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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization VNA Care Network Inc Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 120 Thomas Street City or town, state or country, and ZIP + 4 Worcester, MA 01608 <b>F</b> Name and address of principal officer Karen H Green 120 Thomas Street Worcester, MA 01608	<b>D</b> Employer identification number 04-2103825 <b>E</b> Telephone number (508) 786-0693 <b>G</b> Gross receipts \$ 35,369,140 <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website:		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1921 <b>M</b> State of legal domicile MA

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities Home Health Care - The VNA provides Health Care Services in Home and Community settings These services are designed to promote and maintain community health			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		5
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		4
<b>5</b>	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>		538
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		0
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>	
<b>9</b>	Program service revenue (Part VIII, line 2g)	1,270,009	1,290,105	
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,163,365	33,680,606	
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	426,526	398,429	
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,000	0	
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	38,900,900	35,369,140	
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0	
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	28,910,916	28,333,954	
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0	
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <u>327,988</u>			
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,177,870	9,333,668	
<b>18</b>	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	38,088,786	37,667,622	
<b>19</b>	Revenue less expenses Subtract line 18 from line 12	812,114	-2,298,482	
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>	
<b>21</b>	Total liabilities (Part X, line 26)	10,551,287	7,938,243	
<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	4,709,979	4,536,040	
		5,841,308	3,402,203	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer _____ Date 2012-11-09	
	Joanne M Kramer Treasurer VP of Finance Type or print name and title	
<b>Paid Preparer's Use Only</b>	Preparer's signature _____ Date _____ Firm's name (or yours if self-employed), address, and ZIP + 4 _____	Check if self-employed <input type="checkbox"/> Preparer's taxpayer identification number (see instructions) _____ EIN _____ Phone no _____

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

**1** Briefly describe the organization's mission  
Home Health Care - The VNA provides Health care services in Home and community settings These services are designed to promote and maintain community health

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 31,136,753 including grants of \$ ) (Revenue \$ 33,680,606 )  
Home Health Care - The VNA Provides Home care for nursing, physical therapy, social workers, occupational therapist, speech therapist and home health aides to patients in their home and the community

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

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

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

**4e Total program service expenses** \$ 31,136,753

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
<b>11</b> If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
<b>17</b> Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
<b>20b</b>		

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

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	Yes	
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Includes rows for 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b, 13, 13a, 13b, 13c, 14a, 14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . .

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (5); 1b Enter the number of voting members included in line 1a, above, who are independent (4); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [x] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
Joanne Kramer
333 Turnpike Road
Southborough, MA 01772
(508) 786-0693

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Cathern Simonian Director	1 00	X						0	0	0
(2) James F Cosgrove Director	1 00	X						0	0	0
(3) Renee Harper Chairman	1 00	X		X				0	0	0
(4) Rita S Advani Clerk	1 00	X		X				0	0	0
(5) Janet Bovaird Assistant Clerk	40 00			X				0	57,574	11,718
(6) Karen H Green President/CEO	40 00	X		X	X			0	298,139	34,076
(7) Joanne M Kramer Treasurer/CFO	40 00			X	X			0	250,887	9,350
(8) Lisa Lessard Physical Therapist	40 00					X		143,774	0	0
(9) Paula Schultz Director of Clinical	40 00					X		115,291	0	12,762
(10) William Maher RN	40 00					X		106,091	0	12,688
(11) Rebecca Johnson Physical Therapist	40 00					X		100,191	0	2,004
(12) Michael Hoadley Physical Therapist	40 00					X		100,173	0	12,569
(13) Robert Pillis JR Physical Therapist	40 00					X		100,141	0	12,569



**Part VIII Statement of Revenue**

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>						
	<b>b</b>	Membership dues . . . . . <b>1b</b>						
	<b>c</b>	Fundraising events . . . . . <b>1c</b>						
	<b>d</b>	Related organizations . . . . . <b>1d</b>						
	<b>e</b>	Government grants (contributions) <b>1e</b>	251,594					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	1,038,511					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	1,290,105					
<b>Program Service Revenue</b>	<b>2a</b>	Program Service Revenue						
		Business Code	621610	33,680,606	33,680,606			
	<b>b</b>	_____						
	<b>c</b>	_____						
	<b>d</b>	_____						
	<b>e</b>	_____						
	<b>f</b>	All other program service revenue						
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .	33,680,606						
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . .	398,429			398,429		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b>	Royalties . . . . .						
	<b>6a</b>	Gross rents	(i) Real					
			(ii) Personal					
			<b>b</b>	Less rental expenses				
			<b>c</b>	Rental income or (loss)				
	<b>d</b>	Net rental income or (loss) . . . . .						
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			<b>b</b>	Less cost or other basis and sales expenses				
			<b>c</b>	Gain or (loss)				
	<b>d</b>	Net gain or (loss) . . . . .						
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	<b>a</b>							
<b>b</b>	Less direct expenses . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from fundraising events . . . . .							
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .							
<b>a</b>								
<b>b</b>	Less direct expenses . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from gaming activities . . . . .							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .							
<b>a</b>								
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from sales of inventory . . . . .							
	Miscellaneous Revenue	Business Code						
<b>11a</b>	_____							
<b>b</b>	_____							
<b>c</b>	_____							
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .							
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		35,369,140	33,680,606		398,429		

