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RETROACTIVE REINSTATEMENT Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

OMB No 1545-1150

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs gov/form990

Open to Public Inspection

- ₹> #	F	or the	e 2015 cal	endar year, or tax year beginning and	ending			
	Ch ap	neck if	ola	C Name of organization		D Emp	oloyer identificati	on number
<u>~</u>		í	ess change			1		
		1	e change	VISITING NURSE & HOSPICE HOME FOUNDATION	N	4	6-470561	. 2
Z\$		1	return	Number and street (or P.O. box, if mail is not delivered to street address)			ephone number	
		Final	return/ nated	5910 HOMESTEAD ROAD		2	60-435-3	222
		ì	nded return	City or town, state or province, country, and ZIP or foreign postal code			up Exemption	
	_	1	ation pending	FORT WAYNE, IN 46814		4	nber >	
W G	A		iting Meth				ck X if th	e organization is
Ŵı				WW.VNFW.ORG			required to attack	•
				us (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)	(1) or 527	1	rm 990, 990-EZ, (
			f organizat		1) 01 021	1. 1. 0.	7111 050, 550 EE, C	<i>31 330 11 j</i> .
\mathbb{Q}	Αι	nıl hi	es 5h 6c	and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t	ntal assets (Part I		 .	
_				v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	otal aboots (1 art 1	'',	• •	0.
Г		rt I	Reve	enue, Expenses, and Changes in Net Assets or Fund Balance	(see the instri	uctions	for Part I)	
1			-	if the organization used Schedule O to respond to any question in this Part I	(000 1110 1110111	20110110	1011 2(11)	[]
-	Т	1		tions, gifts, grants, and similar amounts received			1	 _
		2		service revenue including government fees and contracts		1	2	
		3	-	thip dues and assessments		1	3	
		4		nt income			4	
	2017	5a		nount from sale of assets other than inventory		- 1		
	ヹ	b	Lace: coe	it or other basis and sales expenses]	
	6	•	Cain or (oce) from eale of accete other than invention (Subtractiline 5b from line 5a)			5c	
	7	6	Camina	loss) from sale of assets other than inventory (Subtract line 5b from line 5a) and fundraising events		1	-30	
:	믺	v a		ind fundraising events \\ \(\sigma \) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			}	
Ġ	57	4	\$15,000)			1	1	
,	ē, l	h	-	ome from fundraising events (not including \$ of contribut	one.			
(d Bruara Walking	U		draising events reported on line 1) (attach Schedule G if the sum of such	10113	ì		
4				ome and contributions exceeds \$15,000)		Ì		
4	=	•	_	ect expenses from gaming and fundraising events 6c				
C	3	ď		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	
Ø,		7a		es of inventory, less returns and allowances		Ì		
	1	b		t of goods sold			1	
	1	C		ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	-	8		enue (describe in Schedule O)		1	8	
	- 1	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	0.
-	1	10		d similar amounts paid (list in Schedule O)			10	
	- 1	11		paid to or for members		Ì	11	
	- 1.	12		other compensation, and employee benefits		t	12	
Š	ו ע			nal fees and other payments to independent contractors		ţ	13	
	Ē			cy, rent, utilities, and maintenance		t	14	
j	₹		-	publications, postage, and shipping		ŀ	15	
	1			enses (describe in Schedule 0)		ŀ	16	
	- 1			enses. Add lines 10 through 16			17	0.
_	$\overline{}$			(deficit) for the year (Subtract line 17 from line 9)			18	0.
4	3			s or fund balances at beginning of year (from line 27, column (A))		ł	-'" -	<u>·</u>
į	3	10		ee with end-of-year figure reported on prior year's return)		ŀ	10	0.
4 A 5 4 5 14	<u>;</u> ,	20		inges in net assets or fund balances (explain in Schedule 0)		ł	19	0.
à	ž ;	21		s or fund balances at end of year. Combine lines 18 through 20			20	0.
			40001				-11	~ •

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2015)

Department of the Treasury Internal Revenue Service

	m 990-EZ (2015) VISITING NURSE & HOSPICE		ON	46-	47056	12 Page 2
P	art II Balance Sheets (see the instructions for Part II)					
	 Check if the organization used Schedule O to re 	spond to any question	n in this Part II			
			(A) Beginning of year		(B) (End of year
22	Cash, savings, and investments			22	<u> </u>	
23	Land and buildings	<u></u>		23		
24	Other assets (describe in Schedule 0)			24	<u> </u>	
25	Total assets	<u></u>	0	· 25	L	0.
26	Total liabilities (describe in Schedule 0)		0	-+		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 2	1)	0	• 27		0.
