

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 for instructions and the latest information.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 10/01, 2021, and ending 9/30, 2022

B Check if applicable: X Address change
C VNA Home Health & Hospice
Northern Light Home Care & Hospice
225 Gorham Road, Ste 200
South Portland, ME 04106
D Employer identification number 01-0246804
E Telephone number 207-973-9081
G Gross receipts \$ 45,654,174.
F Name and address of principal officer: John J. Doyle
Same As C Above
H(a) Is this a group return for subordinates? Yes No X
H(b) Are all subordinates included? Yes No
I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527
J Website: www.northernlighthealth.org/homecare-hospice
H(c) Group exemption number
K Form of organization: X Corporation Trust Association Other
L Year of formation: 1921 M State of legal domicile: ME

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer (John J. Doyle), Date (7/31/23), Title (NLH VP of Finance)

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature (Self-Prepared), Date, Check 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 X

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 [X] 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 [X] 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 \$ 46,093,724. including grants of \$) (Revenue \$ 44,123,650.)

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 46,093,724.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 594		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
15	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? 15		X
If 'Yes,' see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17		
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. **X**

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 14 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.		
1 b	Enter the number of voting members included on line 1a, above, who are independent. 1 b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? See Schedule O	X	
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? See Sch O	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders? See Schedule O	X	
7 a	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	X	
7 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	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.		X

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 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?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	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	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	The organization's CEO, Executive Director, or top management official. See Schedule O	X	
15 b	Other officers or key employees of the organization.		X
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ 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

1 a 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, 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.	1,840,352.	60,782.
(2) Anthony Filer Treasurer	1 50			X				0.	934,170.	61,116.
(3) Glenn Martin Secretary-Pt Yr	1 50			X				0.	713,228.	112,701.
(4) Paul Bolin SVP & CPO	1 50			X				0.	429,549.	105,611.
(5) Colleen Hilton Ex-Officio	40 0	X		X				455,715.	0.	39,652.
(6) George Eaton Secretary-Pt Yr	1 50			X				0.	254,686.	42,889.
(7) Joseph Kellner VP Fin & Bus Op	32 18			X				144,862.	81,485.	31,711.
(8) David Jones Med Dir-Hospice	40 0					X		216,849.	0.	28,653.
(9) Elizabeth Rolfe VP Post-Acu Cr	40 0			X				207,909.	0.	32,453.
(10) Leah Gordon VP Nursing & Pt	40 0			X				186,803.	0.	31,261.
(11) Leigh Ann Howard VP Clinic Excel	40 0			X				129,542.	0.	39,595.
(12) Alexandra Barr Physician-Hospice	40 0					X		139,377.	0.	10,110.
(13) Christine Turner AVP Hospice Care	40 0					X		135,716.	0.	5,524.
(14) Donna Marie Curley AVP-Home Health	40 0					X		113,951.	0.	21,955.

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) Jacqueline Welsh Grants Consultant	40 0					X	122,264.	0.	10,129.
(16) Ann Marie Briggs Chairman-Pt Yr	1 0	X		X			0.	0.	0.
(17) Dianne Rodrigue Director	1 0	X					0.	0.	0.
(18) Judy Anderson Director	1 0	X					0.	0.	0.
(19) Richard Duncan Director	1 0	X					0.	0.	0.
(20) Michael Quinlan Director	1 0	X					0.	0.	0.
(21) Joanne Hale Director	1 0	X					0.	0.	0.
(22) Ed Douglas Director	1 0	X					0.	0.	0.
(23) Bruce Reddy Director	1 0	X					0.	0.	0.
(24) Edward Gould, Esq. Vice Chair	1 0	X		X			0.	0.	0.
(25) Patricia Small Director	1 0	X					0.	0.	0.
1 b Subtotal							1,852,988.	4,253,470.	634,142.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							1,852,988.	4,253,470.	634,142.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 14									

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	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	142,043.
SimpliFi 5020 Northshore Drive Ste 2 North Little Rock, AR 72118	Temp Staffing	569,362.
American Medical Alert Corp PO Box 821380 Philadelphia, PA 19182-138	Monitoring Services	175,151.
McBee Associates, Inc. PO Box 37135 Baltimore, MD 21297-3135	Consultant	285,732.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 4		

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d 165,296.				
	e Government grants (contributions)	1 e 1,354,700.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 7,496.				
	g Noncash contributions included in lines 1a-1f	1 g 650.				
	h Total. Add lines 1a-1f	▶ 1,527,492.				
	Program Service Revenue	Business Code				
2 a <u>Net Home Care Revenue</u>		621610	44,122,723.	44,122,723.		
b <u>Education</u>		611710	927.	927.		
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f	▶	44,123,650.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,032.		3,032.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		6 a				
		b Less: rental expenses	6 b			
	c Rental income or (loss)	6 c				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7 a				
		b Less: cost or other basis and sales expenses	7 b			
	c Gain or (loss)	7 c				
	d Net gain or (loss)	▶				
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8 a					
	b Less: direct expenses	8 b				
	c Net income or (loss) from fundraising events	▶				
9 a Gross income from gaming activities. See Part IV, line 19	9 a					
	b Less: direct expenses	9 b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	10 a					
	b Less: cost of goods sold	10 b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue	Business Code					
	11 a _____					
	b _____					
	c _____					
	d All other revenue					
e Total. Add lines 11a-11d	▶					
12 Total revenue. See instructions	▶	45,654,174.	44,123,650.	0.	3,032.	

