Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2010** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [X] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE VNA OF GREATER CINCINNATI & N. KY. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2000

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
THE VISITING NURSE ASSOCIATION

2400 READING RD. #207
CINCINNATI, OH 45202

2400 READING RD. #207
CINCINNATI, OH 45202

2b Employer Identification Number (EIN) 31-0536716

2c Sponsor's telephone number 513-345-8080

2d Business code (see instructions) 621610

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	11/18/2011	GERTRUDE SCHWAB
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE VISITING NURSE ASSOCIATION 2400 READING RD. #207 CINCINNATI, OH 45202	**3b** Administrator's EIN 31-0536716 **3c** Administrator's telephone number 513-345-8080

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		**4b** EIN
a Sponsor's name		**4c** PN

5 Total number of participants at the beginning of the plan year	**5**	148
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a Active participants	**6a**	102
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	32
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	134
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f Total. Add lines **6d** and **6e**	**6f**	135
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	114
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D 3F

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)			**9b** Plan benefit arrangement (check all that apply)		
(1)	☐	Insurance	**(1)**	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts	**(2)**	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust	**(3)**	☒	Trust
(4)	☐	General assets of the sponsor	**(4)**	☐	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules			**b General Schedules**		
(1)	☒	**R** (Retirement Plan Information)	**(1)**	☒	**H** (Financial Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)**	☐	**I** (Financial Information – Small Plan)
			(3)	☐	___ **A** (Insurance Information)
			(4)	☒	**C** (Service Provider Information)
(3)	☐	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(5)**	☒	**D** (DFE/Participating Plan Information)
			(6)	☐	**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2010
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
THE VNA OF GREATER CINCINNATI & N. KY. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE VISITING NURSE ASSOCIATION

D Employer Identification Number (EIN)
31-0536716

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FID INV INST OPS CO

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FID INV INST OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65	RECORDKEEPER	950	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
THE VNA OF GREATER CINCINNATI & N. KY. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE VISITING NURSE ASSOCIATION

D Employer Identification Number (EIN)
31-0536716

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FID MGD INC PORT

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-024	C	368681

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
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b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
THE VNA OF GREATER CINCINNATI & N. KY. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE VISITING NURSE ASSOCIATION

D Employer Identification Number (EIN)
31-0536716

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1172	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	34349	40754
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	94787	78113
(9) Value of interest in common/collective trusts	1c(9)	342260	368681
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1722398	2027249
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2194966	2514797
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2194966	2514797

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	247628	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		247628
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	5936	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5943
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	48867	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		48867
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		14021
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		187622
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		504081

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	183284	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		183284
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	966	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		966
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		184250

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		319831
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: VONLEHMAN **(2)** EIN: 31-0905417

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

			Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e		X	
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
THE VNA OF GREATER CINCINNATI & N. KY. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE VISITING NURSE ASSOCIATION

D Employer Identification Number (EIN)
31-0536716

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107 _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

THE VISITING NURSE ASSOCIATION OF GREATER CINCINNATI AND NORTHERN KENTUCKY RETIREMENT PLAN

December 31, 2010

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

VonLehman
CPA & ADVISORY FIRM

VonLehman & Company Inc. vlcpa.com
4755 Lake Forest Drive, Suite 100 Cincinnati, OH 45242-3836 513.891.5911 F 513.891.5969
250 Grandview Drive, Suite 300 Fort Mitchell, KY 41017-5610 859.331.3300 F 859.331.4358

THE VISITING NURSE ASSOCIATION OF GREATER CINCINNATI AND NORTHERN KENTUCKY RETIREMENT PLAN

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VonLehman
CPA & ADVISORY FIRM

INDEPENDENT AUDITORS' REPORT

To the Committee Members
The Visiting Nurse Association of Greater
Cincinnati and Northern Kentucky Retirement Plan
Cincinnati, Ohio

We were engaged to audit the accompanying statements of net assets available for benefits of The Visiting Nurse Association of Greater Cincinnati and Northern Kentucky Retirement Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the Plan years then ended, and the supplemental schedules as of and for the years ended December 31, 2010 and 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in the Investments note, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009 that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, are presented in compliance with the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

VonLehman & Company Inc.