<u>P</u>	art III Statement of Program Service Accomplishme			-		xpenses
	Check if the organization used Schedule O to re		n in this Part III	X		for section and 501(c)(4)
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE	0			organizati	ons; optional for
	cribe the organization's program service accomplishments for each of its three largest progran ner, describe the services provided, the number of persons benefited, and other relevant infor		In a clear and concise		others.)	
		mation for each program title			 	
28	SEE SCHEDULE O				1 1	
						
	(Grants \$) If this amount includes foreign	arasta sheek bara		77	00-	
29	Grants 4 In this amount includes loreign	i grants, check here	-	<u> </u>	28a	
23					{	
					1	
	(Grants \$) If this amount includes foreign	grants check here			29a	
30		- grand, direction		<u> </u>	1-0-	
					1 1	
	(Grants \$) If this amount includes foreign	grants, check here			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign	grants, check here			31a	
				_	100	0.
	Total program service expenses (add lines 28a through 31a)			ع_	32	
	art IV List of Officers, Directors, Trustees, and Key			see the	nstructions fo	r Part IV)
	Check if the organization used Schedule O to re-	spond to any question			instructions fo	r Part IV)
	Check if the organization used Schedule O to re-	spond to any question (b) Average hours	(c) Reportable	(d) He	instructions fo	(e) Estimated
	art IV List of Officers, Directors, Trustees, and Key	spond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contra	instructions fo	(e) Estimated amount of other
Pa	Check if the organization used Schedule O to res	spond to any question (b) Average hours	(c) Reportable compensation (Forms	(d) He contra emple plans,	ealth benefits, ributions to	(e) Estimated
Pa	Check if the organization used Schedule O to research Application (a) Name and title EPHEN ADAIR	spond to any question (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contra emple plans,	ealth benefits, ributions to byse benefit and deferred apensation	(e) Estimated amount of other compensation
Pa ST VI	CHAIR Check if the organization used Schedule O to research title (a) Name and title CE CHAIR	spond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contra emple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Estimated amount of other
ST VI JO	Check if the organization used Schedule O to research Address (a) Name and title EPHEN ADAIR CE CHAIR SEPH BYERS	(b) Average hours per week devoted to position 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contra emple plans,	matructions for a small th benefits, ributions to byee benefit and deferred appensation	(e) Estimated amount of other compensation
ST VI JO SE	CHAIR CHAIR CHAIR CRETARY/TREASURER	spond to any question (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contra emple plans,	ealth benefits, ributions to byse benefit and deferred apensation	(e) Estimated amount of other compensation
ST VI JO SE DA	Check if the organization used Schedule O to research to the companization used Schedu	spond to any question (b) Average hours per week devoted to position 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contra emple plans,	ealth benefits, ributions to oyee benefit and deferred pensation	(e) Estimated amount of other compensation 0.
ST VI JO SE DA BO	Check if the organization used Schedule O to research to the companization used Schedu	(b) Average hours per week devoted to position 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contra emple plans,	matructions for a small th benefits, ributions to byee benefit and deferred appensation	(e) Estimated amount of other compensation
ST VI JO DA DA	Check if the organization used Schedule O to research the organiza	spond to any question (b) Average hours per week devoted to position 1.00 1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) He contra emple plans,	ealth benefits, ributions to byse benefit and deferred appensation 0.	(e) Estimated amount of other compensation 0. 0.
ST VI JO SE DA DA CH	Check if the organization used Schedule O to research the organiza	spond to any question (b) Average hours per week devoted to position 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contra emple plans,	ealth benefits, ributions to oyee benefit and deferred pensation	(e) Estimated amount of other compensation 0.
ST VI JO DA DA DA PH	Check if the organization used Schedule O to resolve the companization used Schedule O to resolve the companiza	spond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contra emple plans,	ealth benefits, ributions to byee benefit and deferred appensation 0.	(e) Estimated amount of other compensation 0. 0.
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ST VI JO SE DA BO DA CH PH BO GR VI	Check if the organization used Schedule O to resolve the organizat	spond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contra emple plans,	ealth benefits, ributions to byee benefit and deferred appensation 0.	(e) Estimated amount of other compensation 0. 0.