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. X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,288,087.	627,563.	660,524.	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	27,184,197.	26,559,974.	624,223.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	948,965.	927,449.	21,516.	
9 Other employee benefits	4,753,867.	4,616,736.	137,131.	
10 Payroll taxes	2,074,124.	2,027,547.	46,577.	
11 Fees for services (nonemployees):				
a Management				
b Legal	5,878.	5,878.		
c Accounting	22,317.		22,317.	
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.)	4,949,038.	4,026,204.	922,834.	
12 Advertising and promotion	54,593.	54,593.		
13 Office expenses	704,174.	691,232.	12,942.	
14 Information technology	903,467.	882,982.	20,485.	
15 Royalties				
16 Occupancy	1,090,650.	1,065,921.	24,729.	
17 Travel	1,678,814.	1,678,735.	79.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	54,253.	54,253.		
20 Interest	813.	794.	19.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	121,074.	118,329.	2,745.	
23 Insurance	345,504.	337,670.	7,834.	
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>	2,245,702.	2,245,702.		
b <u>Dues and Subscriptions</u>	76,542.	76,542.		
c <u>Miscellaneous</u>	58,483.	57,306.	1,177.	
d <u>Repairs & Maintenance</u>	37,535.	37,113.	422.	
e All other expenses	1,949.	1,201.	748.	
25 Total functional expenses. Add lines 1 through 24e	48,600,026.	46,093,724.	2,506,302.	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
Assets	1 Cash – non-interest-bearing	5,135,858.	1	1,359,895.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	1,522.
	4 Accounts receivable, net	10,360,121.	4	4,969,008.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	12,045.	7	2,869.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	223,691.	9	231,734.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,086,825.		
	b Less: accumulated depreciation	10b 1,549,105.	601,405.	10c 537,720.
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	8,319,511.	15	7,710,623.
16 Total assets. Add lines 1 through 15 (must equal line 33)	24,652,631.	16	14,813,371.	
Liabilities	17 Accounts payable and accrued expenses	6,072,469.	17	5,950,980.
	18 Grants payable		18	
	19 Deferred revenue	6,151,415.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	2,945,793.	25	2,522,073.
	26 Total liabilities. Add lines 17 through 25	15,169,677.	26	8,473,053.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,835,159.	27	4,446,894.
	28 Net assets with donor restrictions	1,647,795.	28	1,893,424.
	Organizations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	9,482,954.	32	6,340,318.
33 Total liabilities and net assets/fund balances	24,652,631.	33	14,813,371.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,654,174.
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,600,026.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,945,852.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,482,954.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O). See Schedule O	9	-196,784.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,340,318.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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 for instructions and the latest information.

OMB No. 1545-0047

2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	418,369.	203,688.	220,029.	250,978.	1,527,492.	2,620,556.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	52827840.	48384352.	49544210.	50316053.	44123650.	245196105.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	53246209.	48588040.	49764239.	50567031.	45651142.	247816661.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						247816661.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.	53246209.	48588040.	49764239.	50567031.	45651142.	247816661.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	6,049.	5,880.	5,064.	1,831.	3,032.	21,856.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	6,049.	5,880.	5,064.	1,831.	3,032.	21,856.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13 Total support. (Add lines 9, 10c, 11, and 12.)	53252258.	48593920.	49769303.	50568862.	45654174.	247838517.

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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)).	15	99.99 %
16 Public support percentage from 2020 Schedule A, Part III, line 15.	16	99.99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	0.01 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17.	18	0.01 %

19a 33-1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c 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 Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

2 Activities Test. **Answer lines 2a and 2b below.**

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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 **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA

Schedule A (Form 990) 2021

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)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

**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
- 4 a 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)	-----			

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
1 a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
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.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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
1 See Part IV			
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		9,941.
j Total. Add lines 1c through 1i.			9,941.
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 expenditure 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 for instructions and the latest information.**

OMB No. 1545-0047

2021

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).
- Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	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 7/25/06, 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
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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	3,576,017.	3,062,217.	3,094,618.	3,118,487.	3,137,365.
b Contributions	121,873.	24,665.	32,631.	18,570.	2,500.
c Net investment earnings, gains, and losses	-511,162.	597,689.	43,386.	92,535.	110,039.
d Grants or scholarships					
e Other expenditures for facilities and programs	112,150.	108,554.	108,418.	134,974.	131,417.
f Administrative expenses					
g End of year balance	3,074,578.	3,576,017.	3,062,217.	3,094,618.	3,118,487.

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:

	Yes	No
(i) Unrelated organizations		X
(ii) Related organizations	X	
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	X	

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		240,769.	153,923.	86,846.
d Equipment		1,810,099.	1,395,182.	414,917.
e Other		35,957.		35,957.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				537,720.

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) -----		
Total. (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)		
Total. (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	3,768,005.
(2) Other Assets	15,814.
(3) Permanently Donor Restricted Funds	352,070.
(4) Right-of-Use Operating Lease Assets	1,991,977.
(5) Self Insurance Funds Held by Trustee	41,403.
(6) Temporarily Donor Restricted Funds	1,541,354.
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	7,710,623.

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	136,164.
(3) Lease Obligation-Finance Leases	29,710.
(4) Lease Obligations-Operating Leases	2,356,199.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	2,522,073.

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.

1	Total revenue, gains, and other support per audited financial statements		1	45,656,924.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.) See Part XIII	2d	2,750.	
	e Add lines 2a through 2d	2e		2,750.
3	Subtract line 2e from line 1		3	45,654,174.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	45,654,174.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	48,602,776.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	48,602,776.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.) See Part XIII	4b	-2,750.	
	c Add lines 4a and 4b	4c		-2,750.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	48,600,026.

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 consolidated 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	\$ 2,750.
Total	<u>\$ 2,750.</u>

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

Revenue Reclass to Expense	\$ -2,750.
Total	<u>\$ -2,750.</u>

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2021

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

VNA Home Health & Hospice
Northern Light Home Care & Hospice

Employer identification number

01-0246804

Part I Questions Regarding Compensation

1 a 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"/> Travel for companions
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments
<input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Health or social club dues or initiation fees
<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. Part III

	Yes	No
1 b	X	
2	X	
4 a		X
4 b	X	
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X
9		

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? Part III

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"/> Independent compensation consultant
<input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract
<input type="checkbox"/> Compensation survey or study
<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:

- a** Receive a severance payment or change-of-control payment? Part III
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? Part III
- c** Participate in or receive payment from an equity-based compensation arrangement? Part III

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

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

- a** The organization? Part III
- b** Any related organization? Part III

If 'Yes' on line 5a or 5b, describe in Part III.

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

- a** The organization? Part III
- b** Any related organization? Part III

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. Part III

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

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

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

Schedule J (Form 990) 2021

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
Colleen Hilton 1 Ex-Officio	(i)	251,420.	0.	204,295.	24,425.	15,227.	495,367.	193,564.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Leigh Ann Howard 2 VP Clinic Excel	(i)	107,871.	19,697.	1,974.	5,293.	34,302.	169,137.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Tim Dentry 3 Ex-Officio	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,006,465.	377,555.	456,332.	25,716.	35,066.	1,901,134.	436,044.
Glenn Martin 4 Secretary-Pt Yr	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	426,623.	161,695.	124,910.	90,651.	22,050.	825,929.	80,809.
Elizabeth Rolfe 5 VP Post-Acu Cr	(i)	163,348.	41,201.	3,360.	7,058.	25,395.	240,362.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Leah Gordon 6 VP Nursing & Pt	(i)	140,202.	36,479.	10,122.	7,158.	24,103.	218,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
George Eaton 7 Secretary-Pt Yr	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	244,831.	0.	9,855.	20,537.	22,352.	297,575.	0.
Anthony Filer 8 Treasurer	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	574,255.	344,462.	15,453.	26,100.	35,016.	995,286.	0.
Paul Bolin 9 SVP & CPO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	381,000.	19,733.	28,816.	74,824.	30,787.	535,160.	0.
Joseph Kellner 10 VP Fin & Bus Op	(i)	109,632.	31,728.	3,502.	8,243.	12,052.	165,157.	0.
	(ii)	61,668.	17,847.	1,970.	4,637.	6,779.	92,901.	0.
David Jones 11 Med Dir-Hospice	(i)	211,513.	0.	5,336.	5,574.	23,079.	245,502.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
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