**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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
<b>2</b>	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	0			
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b>	Other salaries and wages	24,165,392	21,572,502	2,314,563	278,327
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	427,062	377,320	44,186	5,556
<b>9</b>	Other employee benefits	1,955,175	1,759,657	175,966	19,552
<b>10</b>	Payroll taxes	1,786,325	1,586,490	179,199	20,636
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management	0			
<b>b</b>	Legal	326,035		326,035	
<b>c</b>	Accounting	44,298		44,298	
<b>d</b>	Lobbying	0			
<b>e</b>	Professional fundraising See Part IV, line 17				
<b>f</b>	Investment management fees	0			
<b>g</b>	Other	2,197,733	1,831,652	366,081	
<b>12</b>	Advertising and promotion	0			
<b>13</b>	Office expenses	762,654	606,634	156,020	
<b>14</b>	Information technology	620,550	620,550		
<b>15</b>	Royalties	0			
<b>16</b>	Occupancy	936,673	936,673		
<b>17</b>	Travel	866,347	847,483	17,314	1,550
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b>	Conferences, conventions, and meetings	0			
<b>20</b>	Interest	0			
<b>21</b>	Payments to affiliates	1,460,214		1,460,214	
<b>22</b>	Depreciation, depletion, and amortization	1,105,080		1,105,080	
<b>23</b>	Insurance	0			
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	Bad debt	125,000	125,000		
<b>b</b>	Recruitment	74,344	74,344		
<b>c</b>	Miscellaneous	814,740	798,448	13,925	2,367
<b>d</b>					
<b>e</b>					
<b>f</b>	All other expenses	0			
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	37,667,622	31,136,753	6,202,881	327,988
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	698,686	<b>2</b>	1,167,437
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	4,230,810	<b>4</b>	3,799,246
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	346,221	<b>9</b>	270,556
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	14,363,905		
	<b>b</b> Less accumulated depreciation . . . . .	12,377,748	<b>10c</b>	1,986,157
	<b>11</b> Investments—publicly traded securities . . . . .	20,109	<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	2,993,707	<b>15</b>	714,847
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	10,551,287	<b>16</b>	7,938,243	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,908,382	<b>17</b>	2,912,021
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,236,171	<b>19</b>	1,135,308
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	565,426	<b>25</b>	488,711
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	4,709,979	<b>26</b>	4,536,040
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	5,700,685	<b>27</b>	3,402,203
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .	140,623	<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	5,841,308	<b>33</b>	3,402,203	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	10,551,287	<b>34</b>	7,938,243	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	35,369,140
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	37,667,622
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-2,298,482
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,841,308
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-140,623
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	3,402,203

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
VNA Care Network Inc

Employer identification number

04-2103825

**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 11, check only one box )

- 1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 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 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 )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> Subtract line 5 from line 4						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (See instructions)					<b>12</b>	

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

<b>14</b> Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	0 %
<b>15</b> Public Support Percentage for 2010 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,804,430	1,524,894	1,247,141	1,311,009	1,290,105	7,177,579
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	37,520,971	37,139,678	37,708,685	37,163,365	33,680,606	183,213,305
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	39,325,401	38,664,572	38,955,826	38,474,374	34,970,711	190,390,884
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						190,390,884

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6	39,325,401	38,664,572	38,955,826	38,474,374	34,970,711	190,390,884
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,304,534	205,833	279,282	426,526	398,429	2,614,604
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	1,304,534	205,833	279,282	426,526	398,429	2,614,604
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	335,000	371,349	167,500			873,849
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)	40,964,935	39,241,754	39,402,608	38,900,900	35,369,140	193,879,337
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	98.200 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	98.410 %

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

<b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	1.350 %
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	<b>18</b>	1.150 %

**19a 33 1/3% support tests—2011.** 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—2010.** 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** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Part III Line 12 Release from restriction