ST VI JO SE DA BO DA CH PH BO GR VI	Check if the organization used Schedule O to resched to the organization used Schedule O to resched the organization used Schedule O to reschedule O to reschedule O to resched the organization used Schedule O to reschedule	spond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	(d) He contra emple plans,	ealth benefits, ributions to byee benefit and deferred pensation 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
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ST VI JO SE DA BO DA CH PH BO GR VI	Check if the organization used Schedule O to resched to the organization used Schedule O to resched the organization used Schedule O to reschedule O to reschedule O to resched the organization used Schedule O to reschedule	spond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	(d) He contra emple plans,	ealth benefits, ributions to byse benefit and deferred apensation 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
ST VI JO SE DA CH PH BO GR VI	Check if the organization used Schedule O to resched to the organization used Schedule O to resched the organization used Schedule O to reschedule O to reschedule O to resched the organization used Schedule O to reschedule	spond to any question (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	(d) He contra emple plans,	ealth benefits, ributions to byse benefit and deferred apensation 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.

	n 990-EZ (2015) VISITING NURSE & HOSPICE HOME FOUNDATION 46-4705 Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Sch. O to respond to any question in this	in the	•	Page 3
	`````		Yes	
33 `	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
-	activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	"		
04	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	07		 -
000	on lines 2, 6a, and 7a, among others)?	35a		Х
h	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	000		-
·	requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	330		 -
00	complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	100		
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	0.0		
004	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
h	If "Yes," complete Schedule L, Part II and enter the total amount involved N/A	000		٦
39	Section 501(c)(7) organizations. Enter:	1]
	Initiation fees and capital contributions included on line 9 N/A	,		}
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1 1		
_	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ► 0 . ; section 4912 ► 0 . ; section 4955 ► 0 .	1		
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit	1) }
_	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
-	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	İ ı		
ď	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	ł		
	by the organization • 0 •			1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	4 (i	1
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed \> IN			
42 a	The organization's books are in care of ► ELAINE JONES Telephone no. ► 260-43	5-3	222	
	Located at ▶ 5910 HOMESTEAD ROAD, FORT WAYNE, IN ZIP+4 ▶ 4			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:	[
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			لــــا
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		1	-	
			Yes	NO
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			لـــا
	Form 990-EZ	44a		X
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			لييا
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			لــــا
	In Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		_X
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	 _ 	<u> </u>	لــــا
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		(0045)
		Form 9	90-F7	(2015)

orm	990-EZ (2	(015) V	ISITING	NURSE	& HOSPICE	HOME FO	DUNDATI	ON	46-4705	612		Page 4
46	Nid the o	raanization on	nage directly or i	ndicactly in n	olitical campaign activ	itine on bahalf of	or in appacitu	on to condidates for D	uhlio offico?		Yes	No
+0		omplete Sched		nuneony, m po	sinical campaign activi	illes on benan or	or in opposition	on to canolidates for pr	ionic onnce?	46	 	x
Pa			01(c)(3) orga	anizations	only					1 70	<u></u>	
					answer questions 4	7-49b and 52.	and complete	e the tables for lines	s 50 and 51			
					O to respond to ar		· · · · · · · · · · · · · · · · · · ·					
											Yes	No
17	Did the oi	ganization eng	gage in lobbying a	activities or ha	ve a section 501(h) el	ection in effect d	uring the tax y	ear? If "Yes," complete	Sch. C, Part II	47		X
48	Is the org	anization a scl	hool as described	in section 170	D(b)(1)(A)(II)? If "Yes,"	complete Sche	dule E			48		X