The following received tuition:

Leah Gordon, officer	\$2,000
----------------------	---------

The following received a gift card:

Leah Gordon, officer	\$ 50
----------------------	-------

Colleen Hilton, officer	50
-------------------------	----

Leigh Ann Howard, officer	50
---------------------------	----

David Jones, highest compensated employee	50
-------------------------------------------	----

Joseph Kellner, officer	50
-------------------------	----

Elizabeth Rolfe, officer	50
--------------------------	----

The following received a wellness program incentive:

Leigh Ann Howard, officer	\$ 360
---------------------------	--------

David Jones, highest compensated employee	400
-------------------------------------------	-----

Joseph Kellner, officer	30
-------------------------	----

The benefit is available for all employees.

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

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
- 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(b) Supplemental non-qualified retirement plan:

Tim Dentry-

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

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)

accrued for the supplemental non-qualified retirement plan is \$2,516, 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 \$436,044 from the supplemental non-qualified retirement plan. Existence of the non-qualified plan was reported in prior years and does not represent additional expense beyond what was previously accrued in the company's financial statements.

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 \$64,551, 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 \$80,809 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.

Colleen Hilton-

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 \$1,048, 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 \$193,564 from the supplemental non-qualified retirement plan. Existence of the non-qualified plan was reported in 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

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)

accrued for the supplemental non-qualified retirement plan is \$56,630, 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).

Joseph Kellner -

This director/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

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)

Lifelight of Maine, related organizations of Northern Light Home Care & Hospice.

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.

Glenn Martin -

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.

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

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.

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.

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 for instructions and the latest information.**

OMB No. 1545-0047

2021

**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)				

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	14,984.	compensation		X
(2)					
(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.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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 2022 to the Community for details of community benefit projects at NLH members:

Northern Light Health

Promises

Annual Report 2022

"A promise made must be a promise kept." - Aristotle

When people keep their promises to us, we feel valued, respected, and appreciated. At Northern Light Health, we understand the importance of making a promise and doing the work to keep it.

Our promise to the people and communities we serve across our great state of Maine is to make healthcare work for you. This means that we promise to get better every day by raising quality through teamwork, efficiency, and innovation. We promise to guide the way for our patients and their families, through the care experience. We live in a big, rural state, and we know access to care can be challenging for some people in our communities. So, we are committed to improving access. And last, but certainly not least, we promise to see patients as diverse individuals with their own unique needs.

In this annual report, we highlight the ways our valued employees and community partners are working together to keep our promises to the communities we serve. From

helping firefighters access lung cancer studies at world-class research hospitals, to

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

helping busy parents schedule pediatrics appointments on their own time, and using the latest in diagnostic technology to help people with congestive heart failure stay out of the hospital. We are also helping the state address a critical shortage of psychiatric inpatient beds while addressing the state's long-term community-based mental and behavioral health needs.

These stories in this report are just a few examples of the promises we work hard to keep every day. This work inspires us. We hope it inspires you too.

Timothy J. Dentry, MBA

President & CEO

Northern Light Health

Kathy Corey

Board Chair

Northern Light Health

Acadia for All

Emerald Forcier is walking an aisle of gleaming white chairs carefully set on a lush green lawn overlooking the Penobscot River. Her husband, Kurt is hustling along on a lawn tractor, making sure the lawn is short and neat for the upcoming wedding the couple plans to host at their venue, Penobscot Bay Weddings in Winterport. As her four-year-old daughter, Maisie picks wildflowers, Forcier is holding her 8-month-old son Miles in her arms while she thinks about all the work she has left to do in the wedding tent. "I often say to friends and family when they ask how I'm doing, I'm

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like, I am exhausted. We're starting a new business. And yet the deep, important things are wonderful."

But seven years ago, things were not wonderful for Forcier in terms of her mental health. She was living on the island of Bali; she was having difficulty getting the medications to manage her depression, and she was in a suicidal state. She moved back to the United States and attended an inpatient treatment program, which she credits with saving her life. After six months of hard work restarting her life, she was back in Maine, but her health insurance was due to expire at the beginning of the new year. Despite spending four weeks consistently trying, Forcier could not access any outpatient provider to renew her prescriptions. Desperate for help, she ended up in a hospital emergency department on New Year's Eve 2015. Even then, she was sent away multiple times because psychiatric care was not available.

"I remember what it was like when I had reached my rock bottom and I needed inpatient services. I also remember the fear and helplessness of being stuck in the emergency department, unable to access the care I needed. I frankly cannot even imagine the terror and the sadness of experiencing both of these things at once. The day a person needs inpatient care is one of the worst days of their life. To be stuck in an emergency department with nowhere to go is a devastating experience far too many people face, and I cannot imagine a child or their parent going through that."

Forcier's experience is unfortunately all too common. Across Maine, there simply are not enough inpatient beds and people who end up in crisis situations turn to hospital emergency departments.

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Nadia Mendiola, MD, an adolescent psychiatrist at Northern Light Acadia Hospital, sees it all too often. She says it's particularly troubling when children get stuck in these emergency departments for several weeks, or even months, waiting for an inpatient bed. "Emergency care physicians, they're wonderful at their job but they're not psychiatrists. They have limited options, they have limited space, and you're talking about kids who can't even function in a big home or a big school and now you're confining them to a little spot. It's just not conducive to good care."

This is one of the reasons why Northern Light Acadia Hospital is undertaking an ambitious expansion project to double the number of its single occupancy rooms. The 50,000 square foot expansion will add 50 pediatric inpatient rooms as well as new group and individual treatment spaces. The 50 existing inpatient rooms are being remodeled to single occupancy, adult inpatient rooms to better meet current behavioral healthcare standards.

Acadia President Scott Oxley knows the expansion is needed. "Unfortunately, the kids we see today are sicker than they were 30 years ago, so we need more circulation space, more room for group therapies. And really, our existing facility does not accommodate that," shares Oxley.

In addition to the new inpatient rooms, there will also be an expansion of the Mood and Memory clinic for patients with Alzheimer's disease and dementia, and an endowment created for workforce development, recruitment, and retention. All this work requires substantial investment, and Oxley says community support thus far has been exceptional.

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"Long term, the key to our success is early detection, early intervention, keeping folks in their communities, and keeping them out of the highest level of care. The reality is there's such a shortage of inpatient beds, that the need is urgent for inpatient beds while we work strategically and collaboratively on the longer-term plan."

