

**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)

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 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 VISITING NURSE & COMMUNITY HEALTH, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 37 BROADWAY City or town, state or country, and ZIP + 4 ARLINGTON, MA 02474 <b>F</b> Name and address of principal officer: CHRISTINE DIXON SAME AS C ABOVE	<b>D</b> Employer identification number 04-2560713 <b>E</b> Telephone number 781-643-6090 <b>G</b> Gross receipts \$ 5,984,074. <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: WWW.THEVISITINGNURSES.COM		
<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: 1898 <b>M</b> State of legal domicile: MA

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: WE ARE COMMITTED TO PROVIDING THE HIGHEST QUALITY, COMPASSIONATE HOME CARE TO THE PATIENTS		
<b>Activities &amp; Governance</b>	<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)	3	11
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	106
	<b>6</b>	Total number of volunteers (estimate if necessary)	6	7
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	103,858.	38,600.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	5,237,858.	5,798,083.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,950.	107,896.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,102.	24,251.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,392,768.	5,968,830.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,370,823.	4,526,376.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25)	0.	
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,061,282.	1,177,485.
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,432,105.	5,703,861.
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-39,337.	264,969.
	<b>20</b>	Total assets (Part X, line 16)	2,126,499.	2,275,210.
	<b>21</b>	Total liabilities (Part X, line 26)	958,494.	842,236.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	1,168,005.	1,432,974.

**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 CHRISTINE DIXON, CEO Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DIMITRIOS PANACOPOULOS, CPA	Preparer's signature 
	Firm's name ▶ BRAD BORBRIDGE, PA	Date 11/1/11
	Firm's address ▶ 197 LOUDON ROAD STE 350 CONCORD, NH 03301	Check if self-employed <input type="checkbox"/> PTIN
		Firm's EIN ▶ Phone no. 603-224-0849

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

**1** Briefly describe the organization's mission:  
WE ARE COMMITTED TO PROVIDING THE HIGHEST QUALITY, COMPASSIONATE HOME  
CARE TO THE PATIENTS ENTRUSTED TO US. WE ARE ALSO STEADFAST IN OUR  
PLEDGE TO BE A RESPONSIVE AND INNOVATIVE ADVOCATE FOR THE COMMUNITIES  
WE SERVE, FOCUSING ON HEALTH CARE, IMMUNIZATION, EDUCATION, AND

**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 exempt purpose achievements for each of the organization's three largest program services 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 \$ 4,736,452. including grants of \$ \_\_\_\_\_) (Revenue \$ 5,798,083. )  
THE ORGANIZATION PROVIDES HOME CARE AND SUPPORTIVE SERVICES TO  
INDIVIDUALS IN THEIR HOMES IN ARLINGTON, MA AND SURROUNDING  
COMMUNITIES.

**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 ▶ 4,736,452.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with columns: Question (1a-9), Yes, No. Includes questions about governing members, family relationships, management delegation, and asset diversions.

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

Table with columns: Question (10a-16b), Yes, No. Includes questions about local chapters, conflict of interest policies, whistleblower policies, and document retention.

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CHRISTINE DIXON, CEO - 781-643-6090, 37 BROADWAY, ARLINGTON, MA 02474

**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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
ANNE STUART HOFFMAN PRESIDENT		X					0.	0.	0.	
JEAN DETHOMAS MEMBER		X					0.	0.	0.	
EVELYN SMITH DEMILLE MEMBER		X					0.	0.	0.	
ROBERT MORONG VICE PRESIDENT		X					0.	0.	0.	
JOHN BERKOBEN, MD MEMBER		X					0.	0.	0.	
RONALD DARDENO, ESQUIRE TREASURER		X					0.	0.	0.	
RUTH YOUNG MEMBER		X					0.	0.	0.	
WILLIAM FLYNN, MD. MEMBER		X					0.	0.	0.	
JEAN DUFFY CLERK		X					0.	0.	0.	
KEVIN MCGANN MEMBER		X					0.	0.	0.	
JOCELYN FREDERICK MEMBER		X					0.	0.	0.	
CHRISTINE DIXON CEO	37,50			X			122,571.	0.	17,350.	
JOHANNA CHILINGIRIAN DIR OF FINANCE	37,50			X			98,894.	0.	2,854.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
<b>1b Sub-total</b> .....							221,465.	0.	20,204.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> <input type="text"/>							221,465.	0.	20,204.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE

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

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



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns ..... 1a	801.				
	b	Membership dues ..... 1b					
	c	Fundraising events ..... 1c					
	d	Related organizations ..... 1d					
	e	Government grants (contributions) ..... 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ..... 1f	37,799.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total.</b> Add lines 1a-1f		38,600.			
Program Service Revenue	2 a	HOME CARE ..... Business Code	621610	5,798,083.	5,798,083.		
	b	.....					
	c	.....					
	d	.....					
	e	.....					
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		5,798,083.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		14,161.		14,161.	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		Less: cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)			93,735.		93,735.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		Less: direct expenses	b				
		Net income or (loss) from fundraising events			24,251.		24,251.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	.....						
	b	.....					
	c	.....					
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d					
12	<b>Total revenue.</b> See instructions.		5,968,830.	5,798,083.	0.	132,147.	

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).

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Office expenses, and Total functional expenses.

**Part X Balance Sheet**

			(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b>	Savings and temporary cash investments .....	570,474.	<b>2</b>	578,388.	
	<b>3</b>	Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b>	Accounts receivable, net .....	812,518.	<b>4</b>	830,076.	
	<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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<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 .....	58,230.	<b>9</b>	77,203.	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 810,271.			
	<b>b</b>	Less: accumulated depreciation .....	10b 629,595.	187,573.	<b>10c</b>	180,676.
	<b>11</b>	Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b>	Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b>	Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b>	Intangible assets .....		<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 .....	497,704.	<b>15</b>	608,867.	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2,126,499.	<b>16</b>	2,275,210.		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses .....	544,223.	<b>17</b>	554,903.	
	<b>18</b>	Grants payable .....		<b>18</b>		
	<b>19</b>	Deferred revenue .....	346,533.	<b>19</b>	266,333.	
	<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 .....	46,738.	<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b>	Other liabilities. Complete Part X of Schedule D .....	21,000.	<b>25</b>	21,000.	
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	958,494.	<b>26</b>	842,236.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets .....	1,168,005.	<b>27</b>	1,432,974.	
	<b>28</b>	Temporarily restricted net assets .....		<b>28</b>		
	<b>29</b>	Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b>	<b>Total net assets or fund balances</b> .....	1,168,005.	<b>33</b>	1,432,974.		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2,126,499.	<b>34</b>	2,275,210.		

**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>	5,968,830.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,703,861.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	264,969.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,168,005.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	0.
<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>	1,432,974.

**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?		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<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 checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate 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?		X
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
**(Form 990 or 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. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

<b>Name of the organization</b> VISITING NURSE & COMMUNITY HEALTH, INC.	<b>Employer identification number</b> 04-2560713
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**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 described in **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?
 

	Yes	No
(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 supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		<input type="checkbox"/>

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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received...; 2 Gross receipts from admissions, merchandise sold or services performed...; 3 Gross receipts from activities that are not an unrelated trade or business under section 513...; 4 Tax revenues levied for the organization's benefit...; 5 The value of services or facilities furnished by a governmental unit...; 6 Total. Add lines 1 through 5...; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons...; 7b Amounts included on lines 2 and 3 received from other than disqualified persons...; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 9 Amounts from line 6...; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources...; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975...; 11 Net income from unrelated business activities not included in line 10b...; 12 Other income. Do not include gain or loss from the sale of capital assets...; 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, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2010... 99.82%. Row 16: Public support percentage from 2009 Schedule A, Part III, line 15... 99.86%

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2010... .18%. Row 18: Investment income percentage from 2009 Schedule A, Part III, line 17... .14%

19a 33 1/3% support tests - 2010. 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 [X]

b 33 1/3% support tests - 2009. 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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

VISITING NURSE & COMMUNITY HEALTH, INC.