49 a	Did the or	ganization ma	ke any transfers t	to an exempt r	non-charitable related	organization?				49a		X
b	If "Yes," w	as the related	organization a se	ction 527 orga	anization?					49b		
50					ompensated employe		ficers, director	s, trustees and key en	iployees) who e	ach rec	eived n	nore
	than \$100				If there is none, enter							
		(a) N	ame and title of e	ach employee			age hours	(C) Reportable compensation (Forms	(d) Health benefit contributions to		e) Estim	
				1701	-F-	•	devoted to sition	W-2/1099-MISC)	employee benef plans, and deferr	· . I	ount of	
				NOI	<u>ve</u>	- PO.	3111011	↓	compensation			
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f	Total num	hor of other a	mployees paid ov	or \$100 000		<u> </u>			<u> </u>			
51					ompensated independ	lent contractors	who each rece	wed more than \$100 (100 of compens	ation fr	om the	
, ,			none, enter "None			ieni comi actors	WIIO GACII IGCG	ived more man proo,	סוושקוווטט טו טטטט	20011 11	OIII LIIG	
	_		ness <u>address</u> of e				(h) Type of service	(c)	Como	ensatio	n
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đ	Total num	ber of other in	ndependent contra	actors each re	ceiving over \$100,000)		>				
52	Did the or	ganization cor	nplete Schedule A	A? Note: All se	ection 501(c)(3) organ	nzations must at	tach a					
	completed	Schedule A								Хγ	es 🗌	No
Jnde	r penalties	of perjury, I d	eclare that I have	examined this	s return, including acc	ompanying sche	dules and state	ements, and to the be	st of my knowle	ige and	belief,	ıt ıs
гие,	correct, ar	id complete. D	eclaration of pren	parer (other the	an officer) is based on	ı all information i	of which prepa	irer has any knowledg	e	/- /		
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viay 1	ine IKS dis	cuss this retu	rn with the prepa	rer snown abo	ve? See instructions					XΥ		No
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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Name of the organization **Employer identification number** VISITING NURSE & HOSPICE HOME FOUNDATION 46-4705612 Reason for Public Charity Status (All organizations must complete this part) See instructions. Part I The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (IV) is the organization (ii) EIN (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes VISITING NURSE AND HOSPICE HOME, INC 35-1687026

Schedule A (Form 990 or 990-EZ) 2015 VISITING NURSE & HOSPICE HOME FOUNDATION 46-4705612 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not	h	1	1	1	,	
	ınclude any "unusual grants ")			 			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	L		Í _			ı
3	The value of services or facilities						
	furnished by a governmental unit to			ļ			
	the organization without charge			[
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a	<u> </u>	\	ļ	}		1
	governmental unit or publicly	,	(ļ	l		1
	supported organization) included				l		
	on line 1 that exceeds 2% of the	!			İ		ı
	amount shown on line 11,]	ì		ı
	column (f)				ł		1
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on	•			ļ	!	ı
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the		'		1		
	business is regularly carried on	<u></u>	<u> </u>				
10	Other income Do not include gain						
	or loss from the sale of capital				ļ		
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
_	organization, check this box and stor	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2015 (I	ine 6, column (f) div	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2014					15	%
16a	33 1/3% support test - 2015. If the c	•		n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies		•	•	-		. ▶∟_
b	33 1/3% support test - 2014. If the c	_			line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		• • •				▶∟⊥
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac				•	rt VI how the organ	ization
-	meets the "facts-and-circumstances"	-			•		. •
b	10% -facts-and-circumstances test						
	more, and if the organization meets the				•		·
40	organization meets the "facts-and-circ				• • • •		
18	Private foundation. If the organization	n did not check a t	DOX ON HINE 13, 168	a, 100, 1/a, or 1/b		nd see instructions edule A (Form 990	
					ocne.	LUIS A ILUIIII SSU	UI DOU-EALZUID

Schedule A (Form 990 or 990 EZ) 2015 VISITING NURSE & HOSPICE HOME FOUNDATION 46-4705612 Page 3 Part III Support Schedule for Organizations Described in Section 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

54	qualify under the tests listed beation A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(6) 2012	(d) 2014	(6) 2015	(f) Total
		[4] 2011	10) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants.")						