**Explanation**

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization VNA Care Network Inc

Employer identification number 04-2103825

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

Part II Conservation Easements. Complete if the organization answered "Yes" to 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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

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

a Revenues included in 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

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

**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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

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

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .	140,623	140,623	140,623	140,623	
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	140,623				
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .		140,623	140,623	140,623	

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment  100.000 %
- c** Term endowment

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b> Yes	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b> Yes	

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .			-65,220	
<b>c</b> Leasehold improvements . . . . .		2,003,920	1,147,075	856,481
<b>d</b> Equipment . . . . .		12,359,985	11,433,965	1,129,676
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,986,157



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	35,369,140
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	37,667,622
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-2,298,482
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	-140,623
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	-140,623
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-2,439,105

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	34,970,711
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	34,970,711
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	398,429
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	398,429
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	35,369,140

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	37,667,622
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	37,667,622
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	37,667,622

**Part XIV Supplemental Information**

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
XII	4b	Investment income net of expenses
V	4	Donor restricted permanent fund income generated is unrestricted. Temporarily restricted funds are for patients needing free care.

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
VNA Care Network Inc

Employer identification number  
04-2103825

**Part I Questions Regarding Compensation**

Yes No

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- First-class or charter travel
  - Travel for companions
  - Tax idemnification and gross-up payments
  - Discretionary spending account
  - Housing allowance or residence for personal use
  - Payments for business use of personal residence
  - Health or social club dues or initiation fees
  - Personal services (e g , maid, chauffeur, chef)

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

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

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		



**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
I	4b	Included in column C is the 457f plan Karen Green 457f was 2,846 and Joanne Kramers 457f was 332

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization  
VNA Care Network Inc

**Employer identification number**

04-2103825

Identifier	Return Reference	Explanation
Form 990 Part VI	19	If a formal request is made we will make copies
Form 990 Part VI	11b	990 was compiled and reviewed by the CEO and CFO and sent to the Finance committee for review The Finance committee presents to the Board for approval The Board members are offered a copy of the 990 at that time
Form 990 Part VI	15a	The Executive Compensation Committee made up of independent Board members obtains a competitive salary survey from an outside independent source The Executive Compensation Committee then deliberates and decides on the executive compensation
Form 990 Part VI	15b	Other officers and key employees salaries are determined by the CEO based on comparable data obtained by competitive salary survey from an outside independent source
Form 990 Part VI	12c	Annually the Board is asked to sign a conflict of interest statement Also, at the beginning of all Board meetings the Board chair asks if there is any conflicts with any of the agenda items
Form 990 Part VII	1a	Forty hours worked are spread over all Affiliated companies
Form 990 Part X	5	Change in unrealized gain on investments
Form 990 Part XI	5	Transfer of permanently restricted endowments
		Form 990 Part VI Section C Line 19 If a formal request is made we will make copies Form 990 Part VI Section B Line 11b 990 was compiled and reviewed by the CEO and CFO and sent to the Finance committee for review The Finance committee presents to the Board for approval The Board members are offered a copy of the 990 at that time Form 990 Part VI Section B Line 15a The Executive Compensation Committee made up of independent Board members obtains a competitive salary survey from an outside independent source The Executive Compensation Committee then deliberates and decides on the executive compensation Form 990 Part VI Section B Line 15b Other officers and key employees salaries are determined by the CEO based on comparable data obtained by competitive salary survey from an outside independent source Form 990 Part VI Section B Line 12c Annually the Board is asked to sign a conflict of interest statement Also, at the beginning of all Board meetings the Board chair asks if there is any conflicts with any of the agenda items Form 990 Part VII Section A Line 1a Forty hours worked are spread over all Affiliated companies Form 990 Part X Line 5 Change in unrealized gain on investments Form 990 Part XI Line 5 Transfer of permanently restricted endowments

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
VNA Care Network Inc

**Employer identification number**

04-2103825

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
<b>(1)</b> VNA Care Network Foundation Inc 120 Thomas Street Worcester, MA 01608 04-2794849	Management Company	MA	501c3	9	N/A		No
<b>(2)</b> VNA Care Hospice Inc 120 Thomas Street Worcester, MA 01608 04-3217872	Hospice Care	MA	501c3	9	N/A		No
<b>(3)</b> VNA Care Advantage Inc 120 Thomas Street Worcester, MA 01608 04-2953171	Day Care	MA	501c3	9	N/A		No

**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) Home Staff LLC 40 Millbrook Street Worcester, MA 01608 42-1757904	Home Care	MA	N/A					No			No	

**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

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**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 **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)

- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>	Yes	
<b>1k</b>	Yes	
<b>1l</b>	Yes	
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>	Yes	

**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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> See Additional Data Table			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

**Identifier****Return Reference****Explanation****Schedule R (Form 990) 2011**

**Software ID:** 11000218  
**Software Version:** 2011.0.0  
**EIN:** 04-2103825  
**Name:** VNA Care Network Inc

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) VNA Care Network FoundationInc	j	922,864	Cost
(2) VNA Care Network Foundation Inc	r	565,357	Cost
(3) VNA Care Network Foundation Inc	l	1,460,215	Cost
(4) VNA Care Hospice Inc	k	42,976	Cost
(5) VNA Care Hospice Inc	k	1,594,952	Cost
(6) VNA Care Advantage Inc	k	5,240	Cost
(7) VNA Care Hospice Inc	l	63,404	Cost
(8) VNA Care Network Foundation Inc	r	371,168	Cost
(9) VNA Care Hospice Inc	k	805,000	Cost
(10) Home Staff LLC	k	58,894	Cost
(11) Home Staff LLC	l	271,614	Cost

VNA CARE NETWORK, INC.  
AUDITED FINANCIAL STATEMENTS  
DECEMBER 31, 2011 AND 2010

## CONTENTS

	<u>PAGE</u>
INDEPENDENT AUDITOR'S REPORT	
Financial Statements .....	1
FINANCIAL STATEMENTS	
Balance Sheets.....	2
Statements of Operations and Changes in Unrestricted Net Assets	3
Statements of Changes in Net Assets.....	4
Statements of Cash Flows .....	5
NOTES TO FINANCIAL STATEMENTS.....	6 - 16

**BRAD BORBIDGE, P.A.**  
CERTIFIED PUBLIC ACCOUNTANTS  
197 LOUDON ROAD, SUITE 350  
CONCORD, NEW HAMPSHIRE 03301  

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TELEPHONE 603/224-0849  
FAX 603/224-2397

INDEPENDENT AUDITOR'S REPORT

Board of Directors  
VNA Care Network, Inc.  
Worcester, Massachusetts

We have audited the accompanying balance sheets of VNA Care Network, Inc. (Network) as of December 31, 2011 and 2010, and the related statements of operations and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of Network's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of VNA Care Network, Inc. as of December 31, 2011 and 2010, and the results of its operations, changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.



Concord, New Hampshire  
March 28, 2012

VNA CARE NETWORK, INC.  
BALANCE SHEETS  
DECEMBER 31, 2011 AND 2010

ASSETS

	2011	2010
<b>Current Assets</b>		
Cash and cash equivalents	\$ 645,886	\$ 179,516
Temporary investments	521,551	519,170
Investments	-	20,109
Patient accounts receivable, less allowances for doubtful accounts of \$285,848 and \$322,679 at December 31, 2011 and 2010, respectively	3,799,246	4,230,810
Due from affiliates, net	603,596	2,464,707
Other current assets	270,556	346,221
<b>Total Current Assets</b>	5,840,835	7,760,533
<b>Assets Limited As To Use</b>	99,322	233,920
<b>Other Assets</b>		
Goodwill	-	292,630
Other assets	2,450	2,450
<b>Total Other Assets</b>	2,450	295,080
<b>Property and Equipment, Net</b>	1,986,157	2,261,754
<b>TOTAL ASSETS</b>	\$ 7,928,764	\$ 10,551,287

LIABILITIES AND NET ASSETS

<b>Current Liabilities</b>		
Accounts payable and accrued expenses	\$ 1,329,641	\$ 1,377,355
Accrued payroll and related expenses	1,582,380	1,531,027
Due to third-party payers	479,232	565,426
Deferred revenue	1,135,308	1,236,171
<b>Total Current Liabilities</b>	4,526,561	4,709,979
<b>Net Assets</b>		
Unrestricted	3,402,203	5,700,685
Permanently restricted	-	140,623
<b>Total Net Assets</b>	3,402,203	5,841,308
<b>TOTAL LIABILITIES AND NET ASSETS</b>	\$ 7,928,764	\$ 10,551,287

(See accompanying notes to these financial statements)