Cincinnati, Ohio
August 29, 2011

VonLehman & Company Inc. vlcpa.com
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THE VISITING NURSE ASSOCIATION OF GREATER
CINCINNATI AND NORTHERN KENTUCKY
RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS

	December 31, 2010	December 31, 2009
Investments at Fair Value		
Collective Investment Funds	$ -	$ 348,624
Mutual Funds	2,433,687	1,756,746
Total Investments at Fair Value	2,433,687	2,105,370
Notes Receivable - Participants	78,113	94,787
Total Assets	2,511,800	2,200,157
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts	-	1,172
Net Assets Available for Benefits	$ 2,511,800	$ 2,201,329

See accompanying notes.

THE VISITING NURSE ASSOCIATION OF GREATER
CINCINNATI AND NORTHERN KENTUCKY
RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended December 31,	
	2010	2009
Additions to Net Assets Attributed To		
Investment Income		
Interest and Dividends	$ 59,469	$ 59,191
Net Realized Gain on Sale of Investments	3,577	14,705
Net Appreciation in Fair Value of Investments	184,048	319,057
Total Additions to Net Assets Attributed to Investment Income	247,094	392,953
Contributions		
Employee	247,628	268,522
Employer	-	8,960
Total Contributions	247,628	277,482
Total Additions	494,722	670,435
Deductions from Net Assets Attributed To		
Administration Fees	967	808
Benefits Paid to Participants	183,284	260,835
Total Deductions from Net Assets	184,251	261,643
Net Change	310,471	408,792
Net Assets Available for Benefits Beginning of Plan Year	2,201,329	1,792,537
End of Plan Year	$ 2,511,800	$ 2,201,329

See accompanying notes.

THE VISITING NURSE ASSOCIATION OF GREATER CINCINNATI AND NORTHERN KENTUCKY RETIREMENT PLAN NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Retirement Plan (the Plan) for the employees of The Visiting Nurse Association of Greater Cincinnati and Northern Kentucky (the Organization) is provided for general information purposes only. Participants should refer to the Plan agreement and the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan includes a salary reduction plan also called a "401(k) Plan". Under this type of plan, participants may choose to reduce their compensation and have these amounts contributed to their account. The Plan's investments are held by a management-administered trust fund.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 90% of pre-tax annual compensation after three months of eligible service, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Organization has a discretionary employer contribution match provision (up to a 3% maximum of eligible salary) which is subject to the participant attaining 21 years of age, one year of eligible service, and making elective salary deferral contributions. The match was suspended on March 31, 2009.

Self-Directed Accounts

Participants direct 100% of the investment of their contributions and the employer's contributions into various investment options offered by the Plan. The Plan currently offers 26 mutual funds and one money market fund as investment options for participants.

Participants' Accounts

Each 401(k) Plan participant's account is credited with (a) employee elective 401(k) deferrals and (b) Plan earnings. Each profit sharing Plan participant's account is credited with (a) the Organization's contribution and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their 401(k) elective deferrals and any rollover contributions, plus actual earnings thereon. Vesting in the Organization's profit sharing contribution account is based on years of service as defined in the Plan. Vesting begins upon the completion of the second year of service and a participant is 100% vested after five years of credited service for profit sharing contributions and non-elective employer contributions.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Notes Receivable - Participants

Notes receivable - participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are reclassified as distributions based upon the terms of the Plan document. Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loans fund. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates, which range from 5% to 10.5%. Principal and interest is paid ratably through payroll deductions over a period not to exceed five years, with the exception of loans for the purpose of purchasing a principal residence of a participant, which shall be for a term not to exceed ten years.

Net Assets Available for Benefits

Net assets available for benefits at both December 31, 2010 and 2009 include no funds allocated to the accounts of persons who, prior to those dates, had withdrawn from participating in the earnings and operations of the Plan.

