health & Hospice d/b/a Northern Light Home Care & Hospice provides clinically excellent, compassionate home health and hospice care to individuals and families
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> 16
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> 13
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) <b>5</b> 616
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> 150
	<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, Part I, line 11 <b>7b</b> 0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>1,527,492.</b> <b>787,715.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>44,123,650.</b> <b>40,169,334.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>3,032.</b> <b>-66,778.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>45,654,174.</b> <b>40,890,271.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>36,249,240.</b> <b>39,072,434.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>12,350,786.</b> <b>12,346,781.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>48,600,026.</b> <b>51,419,215.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>-2,945,852.</b> <b>-10,528,944.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>Beginning of Current Year</b> <b>End of Year</b> <b>14,813,371.</b> <b>16,581,623.</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>8,473,053.</b> <b>20,618,512.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>6,340,318.</b> <b>-4,036,889.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer: 	Date: 7/29/24			
	John J. Doyle Type or print name and title	NLH VP of Finance			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature: Self-Prepared	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				
	Firm's address				Firm's EIN
					Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☒ No**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

TEEA0101L 09/01/22

Form 990 (2022)

**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:

VNA Home Health & Hospice d/b/a Northern Light Home Care & Hospice provides clinically excellent, compassionate home health and hospice care to individuals and families

**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 \$ 48,856,203. including grants of \$ ) (Revenue \$ 40,169,334.)

See Schedule O

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

See Schedule O

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

See Schedule O

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 48,856,203.

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. ....	<b>1a</b>	29
<b>b</b> Enter the number of Forms W-2G included on 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>	X

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... <b>2a</b> 616		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... <b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?..... <b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... <b>5a</b>		X
<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>		X
<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>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?..... <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>		X
<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>		X
<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>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... <b>7f</b>		X
<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>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</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>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<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>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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?..... <b>15</b>		X
If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?..... <b>16</b>		X
If "Yes," complete Form 4720, Schedule O.		
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?..... <b>17</b>		
If "Yes," complete Form 6069.		

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

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. .... <b>1a</b> 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent. .... <b>1b</b> 13		
<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>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? .... See Schedule O <b>6</b>	X	
<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? See Schedule O <b>7a</b>	X	
<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? See Sch O <b>7b</b>	X	
<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>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .... <b>8b</b>	X	
<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 on Schedule O. .... <b>9</b>		X

**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>		X
<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>	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O <b>11b</b>		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13. .... <b>12a</b>	X	
<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>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. See Schedule O <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? .... <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? .... <b>14</b>	X	
<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. See Schedule O <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization. .... <b>15b</b>		X
If "Yes" to line 15a or 15b, describe the process on 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>		X
<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 ME

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
John Doyle 43 Whiting Hill Rd Brewer ME 04412 (207) 973-9081



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Tim Dentry Ex-Officio	1 50	X		X				0.	1,509,740.	62,092.
(2) Anthony Filer Treasurer	1 50			X				0.	695,430.	64,042.
(3) Paul Bolin SVP & CPO	1 50			X				0.	543,269.	110,033.
(4) George Eaton Secretary	1 50			X				0.	444,533.	50,549.
(5) Colleen Hilton Ex-Officio	40 0	X		X				435,693.	0.	42,383.
(6) Glenn Martin Former SVP-Chief Legal Officer	1 50						X	0.	363,438.	106,106.
(7) David Jones Med Dir-Hospice	40 0					X		265,463.	0.	31,365.
(8) Alexandra Barr Physician-Hospice	40 0					X		156,168.	90,655.	4,936.
(9) Joseph Kellner VP Fin & Bus Op	32 18			X				127,676.	71,818.	37,797.
(10) Teresa Vieira Director	1 40	X						0.	191,507.	9,274.
(11) Leah Gordon VP Nursing & Pt	40 0			X				148,969.	0.	39,022.
(12) Leigh Ann Howard VP Clinic Excel	40 0			X				143,859.	0.	41,134.
(13) Suzanne Moreshead VP Operations	40 0			X				21,964.	123,874.	32,410.
(14) Donna Marie Curley AVP-Home Health	40 0					X		119,154.	0.	31,987.

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TEEA0107L 09/01/22

Form 990 (2022)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) Melissa Salter Dir-Patient Access	40 0					X	113,796.	0.	35,257.
(16) Christine Turner AVP Hospice Care	40 0					X	143,789.	0.	5,201.
(17) Ann Marie Briggs Chairman	1 0	X		X			0.	0.	0.
(18) Dianne Rodrigue Director	1 0	X					0.	0.	0.
(19) Judy Anderson Director	1 0	X					0.	0.	0.
(20) Jo Cooper Director	1 0	X					0.	0.	0.
(21) Michael Quinlan Director	1 0	X					0.	0.	0.
(22) Joanne Hale Director	1 0	X					0.	0.	0.
(23) Ed Douglas Director	1 0	X					0.	0.	0.
(24) Bruce Reddy Director	1 0	X					0.	0.	0.
(25) Edward Gould, Esq. Vice Chair	1 0	X		X			0.	0.	0.
<b>1b Subtotal</b>							1,676,531.	4,034,264.	703,588.
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>							1,676,531.	4,034,264.	703,588.
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization <b>17</b>									

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Avant Healthcare Professionals PO Box 744554 Atlanta, GA 30374-4554	Temp Staffing	192,042.
SimpliFi 5020 Northshore Drive Ste 2 North Little Rock, AR 72118	Temp Staffing	1,883,224.
American Medical Alert Corp PO Box 821380 Philadelphia, PA 19182-138	Monitoring Services	148,772.
Simitree Healthcare Consulting 400 North Michigan Avenue Chicago, IL	Coding Services	442,766.
Intellatriage LLC 8011 Brooks Chapel Road Brentwood, TN 37027	Triage Services	303,337.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>5</b>		



**2022**Department of the Treasury  
Internal Revenue Service

Name of the Organization

Employer identification number

VNA Home Health &amp; Hospice

01-0246804

**Part VII** Continuation: Officers, Directors, Trustees, Key Employees, and  
Highest Compensated Employees

(A) Name and title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Patricia Small Director	1 0	X						0.	0.	0.
(2) Debra D Taylor Director	1 0	X						0.	0.	0.
(3) John Boyne Director	1 0	X						0.	0.	0.
(4) Troy Heald Director	1 0	X						0.	0.	0.
(5) -----	-----									
(6) -----	-----									
(7) -----	-----									
(8) -----	-----									
(9) -----	-----									
(10) -----	-----									
(11) -----	-----									
(12) -----	-----									
(13) -----	-----									
(14) -----	-----									
(15) -----	-----									
(16) -----	-----									
(17) -----	-----									
(18) -----	-----									
(19) -----	-----									
(20) -----	-----									
(21) -----	-----									

**Part VIII** Statement of RevenueCheck 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>	1a	Federated campaigns .....	1a					
	b	Membership dues .....	1b					
	c	Fundraising events .....	1c					
	d	Related organizations .....	1d	395,216.				
	e	Government grants (contributions) .....	1e	278,945.				
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	113,554.				
	g	Noncash contributions included in lines 1a-1f .....	1g	550.				
	<b>h Total.</b> Add lines 1a-1f .....			787,715.				
<b>Program Service Revenue</b>			Business Code					
	2a	Net Home Care Revenue	621610	40,169,334.	40,169,334.			
	b	-----						
	c	-----						
	d	-----						
	e	-----						
	f	All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			40,169,334.				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts) .....			3,361.			3,361.	
	4 Income from investment of tax-exempt bond proceeds .....							
	5 Royalties .....							
	6a	Gross rents .....	(i) Real	(ii) Personal				
			6a					
			6b					
	b Less: rental expenses .....							
	c Rental income or (loss) .....							
	d Net rental income or (loss) .....							
	7a	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
			7a					
			7b		70,139.			
	b Less: cost or other basis and sales expenses .....							
	c Gain or (loss) .....							
	d Net gain or (loss) .....			-70,139.			-70,139.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....						
8a								
8b								
b Less: direct expenses .....								
c Net income or (loss) from fundraising events .....								
9a	Gross income from gaming activities. See Part IV, line 19 .....							
		9a						
		9b						
b Less: direct expenses .....								
c Net income or (loss) from gaming activities .....								
10a	Gross sales of inventory, less returns and allowances .....							
		10a						
		10b						
b Less: cost of goods sold .....								
c Net income or (loss) from sales of inventory .....								
<b>Miscellaneous Revenue</b>			Business Code					
	11a	-----						
	b	-----						
	c	-----						
	d	All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....			40,890,271.	40,169,334.	0.	-66,778.		