VNA CARE NETWORK, INC.  
STATEMENTS OF OPERATIONS AND CHANGES IN UNRESTRICTED NET ASSETS  
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	2011	2010
Operating Revenue		
Net patient service revenue	\$ 33,680,606	\$ 37,163,365
Other operating revenue	724,748	956,578
Contributions	337,557	354,431
Affiliate's contribution of net assets released from restriction for program services	227,800	-
Total Operating Revenue	34,970,711	38,474,374
Operating Expenses		
Salaries and benefits	28,333,954	28,910,916
Other operating expenses	8,103,588	8,505,592
Depreciation and amortization	1,105,080	577,278
Bad debt expense	125,000	95,000
Total Operating Expenses	37,667,622	38,088,786
OPERATING (LOSS) INCOME	(2,696,911)	385,588
Other Revenue and Gains		
Affiliate's contributions of investment income	371,167	405,860
Investment income	27,262	20,666
Total Other Revenue and Gains	398,429	426,526
(DEFICIT) EXCESS OF REVENUE OVER EXPENSES	(2,298,482)	812,114
Change in unrealized gain on investments	-	1,090
(DECREASE) INCREASE IN UNRESTRICTED NET ASSETS	(2,298,482)	813,204

(See accompanying notes to these financial statements)

VNA CARE NETWORK, INC.  
STATEMENTS OF CHANGES IN NET ASSETS  
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	2011	2010
Unrestricted Net Assets:		
(Deficit) excess of revenue over expenses	\$ (2,298,482)	\$ 812,114
Change in unrealized gain on investments	-	1,090
Change in Unrestricted Net Assets	(2,298,482)	813,204
Permanently Restricted Net Assets		
Transfer to affiliate	(140,623)	-
Change in Permanently Restricted Net Assets	(140,623)	-
(Decrease) Increase in Net Assets	(2,439,105)	813,204
Net assets, beginning of year	5,841,308	5,028,104
NET ASSETS, END OF YEAR	\$ 3,402,203	\$ 5,841,308

(See accompanying notes to these financial statements)

VNA CARE NETWORK, INC.  
STATEMENTS OF CASH FLOWS  
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	2011	2010
Cash Flows From Operating Activities		
Change in net assets	\$ (2,439,105)	\$ 813,204
Adjustments to reconcile change in net assets to net cash used by operating activities		
Depreciation and amortization	1,105,080	577,278
Change in unrealized gain on investments	-	(1,090)
Bad debt expense	125,000	95,000
(Increase) decrease in the following assets:		
Temporary investments	(2,381)	(19,170)
Patient accounts receivable	306,564	(227,930)
Other current assets	75,665	(193,683)
Change in due from affiliates	1,535,399	(691,695)
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	(47,714)	(441,459)
Accrued payroll and related expenses	51,353	89,455
Due to third-party payer	(86,194)	(174,839)
Deferred revenue	(100,863)	(154,076)
Net Cash Provided (Used) By Operating Activities	522,804	(329,005)
Cash Flows From Investing Activities		
Capital expenditures	(211,141)	(228,984)
Decrease (Increase) in assets limited as to use	154,707	(35,747)
Net Cash Used By Investing Activities	(56,434)	(264,731)
Net Increase (Decrease) In Cash And Cash Equivalents	466,370	(593,736)
Cash and cash equivalents, beginning of year	179,516	773,252
CASH AND CASH EQUIVALENTS, END OF YEAR	\$ 645,886	\$ 179,516
Cash paid for interest	\$ -	\$ -

VNA CARE NETWORK, INC.  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

VNA Care Network, Inc. (Network) is a non-stock, not-for-profit corporation organized in Massachusetts, which provides various health care services in home and community settings. Home health services provided are designed to promote and maintain community health. Network is exempt from federal income taxes under the Internal Revenue Code Section 501(c)(3). Network is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Affiliates

Network is a wholly-owned subsidiary through common board membership of VNA Care Network Foundation, Inc. (Foundation). Foundation is a non-stock, not-for-profit corporation organized in Massachusetts and is exempt from federal income taxes under the Internal Revenue code section 501(c)(3). Foundation's primary purposes are to act as a holding company, maintain an investment portfolio, fund raise, and provide management services to affiliated health care providers.

VNA Care Hospice, Inc. (Hospice) is a non-stock, not-for-profit corporation organized in Massachusetts, whose primary purpose is to provide hospice and palliative care services. Hospice is exempt from federal income taxes under the Internal Revenue code section 501(c)(3). Hospice is a subsidiary of Foundation through common board membership.

VNA Care Advantage, Inc. (Advantage) is a non-stock, not-for-profit corporation organized in Massachusetts, whose primary purposes are to provide personal care, homemaker and child care services. Advantage is exempt from federal income taxes under the Internal Revenue code section 501(c)(3). Advantage is a subsidiary of Foundation through common board membership.

## NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

### Income Taxes

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

### Use of Estimates

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

### Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments with original maturities of three months or less, excluding assets limited as to use.