_	·		+		-		
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose		 		 	-	
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513		1	1			
	* •		-		 	 	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf			 	-		
5	The value of services or facilities	:					
	furnished by a governmental unit to						
_	the organization without charge		 		 	+	
_	Total. Add lines 1 through 5		 			 	
7 a	Amounts included on lines 1, 2, and		İ		İ		
L	3 received from disqualified persons Amounts included on lines 2 and 3 received	<u></u>	 	 	 	 	<u> </u>
E	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the				1		
_	amount on line 13 for the year	 -	<u>-</u>		 		-
_	Add lines 7a and 7b		 -				
	Public support. (Subtract line 7c from line 6) ction B. Total Support		<u> </u>	<u> </u>	1		<u>. </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest,				_		
	dividends, payments received on securities loans, rents, royalties				Ì	1	
	and income from similar sources					1	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses				ļ		
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business				_		
	activities not included in line 10b, whether or not the business is						
	regularly carried on				1	1	
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI)		<u> </u>		<u> </u>	<u> </u>	
13	Total support. (Add lines 9, 10c, 11, and 12)						_
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ition,
	check this box and stop here			· ,	•	ν ν-κ-γ σ	▶□
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2015 (li	ne 8, column (f) d	ivided by line 13, c	olumn (f))		15	%
16_	Public support percentage from 2014	Schedule A, Part	III, line 15	.,,		16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	15 (line 10c, colu	mn (f) divided by lir	e 13, column (f))		17	%
18	Investment income percentage from 2	•	•			18	%
19a	33 1/3% support tests - 2015. 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 an						ightharpoons
b	33 1/3% support tests - 2014. If the	organization did	not check a box on	line 14 or line 19a	ı, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, chec	ck this box and	stop here. The orga	anization qualifies	as a publicly supp	orted organization	ightharpoons
	Private foundation If the organization				-	-	. =

Schedule A (Form 990 or 990-EZ) 2015 VISITING NURSE & HOSPICE HOME FOUNDATION 46-4705612 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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2		X
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<u>9a</u>		X
OF	 	
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10a		X
<u> </u>	L	
10b		

1 Has the organization accepted a gift or contribution from any of the following persons? 2 A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below. The governing body of a supported organization? 1			dule A (Form 990 or 990-EZ) 2015 VISITING NURSE & HOSPICE HOME FOUNDATION 46-47	<u>U561</u>	2 Pa	<u>age 5</u>
11 has the organization accepted a gift or contribution from any of the following personn? A person who directly or include; with a clinic and some or together with persons described in (ii) and (c) below, the govering body of a supported organization? A family immether of a person described in (iii) of (iii) above? A 39% controlled entity of a person described in (iii) of (iii) above? A 39% controlled entity of a person described in (iii) of (iii) above? A 39% controlled entity of a person described in (iii) of (iii) above? I but the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization (iii) entitled and organization and what conditions or restributions, if any, applied to such powers during degrated organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restributions, if any, applied to such powers during that year. 2 but the organization operate for the benefit of any supported organization other than the supported organization of the traps or the proposes of the supported organization of their than the supported organization of the directors or trustees of the supported organization of the front organization of the organization of the proposes of the supporting Organizations. Section C. Type II Supporting Organizations I Were a majority of the organization directors or trustees during the tax year as a majority of the directors or trustees during the tax year as a support and organizations are all the supporting Organizations. I were a majority of the organization directors or trustees during the tax year as a support organization organization organization organization organization organization organization organization organization organization organization organization organiz	Ľ	aı	TIV Supporting Organizations (continued)			
a Aperson who directly controls, either alone or together with persons described in (b) and (c) bolow, the governing body of a supported organization? b A family mamber of a person described in (b) above? c. A 35% controlled entity of a gestion described in (b) at (b) above? c. A 35% controlled entity of a gestion described in (b) at (b) above? b A family mamber of a person described in (b) at (b) above? c. A 35% controlled entity of a gestion described in (b) at (b) above? b Yes' to a. b. or c. provide detail in Fart VI. 10 b the directors, trustess, or membranhy of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directly organizations and under the complete organization (b) effectively operated, supervised, or controlled the organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 b Ot the organization operate for the benefit of any supported organization? controlled the organization specifications or restrictions, if any, applied to such powers during the tax year. 1 b Ot the organization operate for the benefit of any supported organization? controlled the providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI in very ording such benefit carried out the purposes of the supported organizations (b) that operated, supervised, or controlled the supported organizations. 2 X Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustess during the tax year also a majority of the directors or trustess of each of the organization's supported organization(b)? If "No," describe in Part VI how control or management of the supported organization's provided controlled the supported organization's provided controlled to the organization's directors or trustess during the tax year and the controlled organization was also provided organization was not to a supported organization was not to the o		_			Yes	No