**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. ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,029,810.	399,868.	629,942.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	29,773,718.	29,090,076.	683,642.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	984,759.	962,425.	22,334.	
9 Other employee benefits.	5,077,166.	4,929,647.	147,519.	
10 Payroll taxes.	2,206,981.	2,157,581.	49,400.	
11 Fees for services (nonemployees):				
a Management.				
b Legal.	3,485.	3,485.		
c Accounting.	24,011.		24,011.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	4,544,663.	3,612,510.	932,153.	
12 Advertising and promotion.	111,961.	111,961.		
13 Office expenses.	1,071,136.	1,052,983.	18,153.	
14 Information technology.	870,981.	851,228.	19,753.	
15 Royalties.				
16 Occupancy.	973,298.	951,224.	22,074.	
17 Travel.	1,858,642.	1,856,605.	2,037.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	64,173.	64,173.		
20 Interest.	1,339.	1,309.	30.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	120,050.	117,328.	2,722.	
23 Insurance.	283,227.	276,803.	6,424.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>Medical Supplies Expense</u>	2,205,842.	2,205,842.		
b <u>Miscellaneous</u>	106,395.	104,060.	2,335.	
c <u>Dues and Subscriptions</u>	81,783.	81,726.	57.	
d <u>Repairs &amp; Maintenance</u>	18,824.	18,398.	426.	
e All other expenses.	6,971.	6,971.		
25 Total functional expenses. Add lines 1 through 24e.	51,419,215.	48,856,203.	2,563,012.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash — non-interest-bearing .....	1,359,895.	<b>1</b>	15,711.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	1,522.	<b>3</b>	465.
	<b>4</b> Accounts receivable, net .....	4,969,008.	<b>4</b>	5,915,668.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	2,869.	<b>7</b>	4,269.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	231,734.	<b>9</b>	881,088.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,221,513.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 732,824.		
		537,720.	<b>10c</b>	488,689.
	<b>11</b> Investments — publicly traded securities .....		<b>11</b>	
	<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 .....	7,710,623.	<b>15</b>	9,275,733.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	14,813,371.	<b>16</b>	16,581,623.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,950,980.	<b>17</b>	16,353,162.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	63,654.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<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 .....	2,522,073.	<b>25</b>	4,201,696.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	8,473,053.	<b>26</b>	20,618,512.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions .....	4,446,894.	<b>27</b>	-5,840,762.
	<b>28</b> Net assets with donor restrictions .....	1,893,424.	<b>28</b>	1,803,873.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	6,340,318.	<b>32</b>	-4,036,889.
	<b>33</b> Total liabilities and net assets/fund balances .....	14,813,371.	<b>33</b>	16,581,623.

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	40,890,271.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	51,419,215.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-10,528,944.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	6,340,318.
<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 on Schedule O) See Schedule O	<b>9</b>	151,737.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	-4,036,889.

**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 on 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	<b>2a</b>	<b>X</b>
<b>b</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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</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 on Schedule O.	<b>2c</b>	<b>X</b>
<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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....	<b>3a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....	<b>3b</b>	<b>X</b>

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TEEA0112L 09/01/22

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

**2022**

**Open to Public  
Inspection**

Name of the organization **VNA Home Health & Hospice**  
**Northern Light Home Care & Hospice** Employer identification number **01-0246804**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>4 Total.</b> Add lines 1 through 3.						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4.						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10.						
<b>12</b> Gross receipts from related activities, etc. (see instructions).					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .						

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

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	203,688.	220,029.	250,978.	1,527,492.	787,715.	2,989,902.
<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.	48384352.	49544210.	50316053.	44123650.	40169334.	232537599.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
<b>6 Total.</b> Add lines 1 through 5.	48588040.	49764239.	50567031.	45651142.	40957049.	235527501.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	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.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						235527501.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6.	48588040.	49764239.	50567031.	45651142.	40957049.	235527501.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	5,880.	5,064.	1,831.	3,032.	3,361.	19,168.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
<b>c</b> Add lines 10a and 10b.	5,880.	5,064.	1,831.	3,032.	3,361.	19,168.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	48593920.	49769303.	50568862.	45654174.	40960410.	235546669.

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

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)).	<b>15</b>	99.99 %
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15.	<b>16</b>	99.99 %

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)).	<b>17</b>	0.01 %
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17.	<b>18</b>	0.01 %

**19a 33-1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☒

**b 33-1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<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 on 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 on 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)

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

**Section B. Type I Supporting Organizations**

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

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

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

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

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

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990) 2022

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

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

**Section E – Distribution Allocations (see instructions)**

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

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Schedule A (Form 990) 2022

**Part VI**

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

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization	VNA Home Health & Hospice Northern Light Home Care & Hospice	Employer identification number	01-0246804
----------------------	---	--------------------------------	------------

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.  
See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions. \$
- 3 Volunteer hours for political campaign activities. See instructions.

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955. \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

**Schedule C (Form 990) 2022**



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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

BAA

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
See Part IV			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		10,743.
j Total. Add lines 1c through 1i.			10,743.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912.			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV** Supplemental Information

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

**Part II-B - Description of Lobbying Activity**

Non-Deductible Dues

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Name of the organization

VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number

01-0246804

**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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2 a
b Total acreage restricted by conservation easements .....	2 b
c Number of conservation easements on a certified historic structure included in (a) .....	2 c
d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register .....	2 d

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.

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

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

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

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

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

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

b Assets included in Form 990, Part X. .... \$ \_\_\_\_\_

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.....	3,074,578.	3,576,017.	3,062,217.	3,094,618.	3,118,487.
b Contributions.....	4,029.	121,873.	24,665.	32,631.	18,570.
c Net investment earnings, gains, and losses.....	267,848.	-511,162.	597,689.	43,386.	92,535.
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....	108,615.	112,150.	108,554.	108,418.	134,974.
f Administrative expenses.....					
g End of year balance.....	3,237,840.	3,074,578.	3,576,017.	3,062,217.	3,094,618.

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

a Board designated or quasi-endowment 88.00 %

b Permanent endowment 12.00 %

c Term endowment          %

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

3 a 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.....

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

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

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

**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
1 a Land.....				
b Buildings.....				
c Leasehold improvements.....		192,871.	125,355.	67,516.
d Equipment.....		999,041.	607,469.	391,572.
e Other.....		29,601.		29,601.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				488,689.

BAA

Schedule D (Form 990) 2022

**Part VII Investments – Other Securities.**

N/A

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) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.) . . . .		

**Part VIII Investments – Program Related.**

N/A

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)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (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) Board Designated Funds - Other	4,090,548.
(2) Other Assets	11,545.
(3) Permanently Donor Restricted Funds	354,570.
(4) Right-of-Use Operating Lease Assets	3,342,725.
(5) Self Insurance Funds Held by Trustee	27,042.
(6) Temporarily Donor Restricted Funds	1,449,303.
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.) . . . . .	9,275,733.

**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) Deferred Compensation	528,000.
(3) Lease Obligation-Finance Leases	18,705.
(4) Lease Obligations-Operating Leases	3,654,991.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . . .	4,201,696.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . . See 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>	41,069,058.
<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.) See Part XIII .....	<b>2d</b>	178,787.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	178,787.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	40,890,271.
<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>	
<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>	40,890,271.