For more information about the Capital Campaign go to northernlight.org/AcadiaForAll

Donors have given generously to the Acadia for All campaign including the Stephen and Tabitha King Foundation which donated one million dollars.

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

Bingo!

How's your heart health?

Beverly Fowler is her name and Bingo is her game. Every Monday and Wednesday, Fowler leaves her Bangor apartment and heads to the Bangor Elks Lodge to have lunch with friends, play a few card games, and set up for evening Bingo. "Usually on a Monday night, we get between 80 and 100 people, which is a good, good evening. Some winter nights, if it's snowing or something, we only get about 70, but that's still pretty good," she says. Fowler also plays Tuesdays, Thursdays, Fridays, and Sundays.

"Saturday is a free day," she says with a chuckle.

At 83 years old, Fowler enjoys staying active and socializing, but managing her congestive heart failure was slowing her down. "I kept filling up with fluids and ending up in the hospital for a week at a time. That's happened three or four times," says Fowler.

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Alan Jansujwicz, MD, general cardiologist and director of Northern Light Cardiovascular Care is working to improve the quality of life of patients like Beverly by keeping them out of the hospital. "We know patients with heart failure end up being hospitalized over the course of time and each hospitalization matters. The statistics say that if you're hospitalized with heart failure, over the next six months to a year, your risk of not doing well is higher than before you were hospitalized," says Dr. Jansujwicz.

Now, Northern Light Health is offering a new option to patients like Fowler, so they can monitor their condition and correct course before needing hospitalization. A remote monitoring device is implanted in the patient's pulmonary artery through a blood vessel in the groin. It measures pulmonary artery pressure and sends information to a receiver that resembles a giant pillow, which the patient lays on to take daily readings. The receiver records and sends the information to a secure website where a patient care manager like Janet Glidden, RN, BSN, MBA, reviews it. If Glidden sees troubling changes in a patient's numbers, she can call them and talk about what's happening. "I'll look at their readings, and if I see they are ranging up, I'll call. They may not feel like there's any change, but I'll say, 'Your numbers are up. What did you do differently yesterday?' It almost always relates to diet or having too many fluids," Glidden shares.

"If the pressure's going up, it tells us the patient might be heading toward heart failure. Maybe we can stop that before it happens by increasing their therapies as opposed to them just slowly slipping into heart failure, getting past that early detection point, and ending up in the emergency department or hospitalized," adds Dr. Jansujwicz.

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Fowler says the device is indeed working, she thinks it's kept her out of the hospital at least five times so far and she's had it for less than a year. It does require the patient to commit to taking a daily reading, every week of the year – even when traveling. For Fowler, it's a necessary inconvenience that keeps her out of the hospital so she can spend her time where she wants to be, which most days, is at bingo.

Yes, Please

Self-Scheduling for busy people

Emily Tadlock is a busy working mom with a blended family that includes her partner, Jim Bertolino, his three children, James 16, Isabella 14, Ruby 6, and their infant daughter, six-month-old Elena. A typical day starts preparing formula and getting diapers changed, making breakfast and packing lunches, and getting kids to school and daycare. Then, it's time to work a full day, and juggle after school pickups and activities such as theater practice or track practice. "It's nonstop. There's always something going on," shares Tadlock. While Tadlock and Bertolino are tech savvy (he's a software engineer and she's a marketing manager for Northern Light Health), they use a very low-tech, giant white-board calendar in their kitchen to help keep all six schedules straight. "We try to keep track of meals and our grocery list on there, too. If we don't have any more chocolate milk or we're almost out, we write it down there."

With so much going on in their daily lives, flexibility is something they covet. Tadlock is a big fan of Northern Light Health's new online self-scheduling tool for pediatric and primary care appointments. "A lot of times when I call a doctor's

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office, I have to sit down in front of my calendar to compare with their calendar. They have to say, okay, we have this time. Nope, that doesn't work. Okay, we have this time; that doesn't work either. Whereas with this, I can just pull it up and see what's open and it's easy for me to go, 'Oh this is the perfect time; here it is.' Even if I get distracted; if Ruby comes over and asks me for a paper towel or whatever, I can still come right back to it. I don't have to try to hold her off while I'm on the phone."

Mary Archdeacon, a patient service representative at Northern Light Pediatric Care in Bangor agrees scheduling takes a lot of time. "If somebody calls with three kids to schedule three well child visits, that's a long time on the phone, and we could be doing other tasks such as answering patient questions," shares Archdeacon.

Darmita Wilson, vice president of operations for the Northern Light Medical Group says self-scheduling is just one of the new digital offerings designed to improve patient access and experience, staff experience, and employee job satisfaction.

"It is a splendid way for us to bring healthcare to patients. We can provide care how patients want it, when they want it, and where they want it. Self-scheduling is one of the basic tenets of all things going forward," shares Wilson. Other digital experience applications allow patients to fill out their paperwork electronically before coming to the medical practice, saving time in reception.

Northern Light Health offers self-scheduling for many pediatric and adult primary care visits, as well as screening mammograms at most locations. Current patients can get to the tool through the patient portal, but even new patients can schedule

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appointments online using the Provider Finder or the Schedule an Appointment links found on Northern Light Health websites. "Access is what Northern Light is really all about," adds Wilson.

For Tadlock, less time on the phone and more time with her family is something to be celebrated. "It's a game changer for busy families for sure."

A Different Kind of Pharmacist

Are you in control of your diabetes?

Darlene Ouellette is a retired schoolteacher who often put her health needs behind the rest of her family. Caring for her children, including a son with autism, was her priority. On a recent visit with her primary care provider, who happened to be a former student, she had a frank conversation about her health.

"I felt very comfortable talking to my provider about what was going on in my life, the stress levels and everything. She said she was concerned; she said, 'Would you mind talking with Jessica, our pharmacist, and we'll see where we can go with it?' I said, Sure. I knew at that point I had to do something," recalls Ouellette, who was struggling to keep her blood pressure and diabetes in check.

What Ouellette, did not realize, was that Jessica Bates, PharmD, is not the type of pharmacist that you visit in a retail pharmacy and have a conversation with while picking up medications. Bates is an ambulatory care pharmacist.

"Primary care practitioners refer patients to meet with me for a variety of reasons ranging from diabetes to high blood pressure to medication management. I work

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directly with the practitioner which allows me to adjust people's medication and provide education about their medications. I also review their medication list for drug interactions and streamline their therapy to ensure they're on the optimal medications," shares Bates. "But limiting the number of medications they have to take is the primary goal."

Patients like Ouellette, meet with Bates in her office, typically for 20-40 minutes. The discussion is primarily about medications and Bates says she can learn a lot about her patients in those meetings that she can share with the primary care practitioners in addition to information she learns about new and existing medications.