below, the governing body of a supported organization? b A family member of a person described in (a) above? c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or. provide detail in Part VI. 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's direction or trustees at all times during the tax yeal? If "Tho," describe in Part VI how the supported organizations) effectively operated, supervised, or controlled the organization scribes are all times during the case of the organization and organization and organization and organization and provided organization and provided organization describe how the powers to appoint and/or remove directors or trustees were eflocated among the supported organizations and what controlled to supported organization from the trust the supported organization and what controlled the supported organization from the trustees and the controlled that operated. 2 Did the organization operate for the benefit of any supported organization their than the supported organization of the proposes of the supported organization (and it is apported organization). Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees does not the organization's directors or trustees does not the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees the supported organization's tax year, (i) a written notice describing the tryes and amount of supported organization's tax year, (i) a written notice describing the tryes and amount of supported organization's and the organization's are year. (I) a copy of the Form 950 that was most recently filed as of the date	1					
b A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? It 'Yes' to a, b, or c, provide detail in Part Vi. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have this power to requirity appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No', describe in Part V in ow the supported organizations) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were elicoted among the supported organization, describe how the powers to appoint and/or remove directors or trustees were elicoted among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operated, supervised, or controlled the supporting organization of the thirt the supported organization of the thirt the supported organization of the properated, supervised, or controlled the supporting organization. The supported organization of the properated organization of the properated organization of the supported organization. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supporting organization. 1 Did the organization is provided to each of its supported organizations is that controlled or managed this supporting organization was vested in the same persons that controlled or managed this supported organization. The vest of the organization is governing documents in effect of the date of notification, and (ip) copies of the organization's all provided organizations is supported organization's and provided organization's supported organization's supported organization's involvement, one or more of the organizati		а				
c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Pert VI. Section B. Type I Supporting Organizations 1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax year? If "No," describe in Pert VI how the supported organization (s) effectively operated, supervised, or controlled the organization activities activities of the organization and what conditions or restrictions, if any, applied to such power adult organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2. Did the organization operate for the benefit of any supported organization of the than the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2. Part VI how providing such benefit certified but the purposes of the supported organization(s) that operated, supervised, or controlled the supported organizations. 2. Ves. No. 1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or inside the supported organization or management of the supporting organization was vested in the same persons that controlled or managed the supported organization's tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's activities of the organization's activities of the restriction of the restriction of the restriction of the restriction of the restriction of the restriction of the restriction of the restriction of the organization and properties organization as supported organiz						
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		-		32		
		b		<u> </u>		
		_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990 or 990-EZ) 2015 VISITING NURSE & HOSPIC	E HON	ME FOUNDATION 4	6-4705612 Page 6			
, Fa	Type in North another and the grated costa/(c) supporting						
` 1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 See instructions. All						
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E	T 2 T.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
_5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
_ 7	Other expenses (see instructions)	7					
_8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year)						
a	Average monthly value of securities	1a					
<u>b</u>	Average monthly cash balances	1b	<u> </u>				
c	Fair market value of other non-exempt-use assets	1c					
<u>d</u>	Total (add lines 1a, 1b, and 1c)	<u>1</u> d					
е	Discount claimed for blockage or other						
	factors (explain in detail in Part VI)						
_2	Acquisition indebtedness applicable to non-exempt-use assets	2	<u>, , , , , , , , , , , , , , , , , , , </u>				
3	Subtract line 2 from line 1d	3		<u></u>			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,						
	see instructions)	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to]					
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionally	y-integrat	ted Type III supporting organ	nization (see			
	instructions)						

Sched Par	tule A (Form 990 or 990 EZ) 2015 VISITING NURS) V Type III Non-Functionally Integrated 509(6-4705612 Page 7
		aj(s) Supporting Orga	nizations (continued)	Current Vees
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exer		-	
	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
	Amounts paid to acquire exempt-use assets			
	Qualified set aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions.			
	Total annual distributions. Add lines 1 through 6.			
_	Distributions to attentive supported organizations to which the	ie organization is responsive		
	(provide details in Part VI) See instructions			
	Distributable amount for 2015 from Section C, line 6			***
10	Line 8 amount divided by Line 9 amount	<i>m</i>	4113	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015.			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
д	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4.			<u></u>
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			. <u> </u>
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	,		
	instructions)		<u></u>	
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c			_
8	Breakdown of line 7.			
a				
b				
	Excess from 2013			
d	Excess from 2014			

e Excess from 2015

Schedule A	(Form 990 or 990 EZ) 2015 VIBILING NORSE & HOSPICE HOME FOUNDATION 46-4705612 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information
	(See instructions.)
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SCHEDULE O

. (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

OMB No 1545-0047 Open to Public Inspection

Name of the organization Employer identification number 46-4705612 VISITING NURSE & HOSPICE HOME FOUNDATION PART III, PRIMARY EXEMPT PURPOSE - THE EXEMPT PURPOSE OF VISITING NURSE AND HOSPICE HOME FOUNDATION IS TO PROVIDE SUPPORT FOR VISITING NURSE AND HOSPICE HOME, INC. FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: VISITING NURSE AND HOSPICE HOME FOUNDATION ENSURES THE MISSION OF VISITING NURSE AND HOSPICE HOME INC. TO PROVIDE COMPASSIONATE CARE TO ALLEVIATE SUFFERING AND ENSURE QUALITY OF LIFE FOR THOSE AFFECTED BY SERIOUS ILLNESS. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.