**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>	51,598,002.
<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>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	51,598,002.
<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.) See Part XIII .....	<b>4b</b>	-178,787.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	-178,787.
<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>	51,419,215.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part V, Line 4 - Intended Uses Of Endowment Fund**

Endowment Funds are designated for purposes that align within the organization's exempt purpose.

**Part X - FASB ASC 740 Footnote**

Northern Light Health, its hospitals, and certain other affiliates have been determined by the Internal Revenue Service to be tax-exempt charitable organizations as described in Section 501(c)(3) or 501(c)(2) of the Internal Revenue Code (the Code) and, accordingly, are exempt from federal income taxes on related income

**Part XIII Supplemental Information** (continued)**Part X - FASB ASC 740 Footnote (continued)**

pursuant to Section 501(a) of the Code. Accordingly, no provision for federal income taxes has been recorded in the accompanying financial statements for these organizations.

Tax-exempt charitable organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax status. Under guidance issued by FASB, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position. Estimated interest and penalties, if applicable, related to uncertain tax positions are included as a component of income tax expense. Northern Light Health has evaluated its tax position taken or expected to be taken on income tax returns and concluded the impact to be not material.

Certain of Northern Light Health's affiliates are taxable entities. Deferred taxes related to these entities are based on the difference between the financial statement and tax bases of assets and liabilities using enacted tax rates in effect in the years the differences are expected to reverse. The deferred tax assets and liabilities for these entities are not material.

**Schedule D, Part XI, Line 2d**  
**Other Revenue Included In F/S But Not Included On Form 990**

Revenue Reclass to Expense .....	\$	178,787.
Total	\$	<u>178,787.</u>

**Schedule D, Part XII, Line 4b**  
**Other Expenses Included On Form 990 But Not Included In F/S**

Revenue Reclass to Expense .....	\$	-178,787.
Total	\$	<u>-178,787.</u>



**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number

01-0246804

**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. **Part III**

- |   |  |
|---|--|
| <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 checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

X

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

X

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

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |  |   |
|--|---|
| <b>a</b> Receive a severance payment or change-of-control payment? <b>4a</b>                           | X |
| <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? <b>4b</b> | X |
| <b>c</b> Participate in or receive payment from an equity-based compensation arrangement? <b>4c</b>    | X |
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. **Part III**

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

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

- |  |   |
|--|---|
| <b>a</b> The organization? <b>5a</b>         | X |
| <b>b</b> Any related organization? <b>5b</b> | X |
- If "Yes" on line 5a or 5b, describe in Part III.

**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:

- |  |   |
|--|---|
| <b>a</b> The organization? <b>6a</b>         | X |
| <b>b</b> Any related organization? <b>6b</b> | X |
- If "Yes" on line 6a or 6b, describe in Part III.

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

X

**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. **8**

X

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

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

**Schedule J (Form 990) 2022**

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation			
1 Colleen Hilton Ex-Officio	(i)	270,635.	156,927.	8,131.	26,778.	15,605.	478,076.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 Leigh Ann Howard VP Clinic Excel	(i)	141,895.	0.	1,964.	5,846.	35,288.	184,993.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 Tim Dentry Ex-Officio	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,180,115.	308,222.	21,403.	27,450.	34,642.	1,571,832.	0.
4 Suzanne Moreshead VP Operations	(i)	20,245.	0.	1,719.	1,549.	3,371.	26,884.	0.
	(ii)	114,373.	0.	9,501.	8,797.	18,693.	151,364.	0.
5 Leah Gordon VP Nursing & Pt	(i)	144,475.	0.	4,494.	5,990.	33,032.	187,991.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 George Eaton Secretary	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	360,612.	60,144.	23,777.	26,795.	23,754.	495,082.	0.
7 Anthony Filer Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	597,838.	82,139.	15,453.	27,450.	36,592.	759,472.	0.
8 Paul Bolin SVP & CPO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	386,106.	127,480.	29,683.	82,758.	27,275.	653,302.	0.
9 Joseph Kellner VP Fin & Bus Op	(i)	119,362.	4,480.	3,834.	7,692.	16,498.	151,866.	0.
	(ii)	67,141.	2,520.	2,157.	4,326.	9,281.	85,425.	0.
10 Teresa Vieira Director	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	77,470.	91,001.	23,036.	2,052.	7,222.	200,781.	0.
11 Alexandra Barr Physician-Hospice	(i)	149,984.	6,000.	184.	2,466.	1,229.	159,863.	0.
	(ii)	90,655.	0.	0.	1,002.	239.	91,896.	0.
12 David Jones Med Dir-Hospice	(i)	256,198.	0.	9,265.	6,624.	24,741.	296,828.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 Donna Marie Curley AVP-Home Health	(i)	109,915.	0.	9,239.	1,763.	30,224.	151,141.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 Glenn Martin Former SVP-Chief Legal Officer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	238,691.	0.	124,747.	88,673.	17,433.	469,544.	77,993.
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

**Part 1, Line 1a - Relevant Information Regarding Compensation Benefits**

Teresa Vieira, director, received a retirement gift of \$507.

The following received a wellness program incentive:

Leigh Ann Howard, officer	\$100
---------------------------	-------

David Jones, highest compensated employee	100
---	-----

The benefit is available for all employees.

**Part I, Line 3 - Methods Used By Related Org. To Establish CEO/Exec. Dir. Compensation**

The SVP & President of Northern Light Home Care & Hospice is employed by the system parent, Eastern Maine Healthcare Systems d/b/a Northern Light Health (NLH). The NLH Executive Performance Management Committee (the Committee) is responsible to determine the compensation of the Northern Light Home Care & Hospice SVP & President in consultation with the NLH President/CEO. The Committee used the following methods to establish the SVP, President's compensation:

- Compensation committee
- Independent compensation consultant
- Written employment contract

**Part III Supplemental Information**

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

**Part I, Line 3 - Methods Used By Related Org. To Establish CEO/Exec. Dir. Compensation (continued)**

- Compensation survey or study
- Approval by the board or compensation committee

**Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation**

Line 4(a) Severance payment:

Christine Turner, officer, received a severance payment of \$24,429.

Line 4(b) Supplemental non-qualified retirement plan:

Glenn Martin -

A pension obligation satisfied through a supplemental non-qualified retirement plan is based on a percent of qualified earnings or by specific agreement. The portion accrued for the supplemental non-qualified retirement plan is \$64,903, based on the amounts contributed and related earnings. The supplemental non-qualified retirement benefit is subject to a substantial risk of forfeiture.

Compensation includes a lump-sum payout of \$77,993 from the supplemental

non-qualified retirement plan. Existence of the non-qualified plan was reported in

**Part III Supplemental Information**

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

**Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation (continued)**

prior years and does not represent additional expense beyond what was previously accrued in the company's financial statements.

Paul Bolin-

A pension obligation satisfied through a supplemental non-qualified retirement plan is based on a percent of qualified earnings or by specific agreement. The portion accrued for the supplemental non-qualified retirement plan is \$61,583, based on the amounts contributed and related earnings. The supplemental non-qualified retirement benefit is subject to a substantial risk of forfeiture.

Other compensation information:

Colleen Hilton -

This director/officer is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health. 100% of her time is dedicated to Northern Light Home Care & Hospice. As a result, her compensation is reported in Form 990, Part VII, column D and Schedule J, Part II, Line A(i).

**Part III Supplemental Information**

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

**Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation (continued)**

Joseph Kellner -

This officer is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health. 64% of his time is dedicated to Northern Light Home Care & Hospice. As a result, part of his compensation is reported in Form 990, Part VII, column D and Schedule J, Part II, Line A(i). The remaining 36% of his time is dedicated to Northern Light Medical Transport and Lifeflight of Maine, related organizations of Northern Light Home Care & Hospice.

Suzanne Moreshead -

This officer is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health. From August to September, 100% of her time is dedicated to Northern Light Home Care & Hospice. As a result, part of her compensation is reported in Form 990, Part VII, column D and Schedule J, Part II, Line A(i).

Alexandra Barr -

This highest compensated employee is employed by both Northern Light Home Care & Hospice and Northern Light Mercy Hospital, a related organization of Northern Light

**Part III Supplemental Information**

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

**Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation (continued)**

Home Care & Hospice.