"We have monthly meetings, and I usually provide updates for them about clinical guideline changes, new and emerging therapies, or clinical trials that have been published. This relationship is mutually beneficial for the provider, for me, and ultimately the patients," says Bates.

Ouellette is a huge fan of this added level of collaboration and care. After ignoring her own medical needs for so long, she's now making progress. She is more careful about her diet and goes for walks every day. She says Bates helped get her blood pressure medications adjusted and her diabetes in check.

"If people come up to me and say, what are you doing? I tell them it's a collaboration between me, my pharmacist, and my physician. We talk all together. It makes it so much easier to know everyone's on the same page. They want to do what's right for you, and they want to try to make sure you're doing well in terms of not

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

only your physical health but your mental health too!"

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

Keeping it Local

How was your trip to see us?

Nearly 20 years ago, Gavin Ducker, MD, joined Northern Light Health to become what he calls a country doctor. Since that time, Dr. Ducker has provided primary care to thousands of patients in towns throughout central Maine at Northern Light Primary Care in Waterville. He's made the wellness of others his professional commitment and has seen the importance and benefits of screenings for the early detection of lung cancer. He also knows the importance of keeping care close to home. "Over the years, I've had many patients die from lung cancer. It's a sad moment, and I've often wondered how we could have effectively detected those cancers early on to try and cure them. Despite years and years of research, we've never come up with an effective way of doing that until about six or seven years ago."

When it comes to lung cancer, early detection is key. Seventy-five percent of cancer cases in Maine are detected too late and, as a result, are less likely to be curable. So, when Dr. Ducker has a patient who may qualify for Northern Light Eastern Maine Medical Center's Lung Cancer Screening Program, patient navigator Amy McClary, RN, steps in. The Lung Cancer Screening Program is helping patients discover potential issues earlier, resulting in more treatment options, and leading to brighter and better outcomes. To make the process more convenient for people in rural areas, Eastern Maine Medical Center partners with hospitals in smaller communities, allowing patients to have a low-dose CT scan done closer to home. Once complete, Amy and her team take it from there, handling everything from tracking appointments to working with the patient's local primary care provider, like Dr.

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Ducker.

"Having this program is so important because early-stage lung cancer is asymptomatic. A lot of the cancers we find are people who just came in for their normal scan, had no symptoms, and didn't even realize they were walking around with this cancerous lung nodule in them. The symptoms for lung cancer don't appear until very late stage when there are fewer treatment options available," explains McClary.

Ryan Saucier, BS, RDMS, RT(R), CRA, director of Medical Imaging at Northern Light Inland Hospital has witnessed first-hand how the collaboration helps patients stay close to home. Instead of driving to Bangor for a five minute scan, patients are scanned with state-of-the-art equipment right at Inland Hospital. "When I think of providing this service to the community and the potential to make a difference in catching a cancer that 75 percent of the time is found too late, it's a wonderful opportunity to make a difference in someone's life by participating in this kind of work. I ask myself, 'how do we find a way to serve our patients in a meaningful way?' And this is a great way that we're able to do it, and it feels good."

"The National Institutes of Health finally came up with a program that involves low dose CT scanning, they published the data about six or seven years ago. We've mimicked exactly what they do here at our lung cancer screening program. Each of our member hospitals who can do a low dose CT scan now offer screening to patients locally and get them into the program. It's a big step forward," adds Dr. Ducker.

To see eligibility requirements or more information go to
northernlighthealth.org/EMMCLCS

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Breathing Easier

Can we bring care closer to you?

Portland Fire Lieutenant Dave Crowley keeps a watchful eye as he steams across Casco Bay and patrols the islands and mainland looking for any signs of trouble from boaters, fishermen, or island residents. As a lieutenant, he's responsible for the operation of the boat and the safety of the crew. Saving lives is the job he signed up for. He's rescued stranded boaters and shuttled injured islanders to mainland hospitals. "When I started working on the fire boat, one of my first calls was for Cliff Island, which is eight miles out and about a half hour run. The call was for an eight-year-old child who fell out of a tree. Female, unconscious, not breathing. And, I know it's my kid."

It was one of the scariest calls he would answer in his years on the fireboat. Fortunately, his daughter's injuries were not as severe as they initially appeared, and she ended up recovering fully. Crowley admits that while he's looking out for the well-being of others, he's not always been that good about taking care of his own healthcare needs. "My wife pushes me to do a better job of it," shares Crowley.

One thing he is a big fan of is getting something for free. When he was offered an opportunity to get a lung cancer screening as part of a clinical research trial through the joint efforts of the Portland Fire Department, Massachusetts General Hospital (MGH), and Northern Light Mercy Hospital, he didn't need much convincing. The Portland Fire Department used federal funding earmarked for firefighter wellness initiatives to pay for 50 of its firefighters to get lung scans. Through a clinical affiliation agreement with Northern Light Health, firefighters like Dave Crowley

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were able to get their screenings done right at Mercy Hospital in Portland, who then shared that information with researchers at MGH. Because it didn't cost Crowley anything and it was convenient, he was on board. "I thought it's free, you know, and I've got Scottish blood in me and if I'm going to get something that somebody else is paying for, I'm in line," Crowley says the whole process was quick. "It took me longer to get to Mercy Fore River from Commercial Street than it did to do the scan, including the check-in and everything. It was painless. You lie down on the table, put your arms up over your head, hold your breath, and then they run you through the machine twice and you're done." The decision to get the free screening proved to be a critically important one for Crowley. His screening detected a small spot on his lung. "That was an eye opener; you know, it shows us our mortality," he said.

The spot was caught very early so the plan for Crowley is to go back to Northern Light Mercy Hospital every three months for another scan to see if the spot grows any larger. If it does, he will assess his options with his care team but, because they detected this spot, Crowley says the prognosis is very good.

"They go in with a small scope and pluck it out. Most people don't even have shortness of breath afterwards," Crowley said. But if he hadn't had this screening and the spot was cancerous and went undetected, he could have easily been another lung cancer statistic. While he doesn't dwell upon that, he does acknowledge the effect of having this new piece of health information.

"Even the bad news is good news. It's virtually a 100 percent chance of survival. You don't get that for a root canal," he laughs. "My theory of the way I live my life is you should never be so afraid of dying that you're afraid to live. I still do

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everything I've done before."

Northern Light Health Foundation

Northern Light Health, Investing in Care for the Future of Maine with the Help of Donor Support

With the help of generous and committed community members and corporate partners, Northern Light Health is making good on its promise to make healthcare work for you.

2022 will be remembered as a year where communities across Maine came together to invest in the future of healthcare for all Mainers. In Greenville and Blue Hill, Northern Light CA Dean and Blue Hill Hospitals broke ground on brand new hospital buildings, designed with private inpatient rooms and 24/7 emergency departments. With new, modern layouts, these facilities are designed to ensure that care teams can make the most of space and equipment, to provide the best care possible for patients.