Forfeitures

Forfeitures are used to help offset the employer's matching contributions (see Forfeitures note).

Administrative Expenses

Administrative expenses, incurred by the Plan for audit fees, are paid by the Plan's sponsor.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant or legal representative may elect to receive either a lump-sum amount equal to the value of the participant's interest in his or her account, or receive installment payments. Installment payments must be at least the annual minimum required under the Internal Revenue Code Section 401(a)(9). Benefits are recorded when paid.

Income Taxes

The Plan is a prototype plan issued by Fidelity Management Trust Company. The prototype plan has received a favorable determination letter from the Internal Revenue Service. The Plan obtained its latest determination letter in November, 2001 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Organization has adopted the provisions of the accounting pronouncement related to accounting for uncertainty in income taxes. The Organization recognized no interest or penalties in the statements of changes in net assets available for benefits for both the years ended December 31, 2010 and 2009. If the situation arose in which the Organization would have interest to recognize, it would recognize this as interest expense and penalties would be recognized in other expenses. Tax years still open under federal and state statute of limitations remain subject to review and change.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Based on the evaluation of the Organization's tax positions, management believes all positions taken would be upheld under an examination. Therefore, no provision for the effects of uncertain tax positions has been recorded for both the years ended December 31, 2010 and 2009.

Plan Termination

Although it has not expressed any intent to do so, the Organization has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Reclassifications

Certain amounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

In accordance with U.S. generally accepted accounting principles (GAAP) and, more specifically, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans*, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by U.S. GAAP, the Statements of Net Assets Available for Benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statements of Changes in Net Assets Available for Benefits are prepared on a contract value basis.

Use of Estimates

The process of preparing financial statements in conformity with U.S. GAAP requires the use of estimates and assumptions regarding certain types of assets, liabilities, revenues, and expenses. Certain estimates relate to unsettled transactions and events as of the date of the financial statements. Other estimates relate to assumptions about the ongoing operations and may impact future periods. Accordingly, upon settlement, actual results may differ from estimated amounts.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. If available, quoted market prices at the last reported sale price on the last business day of the Plan year are used to value investments. Purchases or sales of investments are recorded on a trade-date basis. Dividend, interest, and capital gain income are recorded as declared or earned.

NOTE 3 - LIMITED SCOPE AUDIT

At both December 31, 2010 and 2009, Fidelity Management Trust Company, the Plan's trustee, holds all of the Plan's assets and is subject to periodic examination by regulatory agencies. The audits did not cover any information on Plan assets or related transactions involving the trustee, Fidelity Management Trust Company. Instead, Fidelity Management Trust Company has prepared and certified a statement as to the complete and accurate information concerning Plan assets and the related transactions.

NOTE 4 - INVESTMENTS

The following table presents the fair value of investments. Investments representing 5% or more of the Plan's assets are separately identified.

	December 31,	
	2010	2009
Collective Investment Funds		
Investments Representing Five Percent or More of the Plan's Net Assets		
The Blended Fund	$ -	$ 348,624
Mutual Funds		
Investments Representing Five Percent or More of the Plan's Net Assets:		
Fidelity Freedom 2010	392,341	333,657
Fidelity Freedom 2015	311,858	252,389
Fidelity Freedom 2020	218,195	173,215
Fidelity Freedom 2025	127,157	150,522
Fidelity Freedom 2030	317,291	241,121
Fidelity Freedom 2035	152,938	127,829
Fidelity Managed Income Portfolio	365,683	-
Investments Representing Less than Five Percent of the Plan's Net Assets	548,224	478,013
	$2,433,687	$2,105,370

The net appreciation in fair value of investments was as follows:

Mutual Funds	$ 184,048	$ 319,057

NOTE 5 - FORFEITURES

The Organization did not utilize any forfeitures to help offset the employer's matching contributions for either the years ended December 31, 2010 or 2009.

NOTE 6 - RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 7 - RELATED PARTY TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $15,000 and $9,800 for the years ended December 31, 2010 and 2009, respectively.