Teresa Vieira -

This director is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health.

Tim Dentry -

This director/officer is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health and is responsible for system-wide operations of ten hospitals and other related health care activities, including Northern Light Home Care & Hospice.

George Eaton -

This officer is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health and is responsible for system-wide operations of ten hospitals and other related health care activities, including Northern Light

Home Care & Hospice.

**Part III Supplemental Information**

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

**Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation (continued)**

Anthony Filer -

This officer is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health and is responsible for system-wide operations of ten hospitals and other related health care activities, including Northern Light Home Care & Hospice.

Paul Bolin -

This officer is employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health and is responsible for system-wide human resources, including Northern Light Home Care & Hospice.

Teresa Vieira -

This officer was employed by the system parent organization, Eastern Maine Healthcare Systems d/b/a Northern Light Health.

Glenn Martin -

This former officer was employed by the system parent organization, Eastern Maine



**Part III Supplemental Information**

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

**Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation (continued)**

Healthcare Systems d/b/a Northern Light Health and was responsible for system-wide operations of ten hospitals and other related health care activities, including Northern Light Home Care & Hospice.

Compensation for employees of Northern Light Home Care & Hospice listed in Form 990, Part VII and Schedule J, Part II are for administrative services. Board members are not compensated for the time devoted on the board.

**SCHEDULE L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
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

**2022**

**Open To Public  
Inspection**

Name of the organization **VNA Home Health & Hospice**  
**Northern Light Home Care & Hospice**

Employer identification number  
**01-0246804**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total .....						\$						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2022

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) William Hilton	fam mem=officer	13,720.	compensation		X
(2) Melanie Wright	fam mem=officer	14,118.	compensation		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information.**

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

**Supplemental Information**

William Hilton is a family member of a board member/officer and is an employee of Northern Light Home Care & Hospice. There is a signed conflict of interest management agreement.

Melanie Wright is a family member of an officer and is an employee of Northern Light Home Care & Hospice.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number

01-0246804

**Form 990, Part III, Line 4a - Program Service Accomplishments**

Please see the following excerpt from the Northern Light Health Annual Report 2023 to the Community for details of community benefit projects at NLH members:

Northern Light Health

Annual Report 2023

HOW ARE YOU?

How are you is a simple question that we ask many times throughout the day, but it's also a question that goes beyond conversation, an expression of genuine care and interest in the wellbeing of others. It's a foundation of the deeper, more meaningful relationships we build with our employees, patients, community members, and others. We hope this annual report illustrates how this question, while at the heart of our character, is one of the ways we guide our patients and their families through the healthcare experience.

This year, we highlight ways our incredible employees and community partners work together to ensure we are making healthcare work for all people in Maine. From a nurse who provides healing care in the hospital and nourishing food in a restaurant, to helping community members combat opioid use disorder with Narcan training.

Our commitment extends well beyond the walls of our facilities; we are training community organizations in psychological first aid and are collaborating with our local communities to promote health education and help create a healthier Maine. We extend our gratitude to our dedicated staff and community partners, and to the people of Maine who place their trust in us. We hope you take a moment to ask, "How are you?"

Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part III, Line 4a - Program Service Accomplishments**

and see how incorporating this simple but meaningful question into your daily interactions can positively affect our relationships and create meaningful connections.

We hope you enjoy the 2023 Annual Report.

Timothy J. Dentry, MBA

President & CEO

Northern Light Health

John Ryan

Board Chair

Northern Light Health

HOW ARE YOU...

GOING TO SAVE A LIFE?

Northern Light Health's Narcan Program: Saving Lives in Maine

Andrew Mitchell found himself in a situation he never expected. He was outside a restaurant in Bangor one August afternoon in 2022 when a life changing experience convinced him of the importance of the overdose-reversing medication, Narcan.

Mitchell, who received a Narcan kit at the Blue Hill Fair, was out with a friend when a woman across the street urgently called out that a man was overdosing. Quickly, Mitchell rushed to his truck, grabbed the Narcan kit, and administered the life-saving drug to the unconscious man, whose lips had turned blue. Thanks to his

Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part III, Line 4a - Program Service Accomplishments**

timely intervention, the man began to regain consciousness.

Mitchell received his free Narcan kit from Northern Light Blue Hill Hospital, which has been at the forefront of addressing Maine's opioid epidemic. Employees handed out these kits to the public at the Blue Hill Fair in 2022 and 2023. Mitchell shares, "I had no medical training at all, and if I can use Narcan, anyone else can use it too. It's straightforward," he shares.

Northern Light Health's efforts extend beyond Narcan distribution to individuals. Hospitals across the system are engaging the community in a new and meaningful way. Northern Light Inland Hospital in Waterville and Northern Light Sebecook Valley Hospital in Pittsfield provide training to community organizations on the use of Narcan. The hospitals' training programs are part of a three-year federal grant program to reduce overdose deaths in Maine.

Hanna Bouchard, a community health outreach coordinator with both hospitals, plays a vital role in this program. Her experience as an emergency medical technician, coupled with her dedication to the cause has made her a key figure in providing Narcan training to community partners, including Kennebec Valley Community College in Fairfield. "This program is not just about teaching people how to use Narcan; it's about giving them the knowledge and tools to save lives," shares Bouchard.

In the battle against opioid overdoses, data tells a compelling story. Maine experienced more than 700 overdose deaths in 2022, and while the numbers are alarming, Narcan is making a difference. Of the 9,394 reported non-fatal overdoses, 2,200 were reversed thanks to community members carrying Narcan. Now with Food and

Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part III, Line 4a - Program Service Accomplishments**

Drug Administration approval, this life-saving medication is available over the counter.

Across Maine, the opioid crisis remains a significant challenge. These initiatives, whether distributing Narcan kits at the Blue Hill Fair or providing community trainings, are crucial steps towards reducing drug overdose deaths. These programs serve as beacons of hope, reminding us that every life is worth saving, and every intervention counts.

**Form 990, Part III, Line 4b - Program Service Accomplishments**

A Vital Connection

Are you monitoring your health?

Northern Light Home Care & Hospice is one of the first home healthcare agencies to endorse and promote telehealth for patients who qualify. Through LiveConnected, Northern Light's telehealth program, monitors can be installed in a patient's home. Our nurses train patients on how to read and record the information to monitor their condition, and the machine does the rest! More than 630 Mainers statewide use LiveConnected, including those who are not patients of Home Care & Hospice.

The service uses monitoring equipment to provide daily readings of vital signs to registered nurses. The nurses work with the patient and their physician to maintain and adjust medications from the convenience of home. Each day at a pre-determined time, the machine guides the patient through the steps to monitor their health.

Northern Light Home Care & Hospice uses a team approach to deliver care, educate our patients, and to better manage conditions like chronic heart and lung diseases.

Often, managing chronic health conditions means frequent trips to the doctor or

Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part III, Line 4b - Program Service Accomplishments**

hospital to monitor vital signs. Using telemonitoring and offering care, such as physical therapy, occupational therapy, and speech language pathology to patients at home eliminates the stress of frequent trips and difficult access to transportation.

Each Northern Light Home Care & Hospice patient receives a customized care plan that includes clinical home visits, telehealth monitoring, and education designed for the individual, allowing patients to manage their care from the comfort of home.

To learn more about LiveConnected visit [northernlighthealth.org/liveconnected](http://northernlighthealth.org/liveconnected).

To find out if you qualify, please call 800-757-3326 to speak to a member of our Home Care & Hospice team.

HOW ARE YOU...

AND YOUR BABY?

Transforming Lives: Francis Warde Home

For decades, Portland has been a destination for people seeking asylum; leaving their home countries, seeking safety and protection in a new place to call home. Sometimes, there are cracks in the social safety net for this vulnerable population, and some of the most vulnerable are pregnant women.