In Ellsworth, Northern Light Maine Coast Hospital opened a spacious, family-focused birthing center - ready to welcome future generations to the Downeast region. A two-phase project, the hospital's former obstetrics space will soon be renovated, becoming inpatient rooms that offer enhanced privacy for patients to rest and heal.

Northern Light Acadia Hospital's behavioral health services have statewide reach, thanks to telehealth and embedded providers at Northern Light Health member facilities, but the need for inpatient care has outgrown the physical hospital space in Bangor. In 2022, Northern Light Acadia Hospital broke ground on their much-needed expansion, to increase the number of pediatric inpatient rooms and treatment areas,

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and update adult inpatient rooms for single occupancy.

January 2023 celebrates one year of One Mercy! We're happy to provide one expanded healthcare campus along the Fore River Parkway.

Statewide Support for Cancer Care

Sadly, cancer will touch most of our lives in some way, as a patient, as a family member, or as a friend. Northern Light Cancer Care is committed to providing services for cancer patients throughout Maine. We are grateful for the generous individuals who are stepping up to support these programs.

A Milestone for Champion the Cure Challenge

"It's hard to describe the cancer journey in words, but when you know the community is behind you, it's powerful. It means so much in terms of hope and healing," says Jon Henry, a patient at Northern Light Cancer Care, explaining why he participates in Northern Light Eastern Maine Medical Center's annual Champion the Cure Challenge.

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

In August 2022, a long-time Champion the Cure Challenge enthusiast, who wishes to remain anonymous, offered to help make 2022 the first year in the event's history to raise one million dollars to support Northern Light Cancer Care. The generous donor proposed a match of every dollar raised by participants, up to \$250,000, through September 30. The community rose to the challenge. By the end of September, teams and participants had well exceeded the fundraising goal for the first time in the event's 13-year history.

For people like Jon Henry, the matching challenge was an inspiration. "That prompted

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me to make another donation before the matching challenge ended."

Most of the funds will go toward the purchase of a linear accelerator, which provides radiation oncology treatments. Associate vice president of Oncology at Northern Light Eastern Maine Medical Center, Donna Boehm says, "This milestone achievement for Champion the Cure Challenge will help ensure that world-class cancer care remains available right here in our community."

Twenty-Eight Years of Supporting Breast Health

At Northern Light Sebec Valley Hospital, supporting breast health is a long-standing tradition. For nearly three decades, the community has rallied together to raise money to support breast health services at Northern Light Women's Health in Pittsfield.

To schedule a screening mammogram, go to NorthernLightHealth.org/ScheduleAMammogram

Cancer Survivorship

People who have lived with cancer know treatment is only the beginning of their cancer journey. Northern Light Health's survivorship programs, which include teams of specialists such as physical therapists, nutritionists, and social workers, surround patients with holistic resources and support as they move into the next stage of their cancer journey.

Northern Light Mercy Hospital's survivorship program was created through the generosity of the Tallen Kane Foundation. Last fall, the hospital hosted special virtual events to help connect cancer patients and their families to wellness

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resources and support. "We are grateful to the Tallen Kane Foundation for their generous support in helping us increase access to vital resources and information for our patients and their families," says Charlie Therrien, president of Northern Light Mercy Hospital.

Giving by Organization

Acadia Hospital	\$1,825,095.13
AR Gould Hospital	\$233,623.46
Blue Hill Hospital	\$1,498,171.23
CA Dean Hospital	\$5,187,019.51
Eastern Maine Medical Center and Children's Miracle Network Hospitals	\$3,305,292.94
Home Care & Hospice	\$393,051.43
Inland Hospital	\$419,146.42
Maine Coast Hospital	\$2,441,990.75
Mayo Hospital	\$289,976.26
Mercy Hospital	\$3,580,757.13
Northern Light Health	\$361,384.62
Northern Light Health Foundation	\$219,637.03
Sebasticook Valley Hospital	\$90,971.07
Total	\$19,846,116.98

To register for the 2023 Champion the Cure Challenge, visit ctcchallenge.org

To learn more about how donors are supporting care in our communities, visit northernlighthealth.org/foundation

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

Community Benefit

Are You Eating OK?

Matt Dexter was 13 years old when his mom headed off for what was supposed to be a routine checkup with her doctor. Seven months later, in April of 2008, Matt's mother died of stomach cancer. "She was our family's rock and a generous person. When she was diagnosed with cancer she changed dramatically. She lost weight, and barely spoke to any family or friends. It really shook my sister, my dad, and me," Dexter recalls.

When he attended college at University of Maine in 2014, Dexter already had a solid foundation for community service, something his mom instilled in him at a young age. An avid runner, he organized a fundraiser road race in his mother's honor and called it the Eastern Trek for Cancer. "It started off very, very simple—raise funds, give them out, have a good time. I quickly realized service to others is what I was meant to do, and that is how the Christine B. Foundation (CBF) got its start."

From its humble beginnings as a college student's road race in his mother's name, CBF has transformed into a non-profit agency that provides nutrition assistance to cancer patients across Maine. "We have supported more than 1,300 Mainers and provided nearly 300,000 medically tailored meals. We work with 120 volunteers every week. We're headquartered in Bangor and reach people over 11,000 square miles of the state, which is magical with only two staff," explains Dexter, who serves as executive director of CBF.

The Christine B. Foundation partners with agencies, government, colleges,

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universities, hospitals, and healthcare systems, including Northern Light Health, to provide meal assistance to cancer patients.

"For patients recovering from cancer, a nutritious diet is vitally important. Having the opportunity to provide nutritious meals at no cost to our patients, especially with food prices so high, goes a long way to help us heal those in need in our communities," shares Kate Fergola, community health specialist, Northern Light Mayo Hospital.

Northern Light Health recently awarded CBF a \$10,000 community benefit grant. "The Christine B. Foundation and their amazing team of volunteers bring nutritious food and a caring personal connection to people living with cancer. We are proud to support the growth of their home delivery network improving food equity and access for people in rural Maine communities," shares Doug Michael, MPH, associate vice president, chief community health and grants officer, Northern Light Health.

Matt Dexter is grateful to have community partners like Northern Light Health support CBF's mission.