### Temporary Investments

Temporary investments include investments in liquid debt instruments with original maturities of more than three months, excluding assets limited as to use.

### Investments

Investments in equity and debt securities are reported at fair value. Investment income, realized gains and losses, and other than temporary impairments on investments are included in the excess of revenue over expenses unless otherwise stipulated by the donor or State law. Unrealized gains and losses are reported as an increase or decrease in unrestricted net assets, unless otherwise stipulated by the donor or State law. The Foundation reviews investments where the fair value is significantly below cost and in cases where the decline is considered to be other than temporary, an adjustment is recorded to reflect this amount in the excess of revenue over expenses.

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

## NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

### Assets Limited As To Use

Assets limited as to use include assets held for unemployment claims held by the United Way Unemployment Insurance Pool. For the year ended December 31, 2010, assets limited as to use also included permanently restricted net assets. During the year ended December 31, 2011, the permanently restricted net assets were transferred to Foundation and were not included in assets limited as to use.

### Property and Equipment

Property and equipment are stated at cost. Depreciation on property and equipment is calculated on the straight-line method over the estimated useful lives of the assets. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the financial statements. Network's capitalization threshold is \$5,000.

### Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by Network has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. The Board of Directors has adopted a policy, in accordance with state law, requiring the preservation of the endowment funds, including realized and unrealized appreciation, unless explicit donor stipulations specify how such appreciation must be used or the Board of Directors approves transfer. All gains and losses on investments in the temporarily and permanently restricted funds are, therefore, maintained as temporarily restricted net assets.

### Donor-Restricted Gifts

Unconditional promises to give cash and other assets to Network are reported at fair market value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value as of the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets released from restriction. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements.

## NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

### Promises to Give

Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue. Conditional promises to give are not included as support until the conditions are substantially met.

### Gifts of Long-lived Assets

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expiration of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

### (Deficit) Excess of Revenue Over Expenses

The statements of operations include (deficit) excess of revenue over expenses. Changes in unrestricted net assets which are excluded from (deficit) excess of revenue over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and service and contributions of investment income and donor contributions, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

### Patient Service Revenue

Standard charges for services to all patients are recorded as revenue when services are rendered. Clients unable to pay full charge, who do not have other third-party resources, are charged a reduced amount based on Network's published sliding fee scale. Reductions in full charge are recognized when the service is rendered.

## NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

### Contributed Services

A number of volunteers have donated substantial amounts of their time to Network's program services. No amounts have been reflected in the financial statements for these volunteer services since the contributed services did not meet the criteria for recognition under Statement of Financial Accounting Standards No. 116.

### Goodwill

Goodwill has been recognized at the time of acquisition of other home care agencies by Network. Goodwill is tested annually for possible loss on the impairment of the asset's value. For the year ended December 31, 2011, management fully amortized all goodwill in recognition of the impairment of goodwill due to the competitive environment specific to the service areas involved in the goodwill. The total reported loss on impairment of goodwill (amortization expense) for the year ended in December 31, 2011 was \$618,342, including \$325,712 of goodwill impairment related to goodwill assets held by the Foundation. There was no reported loss on impairment of goodwill for the year ended December 31, 2010. Goodwill assets held by Network amounted to \$0 and \$292,630 for the years ended December 31, 2011 and 2010, respectively.

### Recently Issued Accounting Pronouncements

In August 2010, the Financial Accounting Standards Board issued guidance that requires that cost be used as a measurement for charity care disclosure purposes. It also requires disclosure of the method used to identify or determine such costs. The amended disclosure requirements are effective for fiscal years beginning after December 15, 2010 and must be applied retrospectively. Network adopted the amended disclosure requirements on January 1, 2011.

## NOTE 2 INVESTMENTS

Investments are reported as assets limited as to use. Investments are stated at fair value and consist of the following at December 31, 2011 and 2010:

	<u>2011</u>	<u>2010</u>
Mutual funds		
Equity funds	\$ -	\$ 160,732
Total Investments	<u>\$ -</u>	<u>\$ 160,732</u>

NOTE 2 INVESTMENTS (CONTINUED)

	<u>2011</u>	<u>2010</u>
Current assets	\$ -	\$ 20,109
Assets limited as to use (Note 3)	<u>-</u>	<u>140,623</u>
Total	<u>\$ -</u>	<u>\$ 160,732</u>

Cash and cash equivalents included as part of investments are not included in cash and cash equivalents for reporting on the statement of cash flows.

At December 31, 2011, all investments were transferred to Foundation, where investments continue to be held in a pooled fund of Foundation's investments.