One woman, who came to Northern Light Mercy Hospital on a cold rainy day in June, was five months pregnant, without shelter, and in dire need of care. Melissa Skahan, vice president of Mission Integration at Mercy, recounts her story, "This woman was ill, had no home, and a discharge plan would potentially put her back out on the street or into another short-term shelter."



Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part III, Line 4b - Program Service Accomplishments**

Thankfully, Skahan was already working on a solution. Mercy Hospital had recently teamed up with the non-profit In Her Presence (IHP), to start a new, two-generational program for pregnant women who are seeking asylum. The new program would open soon, in the former Francis Warde Convent, a residence once owned by the Sisters of Mercy of the Americas and named after one of the original Sisters of Mercy.

The Francis Warde Home was nearly ready to open, so instead of sending this pregnant woman back into uncertainty, hospital staff stepped in. Within 48 hours, they made a crucial decision that would change her life. Skahan adds, "Our staff kept her here, and the program launch was timed so that we were able to move her quickly into Francis Warde."

The Francis Warde program, as it is commonly referred to, ensures that vulnerable women in need of shelter, basic needs, and healthcare receive support. Overseeing the day-to-day operations of the Francis Warde program is Claudette Ndayininahaze, the co-founder and executive director of IHP. Ndayininahaze emphasizes, "We are just beginning to understand how to see the whole person and serve the whole person. The IHP approach is creating long-term community and lifelong learners who give back. We need to integrate culture and ensure a true balance of power so that women from all over the world feel empowered to shape their healthcare."

The program goes beyond providing shelter and healthcare. It extends to offering educational opportunities, including English language classes and workforce training at Northern Light Mercy Hospital. The women who benefit from the program go through

Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part III, Line 4b - Program Service Accomplishments**

a remarkable transformation.

In Skahan's words, "It's transformative. I've seen people who have been in the program for a few months, and they look like different people than when you first meet them because their basic needs are met, and they are constantly progressing and developing."

The Francis Warde Home empowers those who have experienced hardship and displacement to influence their interactions with healthcare. The model reflects the specific needs of immigrant women and their children across the continuum of care.

Through this program, Mercy Hospital, in partnership with IHP, is creating a healthier, more inclusive society where vulnerable individuals can thrive. Other collaborating agencies in this endeavor include Community Housing of Maine, JTG Foundation, Sisters of Mercy of the Americas, and the State of Maine.

**Our Climate Health Pledge**

How can we Improve our Planet's Health?

We know that climate change can translate into poorer health outcomes for people across the planet and right here in Maine. To create a healthier environment for everyone, Northern Light Health has pledged to reduce our greenhouse gas emissions by 50 percent by 2030, and to achieve net zero emissions by 2050. In 2021, we began to gather data on things like direct emissions related to our use of heating fuels, vehicles, and even anesthetic gases.

We also looked at indirect emissions from our electricity usage. We've converted to

Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part III, Line 4b - Program Service Accomplishments**

electric vehicles, built more energy efficient hospitals, and began outsourcing our electricity from more renewable sources. In year one of our pledge, we've already reduced our greenhouse gas emissions by more than ten percent! We know there is a long way to go, but we're pleased that we are off to such a positive start!

We have some exciting new projects planned for 2024 including improvements to our supply chain, a food waste program, and a new podcast series on climate sustainability.

To learn more, visit [Northernlighthealth.org/Sustainability](https://Northernlighthealth.org/Sustainability)

**Form 990, Part III, Line 4c - Program Service Accomplishments**

HOW ARE YOU...

SHARING YOUR CULTURE?

A Journey of Nursing and Nourishing

It's just before 9 am when Hope Moneke and one of her daughters arrive in Veazie, a suburb of Bangor, to start cooking for their restaurant where they serve delicious African cuisine each Friday through a shared kitchen arrangement. Moneke and her family made the life-changing decision to move to Maine a decade ago, seeking new opportunities and a better life. With an innate desire to help people, Moneke went to school and became a nurse, something that was not easily accessible to her in Nigeria.

Now, she works on a busy cardiac floor at Northern Light Eastern Maine Medical Center. Little did Moneke know that her journey would lead to the creation of a unique blend of cultures, where her roles as a nurse and a chef would intertwine to bring joy, comfort, and a taste of home to her new community.

Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part III, Line 4c - Program Service Accomplishments**

Like many new Mainers, Moneke and her family missed the food and flavors of home. This became an opportunity for Moneke to pursue her other great passion: cooking. Growing up in Nigeria, she had honed her culinary skills, and now she had the chance to share her culture through food. Moneke's flexible nursing schedule allows her to dedicate time to both her patients and her restaurant. She works three days a week at the medical center, where she finds immense fulfillment caring for patients. This role as a nurse is not just a job for Moneke; it's a calling.

Moneke's face lights up when she describes the joy she finds in patient care and how her culinary artistry is an extension of her nurturing spirit as a nurse. "I feel a deep sense of accomplishment in caring for my patients, and then being able to share my culture with this community through food," says Moneke.

For Moneke, both her roles, nurse, and chef, are intertwined. She is a healer in both settings and finds great satisfaction in serving and making a difference in people's lives.

Her gift is not just about the food she serves; it's about the connections she creates and the joy she brings to those whose lives she touches. Her story is a reminder that no matter where we come from, we all share the common human experience of wanting to make a difference and finding fulfillment on our journeys. Moneke has achieved just that, with a warm smile and a plate full of delicious African cuisine.

"People come here, and they tell me my food is delicious, and that makes me very happy," says Moneke. "I feel so proud of myself that I accomplished this, and I get to

Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part III, Line 4c - Program Service Accomplishments**

make a difference in people's lives, that is the most important thing."

HOW ARE YOUR...

STUDIES GOING?

Bringing Education to Rural Communities

Rural hospitals play a vital role in providing essential medical services to underserved communities. However, these hospitals often face significant challenges in recruiting and retaining nurses. To understand the transformative power of innovative programs designed to attract and keep nursing talent in rural areas, look no further than the inspiring story of Danielle Craig, RN, Northern Light Mayo Hospital.

Craig represents the heart and soul of rural healthcare in Maine. Her remarkable journey into the nursing profession and her unwavering commitment to serving her community highlight the positive effects of programs designed to recruit and retain nurses to rural Maine.

As the mother of six children, Craig faced a unique set of challenges when considering a career in nursing. The need to balance her family's well-being with her professional aspirations was a significant concern. Rural living often comes with lengthy commutes to educational institutions and healthcare facilities, making it difficult for individuals like Craig, with a growing family, to pursue their dreams.

Craig's journey took a fateful turn when she stumbled upon an ad in the Piscataquis Observer for a nursing program in Dover-Foxcroft and a distance learning program offered by Eastern Maine Community College (EMCC) in Bangor, a unique program

Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part III, Line 4c - Program Service Accomplishments**

bringing education closer to home for rural residents. EMCC held the classes at the Piscataquis County Technical Center in Dover-Foxcroft. Craig recalls, "I had children at home, so less time on the road meant more time with them outside of class and less need for childcare."

The program's innovative approach included video conferences, allowing students to access the same instructors and the same classes available on campus, and dedicated in-classroom support from nursing professionals like Nikki Chadwick, RN, MSN, CPHQ, vice president of Quality and Education, Northern Light Mayo Hospital, who played an integral role in Craig's journey. Craig recalls, "We had Nikki in the classroom to help support us, answer any questions we had, and she took us to our clinicals right in town at Mayo Hospital."

For Craig, this educational opportunity was not only life-changing but also transformative for her family. She emphasizes, "Before I became a nurse, we were a one-income family with six children. By providing access to education to rural communities, you're bringing those families up, and that will bring the entire community up."

**Umbrella Sky Project**

Are you inspired?

Art inspires imagination and wonder. It takes us to new places and makes us feel curious and excited. The Umbrella Sky Project, sponsored by Northern Light Eastern Maine Medical Center, inspired by Mary Poppins, is an outdoor art exhibit installed around the world that took over downtown Bangor in summer 2023. The display of whimsy, exuberance, energy, and maybe a little bit of protection from the rain and

Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part III, Line 4c - Program Service Accomplishments**

sun came to Cross Street, the corridor between Main Street and Columbia Street. If you missed it, don't worry; the installation returns in summer 2024. Be sure to come visit and when we ask, "How are you?" we hope you will reply, "Practically perfect in every way!"