Employer identification number

04-2560713

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 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2.



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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?

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?
b If "Yes," explain the arrangement in Part XIV and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the year end balance held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ASSETS LIMITED AS TO USE	608,867.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	608,867.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO THRID PARTY PAYORS	21,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	21,000.

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,968,830.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,703,861.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	264,969.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	264,969.

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

1	Total revenue, gains, and other support per audited financial statements	1	5,968,830.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,968,830.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,968,830.

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

1	Total expenses and losses per audited financial statements	1	5,703,861.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,703,861.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,703,861.

**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, line 2; 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.

PART X, LINE 2: INCOME TAXES

THE FOUNDATION AND VNCH ARE PUBLIC CHARITIES UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE. AS PUBLIC CHARITIES, THE FOUNDATION AND VNCH

ARE EXEMPT FROM STATE AND FEDERAL INCOME TAXES ON INCOME EARNED IN

ACCORDANCE WITH ITS TAX EXEMPT PURPOSE. UNRELATED BUSINESS INCOME IS

SUBJECT TO STATE AND FEDERAL INCOME TAX. MANAGEMENT HAS EVALUATED THE

FOUNDATION AND VNCH'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION AND

**Part XIV** Supplemental Information *(continued)*

VNCH HAS NO UNRELATED BUSINESS INCOME OR UNCERTAIN TAX POSITIONS THAT  
REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

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

Open To Public
Inspection

Name of the organization: VISITING NURSE & COMMUNITY HEALTH, INC.
Employer identification number: 04-2560713

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not
required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be
compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration
or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		POT OF GOLD	THEATER NIGHT	NONE		
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))	
Revenue	<b>1</b> Gross receipts	25,787.	13,708.		39,495.	
	<b>2</b> Less: Charitable contributions					
	<b>3</b> Gross income (line 1 minus line 2) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	25,787.	13,708.		39,495.	
Direct Expenses	<b>4</b> Cash prizes	8,000.			8,000.	
	<b>5</b> Noncash prizes					
	<b>6</b> Rent/facility costs		3,900.		3,900.	
	<b>7</b> Food and beverages					
	<b>8</b> Entertainment					
	<b>9</b> Other direct expenses	1,817.	1,277.		3,094.	
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d)				( 14,994 )	
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					24,501.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add col. (a) through col. (c))
<b>1</b>	Gross revenue <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Direct Expenses	<b>2</b> Cash prizes				
	<b>3</b> Noncash prizes				
	<b>4</b> Rent/facility costs				
	<b>5</b> Other direct expenses <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
	<b>6</b> Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b>	Direct expense summary. Add lines 2 through 5 in column (d)				( _____ )
<b>8</b>	Net gaming income summary. Combine line 1, column d, and line 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a**
- Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- 
- Yes
- 
- No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.**c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16**
- Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

 Director/officer Employee Independent contractor

- 17**
- Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**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.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization VISITING NURSE & COMMUNITY HEALTH, INC.	Employer identification number 04-2560713
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENTRUSTED TO US. WE ARE ALSO STEADFAST IN OUR PLEDGE TO BE A

RESPONSIVE AND INNOVATIVE ADVOCATE FOR THE COMMUNITIES WE SERVE,

FOCUSING ON HEALTH CARE, IMMUNIZATION, EDUCATION, AND DISEASE

PREVENTION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISEASE PREVENTION.