NOTE 3 ASSETS LIMITED AS TO USE

Assets limited as to use consist of the following board designated and donor restricted net assets at December 31, 2011 and 2010:

	<u>2011</u>	<u>2010</u>
Funds held by others for unemployment insurance	\$ 99,322	\$ 93,297
Donor restricted Permanently restricted for Endowment	<u>-</u>	<u>140,623</u>
Total assets limited as to use	<u>\$ 99,322</u>	<u>\$ 233,920</u>

The composition of assets limited as to use at December 31, 2011 and 2010 follows:

	<u>2011</u>	<u>2010</u>
Funds held by others for unemployment insurance	\$ 99,322	\$ 93,297
Investments (Note 2)	<u>-</u>	<u>140,623</u>
Total assets limited as to use	<u>\$ 99,322</u>	<u>\$ 233,920</u>

At December 31, 2011, all net assets permanently restricted for endowment were transferred to Foundation and are reported under the Foundation's permanently restricted endowment.

#### NOTE 4 PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at December 31, 2011 and 2010:

	<u>2011</u>	<u>2010</u>
Buildings and leasehold improvements	\$ 2,003,920	\$ 2,069,504
Capital leases	860,222	860,222
Furniture and equipment	<u>11,499,763</u>	<u>11,296,106</u>
Total	14,363,905	14,225,832
Less accumulated depreciation	<u>12,377,748</u>	<u>11,964,078</u>
Property and Equipment, Net	<u>\$ 1,986,157</u>	<u>\$ 2,261,754</u>

#### NOTE 5 ENDOWMENTS

There are no board designated endowments. For the year ended December 31, 2010, donor restricted endowments consisted of an investment portfolio managed by a contracted investment manager with oversight by the Foundation investment committee. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

During the year ended December 31, 2011, Network transferred the donor restricted endowments and related investments to Foundation where they continue to be maintained in an investment pool held by Foundation. Investment income and losses, realized and unrealized gains and losses on investments held in the pool are reported in Foundation.

#### NOTE 6 LINE OF CREDIT

On December 1, 2008 Foundation entered into a revolving line of credit in the amount of \$7,000,000 with TD Bank in which Network is the Guarantor. The interest rate on the line is set at 0.5% above the Wall Street Journal prime rate (3.25%), which equated to 3.75% at December 31, 2011. The line of credit is secured by all assets of the Foundation. There was no outstanding balance at December 31, 2011 and 2010.

Under the terms of the agreement, Foundation must comply with covenants relating to maintaining a minimum balance of \$28,000,000 in unrestricted net assets at all times and other financial covenants. At December 31, 2011 and 2010, Foundation complied with all applicable covenants.

NOTE 7 NET PATIENT SERVICE REVENUE

A summary of net patient service revenue provided for the years ended December 31, 2011 and 2010 follows:

	<u>2011</u>	<u>2010</u>
Medicare	\$ 17,198,772	\$ 19,413,520
Medicaid	1,035,260	1,163,205
Other third-party payers and private pay	<u>15,446,574</u>	<u>16,586,640</u>
Total	<u>\$ 33,680,606</u>	<u>\$ 37,163,365</u>

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

Network has a policy of providing health care services without charge to patients who are unable to pay. Such patients are identified based on financial information obtained from the patient and subsequent analysis. Since Network does not expect payment, estimated charges for charity care are not included in revenue. Network estimates the costs associated with providing charity care to patients who are eligible for free care by multiplying the number of free care visits by the cost per visit, by service type, as determined by the Medicare cost report methodology. The estimated costs incurred in these activities amounted to \$60,903 and \$57,748 for the years December 31, 2011 and 2010, respectively.

Network also provides medically necessary services to Medicaid patients at costs exceeding Medicaid reimbursement, which Network considers to be partial charity care. Network estimates the loss from providing services to Medicaid patients by applying the difference between the Medicaid visit reimbursement rate, by service type, and the cost of providing those services under the Medicare cost report methodology. The estimated costs incurred in these activities amounted to \$1,176,990 and \$1,093,120 for the years December 31, 2011 and 2010, respectively.

#### NOTE 8 MALPRACTICE INSURANCE

Network insures its medical malpractice risks on a claims-made basis. There were no known malpractice claims outstanding at December 31, 2011, which in the opinion of management, will be settled for amounts in excess of insurance coverage; nor are there any unasserted claims or incidents which require loss accrual. Network intends to renew coverage on a claims-made basis and anticipates that such coverage will be available.