**Form 990, Part III, Line 4d - Other Program Services Description**

HOW ARE YOU...

PUTTING YOUR HEALTH FIRST?

Assembling the Puzzle:

Integrated Women's Health

In today's fast-paced world, women often find themselves juggling a multitude of responsibilities, from caring for family to excelling in the workplace. Amidst this balancing act, the importance of their own health often takes a back seat.

Fortunately, healthcare providers like Behnoosh Dashti, MD and Danielle Agrella, WHNP, of Northern Light Women's Health, recognize this challenge and are offering a holistic approach to women's health.

The concept centers around an integrated care setting, one that combines primary care and obstetrics/gynecology services in a seamless and convenient way: essential healthcare components under one roof, delivering a unique and cohesive healthcare experience.

Dr. Dashti compares it to assembling pieces of a puzzle. "We make sure that all pieces are beside each other in the same frame. I think the clinic could be seen as a frame that brings all the pieces of the puzzle of healthcare together for women all in the same place."

Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part III, Line 4d - Other Program Services Description**

The Women's Health Center is conveniently located within Northern Light AR Gould Hospital. Dr. Dashti points out, "If they need blood tests or imaging, we can arrange that at the hospital, in some cases even on the same day." This minimizes the need for patients to travel for different tests and procedures, making care accessible and efficient.

The advantages are even more apparent when considering the rural setting of Maine. "Harsh winter weather can hinder travel. Patients no longer need to brave challenging conditions to access healthcare services scattered across town. Instead, they can find the care they need all in one place," says Agrella.

This care model goes beyond just providing healthcare services; it empowers women to make themselves a priority. It serves as a reminder to all to place their health first so that they are better equipped to face the demands of life, for themselves and for those they love. Highlighting the importance of patient-centered care and the profound effect it can have on individual lives and the community as a whole, the collaborative spirit of these providers sets a new standard for healthcare delivery in their community, ensuring that individuals receive the care they need and deserve.

Self-scheduling your Mammogram

Are you taking charge of your schedule?

Breast cancer is the second leading cause of cancer death in women. When detected early, 98 percent of patients survive. Breast cancer can be detected in a mammogram up to three years before patients can feel any changes. Screening mammograms, starting at age 40, are a crucial part of breast cancer prevention and early



Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part III, Line 4d - Other Program Services Description**

detection, and online self-scheduling makes it easier than ever to make sure you're up to date.

Available 24 hours a day, seven days a week, you can schedule your screening mammogram whenever it's convenient for you. Since beginning in June of 2022, more than 2,600 people have self-scheduled their mammogram at a Northern Light Health hospital.

Visit [NorthernLightHealth.org/ScheduleAMammogram](https://NorthernLightHealth.org/ScheduleAMammogram) to schedule your screening mammogram today.

ARE YOU OK TODAY?

Psychological First Aid Training: A Resource for our Communities

It's a warm morning in August and as the sun rises over the lake at Camp Jordan in Ellsworth; campers and counselors begin their day with a quick swim. While memories of summer camp can be some of the best, it's important to be prepared if a child needs extra support. Children are facing an increasing amount of stress and emotional challenges; providing psychological first aid (PFA) training is one way we're helping community organizations in our region prepare to provide support. Northern Light Acadia Hospital, in collaboration with other Northern Light Health members, provides training sessions to community partners including camp counselors, hospitals, and local schools.

Jennifer Laferte-Carlson, community health manager, Northern Light Acadia Hospital, together with a team of colleagues offer the training at no cost to organizations and leaders throughout Maine.

Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part III, Line 4d - Other Program Services Description**

"This training allows there to be a bridge to keep people safe until they can be connected with resources," says Laferte-Carlson. "Training includes providing skills to identify and respond to those who have experienced trauma, being able to connect those individuals to resources and provide them with skills for self-care."

Among the counselors to receive training at Camp Jordan in Ellsworth was Blair Hudson, the arts and culture director at the camp. Hudson, who is in her seventh year as a camp counselor, says the training has allowed her to be more proactive in identifying early signs of emotional distress in campers. The newfound skills help her create a safer and more supportive environment for the kids and teens under her care.

"I had never had any type of training in mental health or psychological first aid, so this was a great addition to my skill set," says Hudson. "I came out of the training with a lot more confidence to handle certain situations on my own, and I've been able to use it on a couple occasions over the course of the summer, specifically with children having panic attacks or experiencing other signs of trauma."

"Now more than ever, this training is essential for members of our communities to be equipped with the skills to recognize and address emotional distress," adds Laferte-Carlson.

In a time of crisis, PFA training empowers community members to feel confident and capable in supporting others emotional well-being. It plays a significant role in reducing the stigma around seeking mental health support and enabling early

Name of the organization **VNA Home Health & Hospice**  
**Northern Light Home Care & Hospice**

Employer identification number  
**01-0246804**

### Form 990, Part III, Line 4d - Other Program Services Description

intervention.

For more information about psychological first aid training call the Northern Light Acadia Hospital Behavioral Health Resource Center at 207.973.6100.

#### COMMUNITY BENEFIT

##### Total Community Investment by Category

Community Health	\$2,490,559
Improvement Services Health Professions Education	\$4,022,229
Research	\$1,996,124
Cash and In-Kind Contributions	\$371,121
Community Building Activities	\$956,392
Community Benefit Operations	\$3,248,526
Traditional Charity Care	\$12,624,507
Unpaid Cost of Public Programs:	
Medicaid	\$104,192,288
Medicare	\$205,297,947
Total Systemwide	\$335,199,693

To learn more, go to:

[northernlighthouse.org/Community-Health-Needs-Assessment/Community-Benefit-Reports](http://northernlighthouse.org/Community-Health-Needs-Assessment/Community-Benefit-Reports)

#### Northern Light Health Member

##### Community Benefit

Acadia Hospital	\$15,155,781
AR Gould Hospital	\$21,201,384

Name of the organization **VNA Home Health & Hospice  
Northern Light Home Care & Hospice**

Employer identification number  
**01-0246804**

**Form 990, Part III, Line 4d - Other Program Services Description**

Blue Hill Hospital	\$2,708,150
CA Dean Hospital	\$237,239
Eastern Maine Medical Center	\$210,812,481
Home Care & Hospice	\$822,464
Inland Hospital	\$13,996,973
Maine Coast Hospital	\$11,704,985
Mayo Hospital	\$1,435,371
Mercy Hospital	\$54,402,571
Northern Light Health Home Office	\$742,021

**NORTHERN LIGHT HEALTH FOUNDATION**
**DONOR SPOTLIGHT**

Carla and Danny Lafayette

With more than a 22 year history of supporting Northern Light Health, Danny and Carla Lafayette have been instrumental in helping us provide vital resources to those facing cancer, behavioral health disorders, Multiple Sclerosis, and more. In recognition of their long-standing philanthropic support of Northern Light Health, they were awarded with the inaugural True North Philanthropy Award.

John Marshall Webber

Northern Light Eastern Maine Medical Center is honored to be a beneficiary of the late John M. Webber's estate. This \$9,000,000 gift is the largest in the history of Eastern Maine Medical Center and will influence healthcare in the greater Bangor community for generations to come. An additional distribution of several million dollars is anticipated following the settlement of the estate. Steven Spetnagel, nephew of John Marshall Webber, visited Bangor in May to present a check to both

Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part III, Line 4d - Other Program Services Description**

Eastern Maine Medical Center and to St. Joseph Hospital.

Master Facility Plan Updates

Northern Light Health partners with donors to invest in rural healthcare.

CA Dean

The new, modern Northern Light CA Dean Hospital is scheduled to open February 27, 2024.

Acadia

The new Pediatric Day Treatment Center and renovated Mood and Memory Clinic opened in August 2023.

The new inpatient pediatric wing opened to patients on January 8, 2024.