Learn more about Christine B. Foundation at: chrisbfund.org

Find Help and other resources at: <https://northernlighthealth.org/Find-Help>

Total Community Investment by Category

Community Health Improvement Services	\$1,688,553
Health Professions Education	\$2,014,444

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Research	\$1,263,109
Cash and In-Kind Contributions	\$250,058
Community Building Activities	\$551,469
Community Benefit Operations	\$1,798,788
Traditional Charity Care	\$13,996,429
Unpaid Cost of Public Programs	
Medicaid	\$112,656,916
Medicare	\$208,557,110
Total Systemwide	\$342,776,876
Northern Light Health Member Community Benefit	
Northern Light Acadia Hospital	\$12,948,815
Northern Light AR Gould Hospital	\$18,778,272
Northern Light Blue Hill Hospital	\$4,883,678
Northern Light CA Dean Hospital	\$129,640
Northern Light Eastern Maine Medical Center	\$227,976,812
Northern Light Home Care & Hospice	\$423,576
Northern Light Inland Hospital	\$13,117,525
Northern Light Maine Coast Hospital	\$13,105,471
Northern Light Mayo Hospital	\$662,439
Northern Light Mercy Hospital	\$49,878,565
Northern Light Health Home Office	\$462,944
Northern Light Sebecook Valley Hospital	\$409,139

To learn more go to:

northernlighthealth.org/Community-Health-Needs-Assessment/Community-Benefit-Reports

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Northern Light Health

BY THE NUMBERS

1 Home Care & Hospice Organization

1 Integrated Physician Organization

6 Emergency Transport Members

8 Nursing Homes

7 Joint Ventures

10 Hospitals

44 Primary Care Practices

743 Available Acute Care Beds

12,018 Employees

396,333 Primary Care Visits

26,799 Inpatient Admissions

4,587 Observation Admissions

3,008 Births

6,611 Inpatient Surgical Cases

25,990 Outpatient Surgical Cases

396,842 Imaging Procedures

13,561 Inpatient Emergency Department Visits

97,153 Outpatient Emergency Department Visits

418 Cardiac Surgeries

2,470,301 Outpatient Visits

290,769 Telehealth Visits

140,482 Home Health & Hospice Patient Visits

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LifeFlight of Maine

99 Towns Responded to for Scene Calls
198 Total Scene Calls
329 Fixed Wing Air Transports
413 Traumatic Injury Transports
666 Ground Transports
1,329 Helicopter Air Transports

Northern Light Medical Transport

100 Towns / Townships / Unorganized Territories in Response Area
3,623 Wheelchair Van Transports
18,612 Patients Transported

Joint Ventures

County Physical Therapy, LLC
LifeFlight of Maine, LLC
LTC, LLC
MedComm, LLC
New Century Healthcare, LLC
Penobscot Logistics Solutions, LLC
Uniship Courier Services, LLC

Member Locations:

Presque Isle
Northern Light AR Gould Hospital
Northern Light Home Care & Hospice

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 Work Health

Greenville

Northern Light CA Dean Hospital

Dover Foxcroft

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 Laboratory*

Northern Light Pharmacy

Northern Light Work Health

Northern Light Work Force

Brewer

Northern Light Beacon Health

Northern Light Eastern Maine Medical Center

Northern Light Health Home Office

Northern Light Laboratory*

Northern Light Pharmacy

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

Pittsfield

Northern Light Seabasticook Valley Hospital

Northern Light Work Health

Waterville

Northern Light Home Care & Hospice

Northern Light Inland Hospital

Northern Light Work Health

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 Work Force

Northern Light Work Health

*In December 2022, Quest Diagnostics acquired select assets of Northern Light

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

Laboratory.

Northern Light Laboratory has a location in Rutland, Vermont

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.

Our Values

To accomplish its mission and vision, Northern Light Health will embrace the 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

Name of the organization	VNA Home Health & Hospice Northern Light Home Care & Hospice	Employer identification number	01-0246804
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Form 990, Part III, Line 4d - Other Program Services Description

responding to an ever-changing environment.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Patricia Small, board member is a board member of Sweetser and Debra Taylor, board member/officer is President & CEO of Sweetser.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

Amended Bylaws as follows:

(1) Amended Article I (Name, Purpose, Registered Agent, Office, Seal),

Section 1 (Name) - added "The Corporation is duly registered in the State of Maine to carry on activities under the assumed name "Northern Light Home Care & Hospice"."

(2) Amended Article III (Board), Section 2 (Number and Tenure;

Qualifications) -

(a) Removed "During the first five (5) years following the effective date of the merger of Eastern Maine Homecare in the Corporation" and "The Board of Directors of the Corporation shall be reduced to a maximum of fifteen (15) directors upon the departure of the first Director to leave the Board of Directors following the Closing Date".

(b) Changed to The Board of Directors of the Corporation shall consist of no fewer than eleven (11) and no more than fifteen (15) Directors.

(3) Amended Article III (Board), Section 5 (Annual Meeting and Regular Meetings) -

(a) Added "or February" to the first sentence of Section 5: "The Annual Meeting of the Corporation for the election of the Board of Directors shall be held in Maine during the months of January or February in each year, at such time and place as shall be fixed by the Board of Directors and set forth in the notice of the meeting."

(4) Amended Article III (Board), Section 12 (Participation in Meeting by

Name of the organization VNA Home Health & Hospice Northern Light Home Care & Hospice	Employer identification number 01-0246804
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Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

Telephone)

(a) Changed Section name to "Remote Participation in Meeting"

(b) Changed to "Board members, or members of any Board committee, may participate in a meeting of the Board or such committee by, or conduct the meeting through the use of, any means of communication by which all persons participating in the meeting may simultaneously hear each other during the meeting, and such participation in a meeting shall constitute presence in person at such meeting"

(5) Amended Article V (Committees), Section 4 (Designations) - added "although a non-Director committee member may chair a committee meeting in the absence of the committee chair" to the end of the third sentence in Section 4, which now reads: "Individuals other than Directors may serve on all committees, provided nevertheless that the chair of each committee shall always be a Director, although a non-Director committee member may chair a committee meeting in the absence of the committee chair."

(6) Amended Article VII (Fiduciary Duty; Prohibited Transactions; Divided Loyalty; Independence), Section 5 (Independent Director)

(a) Changed in subsection b. \$10,000 to "\$100,000" in "Neither the Director nor any member of the immediate family of the Director has, within any of the last three fiscal years of the Corporation, accepted payments from the Corporation and/or its affiliates aggregating in excess of \$10,000 other than compensation to an immediate family member employed by the Corporation or any of its affiliates in a non-executive capacity, compensation for former services as chair or President, or benefits received under a tax-qualified retirement plan".

(b) Changed in subsection e. \$80,000 to "\$100,000" and \$4,000,000 to \$5,000,000 in "Neither the Director nor any member of the immediate family of the Director is, or has been within the last three years, a partner, member, shareholder or executive

Name of the organization	VNA Home Health & Hospice Northern Light Home Care & Hospice	Employer identification number	01-0246804
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Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

officer of a company that made payments to, or received payments from, the Corporation and/or its affiliates in an amount which, in any of the last three fiscal years of the Corporation, equaled or exceeded (i) \$80,000, or (ii) 2% of such company's consolidated gross revenues if such company's consolidated gross revenues were less than \$4,000,000, in any of such three fiscal years".