#### NOTE 9 FUNCTIONAL EXPENSES

Network provides various services to residents within its geographic location. Expenses related to providing these services for the years ended December 31, 2011 and 2010 follows:

	<u>2011</u>	<u>2010</u>
Program services	\$ 31,399,335	\$ 32,774,346
Administrative and general	5,940,299	4,979,055
Fundraising	<u>327,988</u>	<u>335,385</u>
Total	<u>\$ 37,667,622</u>	<u>\$ 38,088,786</u>

#### NOTE 10 PENSION PLAN

Network has adopted a defined contribution pension plan under the Internal Revenue Code 401(k) covering substantially all of its full-time employees. Pension expense amounted to \$427,062 and \$618,290 for the years ended December 31, 2011 and 2010, respectively.

#### NOTE 11 COMMITMENTS

Network has entered into operating leases for certain office equipment and office space. Certain leases provide for renewal options, and some contain provisions requiring the Network to pay its proportionate share of operating costs in addition to base rent. Most rent expense is paid by Foundation and allocated back to Network through intercompany transfers (Note 13).

#### NOTE 11 COMMITMENTS (CONTINUED)

At December 31, 2011 the aggregate future rental commitments under the operating leases executed by Network are as follows:

Year Ending <u>December 31,</u>	<u>Minimum Lease Payments</u>
2012	\$ 377,805
2013	290,097
2014	<u>151,245</u>
Total	<u>\$ 819,147</u>

#### NOTE 12 CONCENTRATION OF RISK

Network maintains a cash balance in excess of \$250,000 in a bank, which is insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. The financial institution has a strong credit rating and management believes the credit risk related to the deposits is minimal.

Network grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. At December 31, 2011, Medicare represented 52% and Tufts Health Plans represented 10% of gross accounts receivable. No other individual payer source exceeded 10% of the gross accounts receivable balance.

#### NOTE 13 RELATED PARTY TRANSACTIONS

Foundation provides various management and administrative services to its affiliates. Fees for these services are based on approximate cost. For the years ended December 31, 2011 and 2010, the total cost for management services provided to Network amounted to \$1,460,215 and \$1,478,709, respectively.

Foundation contributes all net investment income (interest, dividends and realized gains and losses) to the affiliates, Network and Hospice, based on a budgeted allocation percentage. For the years ended December 31, 2011 and 2010 the budgeted allocation to Network was 67%, or \$371,168 and \$405,860, respectively.

Network is charged a pro-rata share of occupancy cost by the Foundation, under the terms of a lease agreement. For the years ended December 31, 2011 and 2010, total expenses under the lease agreement amounted to \$922,864 and \$874,998 and are included in occupancy cost. In addition, Network rents space to Hospice at a charge of \$0 and \$41,000 for years ended December 31, 2011 and 2010, respectively.

### NOTE 13 RELATED PARTY TRANSACTIONS (CONTINUED)

Foundation receives all donor contributions on behalf of the affiliated companies. For the years ended December 31, 2011 and 2010 Foundation received and transferred to Network donor contributions amounting to \$337,557 and \$354,431, respectively.

For the years ended December 31, 2011 and 2010, Network provided services to Advantage in the amount of \$5,241 and \$17,063, respectively and to Hospice in the amount of \$1,594,952 and \$1,554,863, respectively.

Advantage has a one-half interest as a member in Home Staff, LLC, a limited liability company organized in Massachusetts to provide private duty home health aide services.

For the years ended December 31, 2011 and 2010, Network purchased home health aide services from Home Staff, LLC, in the amount of \$496,166 and \$416,411, respectively. Network provided administrative services to Home Staff, LLC, in the amount of \$51,120 and \$41,795 for the years ended December 31, 2011 and 2010. Included in the balance due from Home Staff, LLC are cash advances amounting to \$0 and \$200,000 at December 31, 2011 and 2010, respectively.

The amounts due from and (due to) the affiliated organizations at December 31, 2011 and 2010 are as follows:

	<u>2011</u>	<u>2010</u>
Hospice	\$ 3,167,935	\$ 3,779,803
Advantage	(548,908)	(563,070)
Foundation	(2,005,952)	(965,219)
Home Staff, LLC, net	<u>(9,479)</u>	<u>213,193</u>
Net due from affiliates	<u>\$ 603,596</u>	<u>\$ 2,464,707</u>

### NOTE 14 SUBSEQUENT EVENTS

For financial reporting purposes, subsequent events have been evaluated by management through March 28, 2012, which is the date the financial statements were available to be issued.

## Additional Data

**Software ID:** 11000218

**Software Version:** 2011.0.0

**EIN:** 04-2103825

**Name:** VNA Care Network Inc

**Form 990, Special Condition Description:**

**Special Condition Description**