Blue Hill

Northern Light Blue Hill Hospital welcomed the first new patients in its new hospital on August 23, 2023.

Maine Coast

Northern Light Maine Coast Hospital opened the Dixon Family Birthing Center in January 2023 and construction is nearing completion for renovation of modern, private rooms with better space for care teams and families.

Name of the organization **VNA Home Health & Hospice  
Northern Light Home Care & Hospice**

Employer identification number  
**01-0246804**

### Form 990, Part III, Line 4d - Other Program Services Description

#### Giving by Organization

Acadia Hospital	\$1,148,591.57
AR Gould Hospital	\$123,530.42
Blue Hill Hospital	\$1,645,744.38
CA Dean Hospital	\$534,958.20
Eastern Maine Medical Center and Children's Miracle Network Hospitals	\$11,028,894.19
Home Care & Hospice	\$324,360.95
Inland Hospital	\$199,560.96
Maine Coast Hospital	\$343,392.03
Mayo Hospital	\$137,497.20
Mercy Hospital	\$2,890,815.48
Northern Light Health	\$3,715.07
Northern Light Health Foundation	\$129,335.08
Sebasticook Valley Hospital	\$156,025.48
Total	\$18,666,421.01

To learn more about how donors are supporting care in our communities, visit  
[northernlighthealth.org/foundation](http://northernlighthealth.org/foundation).

Northern Light Health

#### BY THE NUMBERS

- 1 Home care and hospice organization
- 1 Integrated physician organization
- 6 Emergency transport members
- 8 Nursing homes

Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part III, Line 4d - Other Program Services Description**

6 Joint ventures

10 Hospitals

45 Primary care practices

705 Available acute care beds

10,557 Employees

404,553 Primary care visits

27,574 Inpatient admissions

4,543 Observation admissions

3,001 Births

7,116 Inpatient surgical cases

29,159 Outpatient surgical cases

418,794 Imaging procedures

13,743 Inpatient emergency department visits

100,733 Outpatient emergency department visits

465 Cardiac surgeries

2,453,722 Outpatient visits

154,396 Telehealth visits

147,319 Home health & hospice patient visits

**LifeFlight of Maine**

94 Towns Responded to for Scene Calls

203 Total Scene Calls

362 Fixed Wing Air Transports

361 Traumatic Injury Transports

449 Ground Transports

Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part III, Line 4d - Other Program Services Description**

1,454 Helicopter Air Transports

Northern Light Medical Transport

100 Towns / townships / unorganized territories in response area

3,331 Wheelchair van transports

19,398 Patients transported

Joint Ventures

County Physical Therapy, LLC

LifeFlight of Maine, LLC

LTC, LLC

MedComm, LLC

New Century Healthcare, LLC

Uniship Courier Services, LLC

Member Locations:

Presque Isle

Northern Light AR Gould Hospital

Northern Light Home Care & Hospice

Northern Light Work Health

Greenville

Northern Light CA Dean Hospital

Dover Foxcroft



Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part III, Line 4d - Other Program Services Description**

Northern Light Mayo Hospital

Northern Light Work Health

Bangor

Northern Light Acadia Hospital

Northern Light Eastern Maine Medical Center

Northern Light Health Foundation

Northern Light Home Care & Hospice

Northern Light Pharmacy

Northern Light Work Health

Northern Light Work Force

Brewer

Northern Light Eastern Maine Medical Center

Northern Light Health Home Office

Northern Light Pharmacy

Pittsfield

Northern Light Seabasticook Valley Hospital

Northern Light Work Health

Waterville

Northern Light Home Care & Hospice

Northern Light Inland Hospital

Northern Light Work Health

Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part III, Line 4d - Other Program Services Description**

Ellsworth

Northern Light Home Care & Hospice

Northern Light Maine Coast Hospital

Northern Light Work Health

Blue Hill

Northern Light Blue Hill Hospital

Portland

Northern Light Home Care & Hospice

Northern Light Laboratory

Northern Light Mercy Hospital

Northern Light Pharmacy

Northern Light Healthy Life EAP

Northern Light Work Health

Our mission, vision, and values

Our Mission

We improve the health of the people and communities we serve.

Our Vision

Northern Light Health will be a leader in healthcare excellence.

Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part III, Line 4d - Other Program Services Description****Our Values**

To accomplish its mission and vision, Northern Light Health will embrace these values:

**Integrity**

We commit to the highest standards of behavior and doing the correct thing for the right reasons.

**Respect**

We respect the dignity, worth, and rights of others.

**Compassion**

We deliver care focused on the needs of each person and guide families and individuals through the experience with kindness and professionalism.

**Accountability**

We take a responsible and disciplined approach to achieving our priorities and responding to an ever-changing environment.

**Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder**

VNA Home Health & Hospice d/b/a Northern Light Home Care & Hospice (the "Corporation") is a Maine nonprofit corporation. Eastern Maine Healthcare Systems d/b/a Northern Light Health ("NLH"), also a Maine nonprofit corporation, is the sole voting corporate member of the Corporation.

Name of the organization **VNA Home Health & Hospice  
Northern Light Home Care & Hospice**

Employer identification number  
**01-0246804**

**Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body**

Each year at their annual meeting, the directors elect replacements for those directors whose terms are expiring. Election of directors is subject to ratification by the NLH Board of Directors.

**Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders**

The NLH President has authority to appoint and remove the SVP, President of the Corporation. NLH also has joint and superior authority to approve, disapprove or initiate action with respect to the following matters:

- I. amendments to the corporations Articles of Incorporation or Bylaws;
- II. changes in legal form of organization of the Corporation;
- III. election of the Directors/Trustees of the Corporation;
- IV. action concerning the Corporation's operating budget and capital expenditures;
- V. the Corporation's acquisition of assets or assumption of liabilities of an unaffiliated third party;
- VI. transfer of 5% or more of the assets of the Corporation;
- VII. financing transactions concerning the Corporation;
- VIII. merger, consolidation, sale, lease, mortgage, pledge or other disposition of all or substantially all assets of the Corporation;
- IX. add or revise a health care service of the Corporation;
- X. discontinue or close a health care service of the Corporation;
- XI. action concerning the Corporation's role in the NLH Strategic Plan;
- XII. action concerning the Corporation's participation in key strategic affiliations with third parties not affiliated with NLH; and
- XIII. dissolution of the Corporation.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

Form 990 is reviewed by the VP of Finance & SVP, President of Northern Light Home Care & Hospice. It is also provided to each board member either electronically or

Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part VI, Line 11b - Form 990 Review Process (continued)**

in hard copy with an opportunity to ask questions prior to filing with the IRS.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

The organization requests updates of potential conflicts and relationships from the officers and Board members on an annual basis. The request requires disclosure of all business relationships, board memberships, and family relationships. A database is maintained that is compared to payroll records and the accounts payable vendor list to identify any potential conflicts of interest. Transactions are reviewed for reasonableness as an arm's length transaction.

The first agenda item for board meetings and board committee meetings is for members to declare any conflict of interest with upcoming agenda items or deliberations. At any point when consideration is being given to purchase/contract with a party in interest, the member with the conflict is either excused from the discussion and consideration process or abstains from voting on the matter.

All transactions identified with parties in interest are disclosed within the Form 990. All are deemed to be arm's length transactions.

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management**

The SVP, President of Northern Light Home Care & Hospice and the system Chief Executive Officer (CEO) who serves on the board ex-officio are employed by the system parent, Eastern Maine Healthcare Systems d/b/a Northern Light Health (NLH).

The NLH Executive Performance Management Committee (the Committee) is responsible to monitor and evaluate the performance of the NLH CEO. It shall have authority to set the compensation of the NLH CEO, and to review the recommendations of the NLH CEO with respect to the compensation of the Presidents of the Member Organizations and

Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management (continued)**

other key management personnel. The Committee is comprised entirely of independent Directors per NLH bylaws.