(7) Amended Article VIII (Indemnification), Section 1 (Indemnification) - changed to read as follows:

(a) The Corporation (i) shall in all cases indemnify any person who is or was at the time of the conduct in question, a director, officer or member of a committee of the Board of Directors, or a director, officer or a member of a committee of the Board of Directors of the Corporation's Member ("Mandatory Indemnitees"), and (ii) may (subject to subsection (c) of this section) indemnify any other person, who is or was a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that such person is or was a trustee, officer, employee or agent of the Corporation or the Corporation's Member, or is or was serving at the request of the Corporation as a director, officer, trustee, partner, fiduciary, employee or agent of another corporation, partnership, joint venture, trust, pension or other employee benefit plan or other enterprise ("Discretionary Indemnitees") by reason of the fact that such person is or was a Board member, officer, employee or agent of the Corporation or is or was serving at the request of the Corporation as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, against expenses, including attorneys' fees, judgments, fines and amounts paid in settlement, actually and reasonably incurred by such person in connection with such action, suit or proceeding. Nevertheless, no indemnification shall be provided for any person with

Name of the organization	VNA Home Health & Hospice Northern Light Home Care & Hospice	Employer identification number	01-0246804
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Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

respect to any matter as to which such person shall have been finally adjudicated in any action, suit or proceeding not to have acted in good faith in the reasonable belief that such person's action was in the best interests of the Corporation or, with respect to any criminal action or proceeding, had reasonable cause to believe that such person's conduct was unlawful. The termination of any action, suit or proceeding by judgment, order or conviction adverse to such person or by settlement or plea of nolo contendere or its equivalent shall not of itself create a presumption that such person did not act in good faith in the reasonable belief that such person's action was in the best interests of the Corporation or, with respect to any criminal action or proceeding, had reasonable cause to believe that such person's conduct was unlawful.

(b) Indemnification of Mandatory Indemnitees shall be required in all cases regardless of the capacity in which such Director or a Director of the Corporation's Member is or was made or threatened to be made a party to the action, suit or proceeding.

(c) Indemnification of Discretionary Indemnitees under subsection (a) (ii), unless ordered by a court or required by these Bylaws, shall be made by the Corporation only as authorized in the specific case upon a determination that indemnification is proper in the circumstances and in the best interests of the Corporation. Where such a determination is required under this subsection, that determination shall be made by the Board of Directors of the Member and a majority vote of the Board of Directors by Directors who were not parties to that action, suit or proceeding. Provided, however, that if more than half of the Directors are involved in such action, suit or proceeding, the determination shall be made by a majority vote of a committee of five disinterested Directors chosen by the disinterested Directors at a regular or special meeting. If there are fewer than

Name of the organization VNA Home Health & Hospice Northern Light Home Care & Hospice	Employer identification number 01-0246804
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Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

five (5) disinterested Directors, the determination shall be based upon the opinion of independent legal counsel retained by the Corporation for such purpose. Such a determination once made may not be revoked and, upon the making of that determination, the person being indemnified may enforce the indemnification against the Corporation by a separate action notwithstanding any attempted or actual subsequent action by the Board of Directors or the Board of Directors of the Member.

(8) Amended Article VIII (Indemnification), Section 2 (Advances Against Expenses) - added "by a Mandatory or Discretionary Indemnitee" and "provided, however that advances for expenses incurred by Discretionary Indemnitees shall be made to the extent authorized for such Discretionary Indemnitee in accordance with Section 1(c) above".

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.

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;

Name of the organization VNA Home Health & Hospice Northern Light Home Care & Hospice	Employer identification number 01-0246804
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Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders (continued)

- 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 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.

Name of the organization VNA Home Health & Hospice Northern Light Home Care & Hospice	Employer identification number 01-0246804
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Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

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 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.

Name of the organization	VNA Home Health & Hospice Northern Light Home Care & Hospice	Employer identification number	01-0246804
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Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management (continued)

- 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.
- 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 &

Name of the organization VNA Home Health & Hospice Northern Light Home Care & Hospice	Employer identification number 01-0246804
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Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management (continued)

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.

**Form 990, Part IX, Line 11g
Other Fees For Services**

	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management & General</u>	(D) <u>Fund- raising</u>
Consulting	567,323.	567,323.		
Housekeeping	79,315.	79,315.		
Interpreter	11,277.	11,277.		
Management Fees	179,677.		179,677.	
NLH Support Services	895,666.	226,891.	668,775.	
Other	25,334.	14,866.	10,468.	
Purchased Services	3,180,556.	3,116,642.	63,914.	
Recruitment Fees	9,890.	9,890.		
Total	<u>\$ 4,949,038.</u>	<u>\$ 4,026,204.</u>	<u>\$ 922,834.</u>	<u>\$ 0.</u>

**Form 990, Part XI, Line 9
Other Changes In Net Assets Or Fund Balances**

Net Change in Funds Held at NLH Foundation.....	\$ -196,784.
Total	<u>\$ -196,784.</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 for instructions and the latest information.

OMB No. 1545-0047

2021

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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 Managemen 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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(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, unrelated, 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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		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.

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
Sebasticook Valley Health (SVH) 447 North Main Street Pittsfield, ME 04967 01-0263628	Provide Healthcare Services	ME	501 (c) (3)	3	EMHS		X
The Aroostook Medical Center (TAMC) PO Box 151, 140 Academy Street Presque Isle, ME 04769-0151 01-0372148	Provide Healthcare Services	ME	501 (c) (3)	3	EMHS		X
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 (AHI) 43 Whiting Hill Road Brewer, ME 04412 22-3183888	Provide Healthcare Services	ME	501 (c) (3)	10	AHC		X
WorkHealth 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

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
Northern Light Medical Transport 43 Whiting Hill Road Brewer, ME 04412 83-0911574	Ambulance	ME	501 (c) (3)	10	EMHS		X
MRH Corp dba Northern Light Mayo Hos 897 W Main Street Dover-Foxcroft, ME 04426 84-3689003	Provide Healthcare Services	ME	501 (c) (3)	3	EMHS		X
M Drug, LLC 43 Whiting Hill Road Brewer, ME 04412 27-2175482	Pharmacy	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 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.

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.

Type or print	Name of exempt organization or other filer, see instructions. VNA Home Health & Hospice Northern Light Home Care & Hospice	Taxpayer identification number (TIN) 01-0246804
File by the due date for filing your return. See instructions.	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 _____

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 23 ____, 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 21 ____, and ending 9/30 ____, 20 22 __.

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

3 a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	0.
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	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.....	3 c	\$	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)