FORM 990, PART VI, SECTION A, LINE 6: THE VISITING NURSE AND COMMUNITY

HEALTH FOUNDATION, INC. ACTING THROUGH ITS BOARD OF DIRECTORS SHALL BE THE

SOLE MEMBER OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS SHALL ELECT AND MAY

REMOVE OR SUSPEND MEMBERS AND DIRECTORS AND SHALL HAVE SUCH OTHER POWERS AS

PROVIDED BY LAW, THE ARTICLES OF ORGANIZATION, OR THE BY-LAWS.

FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERS SHALL ELECT AND MAY

REMOVE OR SUSPEND MEMBERS

AND DIRECTORS AND SHALL HAVE SUCH OTHER POWERS AS PROVIDED BY LAW, THE

ARTICLES OF ORGANIZATION, OR THE BY-LAWS.

FORM 990, PART VI, SECTION B, LINE 11: 990 WILL BE REVIEWED BY MANAGEMENT

BEFORE IT IS FINALIZED.

FORM 990, PART VI, SECTION B, LINE 12C: POLICY IS REVIEWED ANNUALLY WITH

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

Schedule O (Form 990 or 990-EZ) (2010)



Name of the organization  
VISITING NURSE & COMMUNITY HEALTH, INC.

Employer identification number  
04-2560713

THE BOARD OF DIRECTORS. EACH MEMBER IS ASKED TO SIGN AN AFFIDAVIT  
ACKNOWLEDGING THEY HAVE READ THE POLICY, UNDERSTAND THE POLICY, AND ARE IN  
COMPLIANCE WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15: THE CEO IS REVIEWED ANNUALLY BY THE  
BOARD OF DIRECTORS. THE DIRECTOR OF FINANCE AND OTHER EMPLOYEES ARE  
REVIEWED ANNUALLY BY THE CEO.

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.

FORM 990 PART XII LINE 2C  
THERE HAS BEEN NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR.

**Related Organizations and Unrelated Partnerships**

▶ **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.**

Name of the organization: VISITING NURSE & COMMUNITY HEALTH, INC.  
Employer identification number: 04-2560713

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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" to 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 entity?	
						Yes	No
VISITING NURSE & COMMUNITY HEALTH FOUNDATION, INC - 04-3092679, 37 BROADWAY, ARLINGTON, MA 02474	SUPPORT HOME HEALTH SERVICES	MASSACHUSETTS	501 (C)(3)	509 (A)(3) TYPE 2	N/A		X

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Disproportion- ate 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	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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" to 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 of this schedule.

**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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for other organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by other organization(s) .....	<b>1e</b>	X
<b>f</b> Sale of assets to other organization(s) .....	<b>1f</b>	X
<b>g</b> Purchase of assets from other organization(s) .....	<b>1g</b>	X
<b>h</b> Exchange of assets .....	<b>1h</b>	X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....	<b>1j</b>	X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....	<b>1l</b>	X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....	<b>1m</b>	X
<b>n</b> Sharing of paid employees .....	<b>1n</b>	X
<b>o</b> Reimbursement paid to other organization for expenses .....	<b>1o</b>	X
<b>p</b> Reimbursement paid by other organization for expenses .....	<b>1p</b>	X
<b>q</b> Other transfer of cash or property to other organization(s) .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property from other organization(s) .....	<b>1r</b>	X

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of- year assets	(f) Dispropor- tionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No



2010 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
12	BUILDING	VARIABLE	SSL	.000	16	54,952.			54,952.	50,324.		3,610.
	* 990 PAGE 10 TOTAL BUILDINGS					54,952.		0.	54,952.	50,324.	0.	3,610.
	FURNITURE & FIXTURES											
11	FURNITURE & FIXTURES	VARIABLE	SSL	.000	16	755,319.			755,319.	513,059.		62,602.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					755,319.		0.	755,319.	513,059.	0.	62,602.
	* GRAND TOTAL 990 PAGE 10 DEPR					810,271.		0.	810,271.	563,383.	0.	66,212.