**Process:**

The Committee meets regularly throughout the fiscal year at the discretion of the Committee chair as well as on call of the Chair of the NLH board. In carrying out its duties pursuant to the Bylaws, the Committee:

- Assures that the executive compensation program is administered in a manner consistent with the NLH executive compensation philosophy.
- Reviews and updates the NLH executive compensation philosophy which serves as the foundation on which all current and future executive compensation decisions are made.
- Assures that value of compensation provided by NLH does not exceed the value of services provided by the executive.
- Reviews annual incentive compensation criteria for eligible executives, as defined by the NLH CEO.
- Reviews periodic compensation survey information and provides expert input to proposed changes to the executive compensation program.
- Assures that a formal and timely performance management system is in place for executives.
- Reviews incentive compensation criteria scoring and associated pay schedules for officers and key employees.
- Provides any public statements regarding executive compensation practices at NLH deemed appropriate.
- Maintains minutes of the meeting and communicates actions to the NLH Board of Directors.

Name of the organization VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number  
01-0246804

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management (continued)**

To accomplish this, the committee uses an external consultant with access to comparative data from independent sources and include national as well as regional data points. The NLH CEO reviews all direct report compensation actions with the committee. In addition, the NLH CEO ensures that any subsidiary policies and practices governing executive compensation are consistent with the committee's philosophy and practices statement.

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees**

Compensation of other officers and key employees of the organization is established by the Human Resources department who utilize external market research to establish compensation ranges for specific positions.

On an annual basis, the compensation ranges are compared to the updated survey information.

The hiring manager will determine where the employee will fall within the ranges established by the Human Resources department based on experience and credentials.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

Northern Light Home Care & Hospice makes its governing documents, conflict of interest policy and financial statements available to the public upon request.

Name of the organization **VNA Home Health & Hospice**  
**Northern Light Home Care & Hospice**Employer identification number  
**01-0246804****Form 990, Part XI, Line 9**  
**Other Changes In Net Assets Or Fund Balances**

Changes in Net Assets Held @ NLH Foundation.....	\$	152,162.
Transfers to Exempt Subsidiary-NLH Foundation.....		-425.
Total	\$	<u>151,737.</u>



**SCHEDULE R**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**VNA Home Health & Hospice  
Northern Light Home Care & Hospice

Employer identification number

01-0246804

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) _____ _____ _____					
(2) _____ _____ _____					
(3) _____ _____ _____					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) Mercy Hospital 175 Fore River Parkway Portland, ME 04102 01-0211534	Provide Healthcare Services	ME	501 (c) (3)	3	EMHS		X
(2) Eastern Maine Healthcare Systems ( ) 43 Whiting Hill Road Brewer, ME 04412 01-0527066	Supporting Org for Healthcare Affiliates	ME	501 (c) (3)	12 Type II	N/A		X
(3) Eastern Maine Medical Center (EMMC) PO Box 404, 489 State Street Bangor, ME 04402-0404 01-0211501	Provide Healthcare Services	ME	501 (c) (3)	3	EMHS		X
(4) Rosscare 43 Whiting Hill Road Brewer, ME 04412 01-0391038	Provide Services to Elderly	ME	501 (c) (3)	PF	EMHS		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) Affiliated Healthcare Systems 43 Whiting Hill Road Brewer, ME 04412 01-0385322	Holding Company	ME	EMHS	C Corp	0.	0.			X
(2) Affiliated Healthcare Manageme 43 Whiting Hill Road Brewer, ME 04412 01-0349339	Healthcare Mgt	ME	AHS	C Corp	0.	0.			X
(3) Affiliated Laboratory 43 Whiting Hill Road Brewer, ME 04412 01-0381283	Clinical Lab	ME	AHS	C Corp	0.	0.			X

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1 a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1 b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1 c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1 d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1 e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1 f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1 g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1 h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1 i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1 j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1 k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1 l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1 m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1 n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1 o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1 p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1 q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1 r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1 s</b>	X

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

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

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

**Part VII** **Supplemental Information**

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

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**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
Acadia Hospital Corp. (AHC) 43 Whiting Hill Road Brewer, ME 04412 01-0459837	Provide Healthcare Services	ME	501 (c) (3)	3	EMHS		X
Northern Light Health Foundation 43 Whiting Hill Road Brewer, ME 04412 22-2514163	Raise & Manage Funds for Exempt Orgs	ME	501 (c) (3)	12 Type II	EMHS		X
Inland Hospital 200 Kennedy Memorial Drive Waterville, ME 04901 01-0217211	Provide Healthcare Services	ME	501 (c) (3)	3	EMHS		X
Lakewood 220 Kennedy Memorial Drive Wateville, ME 04901 01-0421234	Provide Skilled & Long-Term Nursing Care	ME	501 (c) (3)	3	Inland		X
CA Dean Memorial Hospital Pritham Ave, PO Box 1129 Greenville, ME 04441-1129 04-3341666	Provide Healthcare Services	ME	501 (c) (3)	3	EMHS		X
Sebasticoock Valley Health 447 North Main Street Pittsfield, ME 04967 01-0263628	Provide Healthcare Services	ME	501 (c) (3)	3	EMHS		X
The Aroostook Medical Center PO Box 151, 140 Academy Street Presque Isle, ME 04769-0151 01-0372148	Provide Healthcare Services	ME	501 (c) (3)	3	EMHS		X
The Blue Hill Memorial Hospital 57 Water Street Blue Hill, ME 04614-5231 01-0227195	Provide Healthcare Services	ME	501 (c) (3)	3	EMHS		X
Eastern Maine Healthcare Real Estate 43 Whiting Hill Road Brewer, ME 04412 01-0391036	Leases Real Estate	ME	501 (c) (2)		EMHS		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
Eastern Maine Medical Center Auxilia 43 Whiting Hill Road Brewer, ME 04412 01-0377901	Fund Raising for Exempt EMMC	ME	501 (c) (3)	10	EMMC		X
Acadia Healthcare Inc 43 Whiting Hill Road Brewer, ME 04412 22-3183888	Provide Healthcare Services	ME	501 (c) (3)	10	AHC		X
Northern Light Wellbeing LLC 43 Whiting Hill Road Brewer, ME 04412 47-4315094	Provide Healthcare Services	ME	501 (c) (3)	12 Type II	EMHS		X
Maine Coast Regional Health Faciliti 50 Union Street Ellsworth, ME 04605 01-0198331	Provide Healthcare Services	ME	501 (c) (3)	3	EMHS		X
Maine Coast Medical Realty 50 Union Street Ellsworth, ME 04605 01-0390918	Lease Medical Facilities	ME	501 (c) (3)	12 Type I	MCH		X
Beacon Health, LLC 43 Whiting Hill Road Brewer, ME 04412 45-2967056	Accountable Care Organization	ME	501 (c) (3)	12 Type II	EMHS		X
Beacon Rural Health, LLC 43 Whiting Hill Road Brewer, ME 04412 47-4483187	Accountable Care Organization	ME	501 (c) (3)	12 Type II	EMHS		X
Beacon Health ACO Holdings, LLC 43 Whiting Hill Road Brewer, ME 04412 36-4903784	Accountable Care Organization	ME	501 (c) (3)	12 Type II	EMHS		X
LTC, LLC 43 Whiting Hill Road Brewer, ME 04412 01-0211501	Operation of Nursing Homes	ME	501 (c) (3)	3	EMMC		X







**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.		Taxpayer identification number (TIN)
	VNA Home Health & Hospice Northern Light Home Care & Hospice		01-0246804
	Number, street, and room or suite number. If a P.O. box, see instructions. 225 Gorham Road, Ste 200		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. South Portland, ME 04106		

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ► John Doyle 43 Whiting Hill Rd Brewer ME 04412

Telephone No. ► (207) 973-9081 Fax No. ► 207-973-7139

- If the organization does not have an office or place of business in the United States, check this box. .... ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ..... ► ☐. If it is for part of the group, check this box ... ► ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 8/15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 \_\_\_\_ or  
 ► ☒ tax year beginning 10/01, 20 22, and ending 9/30, 20 23.

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3 a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....	<b>3 a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit .....	<b>3 b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.....	<b>3 c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)