NOTE 8 - FAIR VALUE MEASUREMENTS

U.S. GAAP, under *Fair Value Measurements,* establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under U.S. GAAP are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for the identical assets or liabilities in active markets that the Plan has the ability to access.
Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets.

Level 2

- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

NOTE 8 - FAIR VALUE MEASUREMENTS (Continued)

The following is a description of the valuation methodologies used for the assets measured at fair value. There have been no changes in the methodologies used at both December 31, 2010 and 2009.

Common stocks, corporate bonds, and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of the following:

Assets at fair value as of December 31, 2010:

	Level 1	Level 3	Total
Mutual Funds			
Blended	$ 166,301	$ -	$ 166,301
Value	69,222	-	69,222
Bond	88,229	-	88,229
Growth	56,757	-	56,757
Target Retirement	2,053,178	-	2,053,178
Total Mutual Funds	2,433,687	-	2,433,687
Investment Contract	-	-	-
Total Assets at Fair Value	$2,433,687	$ -	$2,433,687

Assets at fair value as of December 31, 2009:

	Level 1	Level 3	Total
Mutual Funds			
Blended	$ 122,982	$ -	$ 122,982
Value	97,781	-	97,781
Bond	70,701	-	70,701
Growth	47,436	-	47,436
Target Retirement	1,417,846	-	1,417,846
Total Mutual Funds	1,756,746		1,756,746
Investment Contract	-	348,624	348,624
Total Assets at Fair Value	$1,756,746	$348,624	$2,105,370

NOTE 8 - FAIR VALUE MEASUREMENTS (Continued)

Level 3 reconciliation:

	2010	2009
Balance, Beginning of Year	$ 348,624	$ 353,005
Purchases, Sales, Issuances, and Settlements (Net)	(348,624)	(4,381)
Balance, End of Year	$ -	$ 348,624

Realized gains included in changes in net assets for benefits for both the years ended December 31, 2010 and 2009 are reported in the additions to net assets attributed to investment income on the statements of changes in net assets available for benefits.

NOTE 9 - INVESTMENT CONTRACT WITH INVESTMENT COMPANY

In 2007, the Plan entered into a fully benefit-responsive investment contract with Fidelity Management Trust Company (Fidelity). Fidelity maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Fidelity. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in the Summary of Accounting Policies note, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2010 and 2009 was $0 and $348,624, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with Fidelity. Such events include the following: (a) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

NOTE 9 - INVESTMENT CONTRACT WITH INVESTMENT COMPANY (Continued)

The guaranteed investment contract did not permit the insurance company to terminate the agreement prior to the scheduled maturity date. The contract matured in 2010.

	2010	2009
Average yields:		
Based on Actual Earnings	-	3.0%
Based on Interest Rate Credited to Participants	-	3.0%

NOTE 10 - SUBSEQUENT EVENTS

Consideration of subsequent events for inclusion and disclosure in these financial statements was made through August 29, 2011, which is the date that the financial statements were available to be issued, and would include all relevant material circumstances and events.

In July of 2011 the plan received notice of an audit by the Internal Revenue Service Tax Exempt and Government Entities Division for the plan year ended December 31, 2009. The audit field work by the agent has been completed; however, the outcome of the audit results will not be received before the extended filing for the form 5500.

SUPPLEMENTAL SCHEDULES

THE VISITING NURSE ASSOCIATION OF GREATER
CINCINNATI AND NORTHERN KENTUCKY
RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
Form 5500, Schedule H, Part IV, 4, i.
EIN: 31-0536716
Plan No. 001

Description of Investments	December 31, 2010 Par Value/ Shares	Cost	Fair Value
Mutual Funds			
(^) Fidelity Balanced	2,445	$ 40,815	$ 44,568
(^) Fidelity Cap Appreciation	1,419	30,792	35,951
(^) Fidelity Disciplined Equity	932	20,966	20,987
(^) Fidelity Freedom 2000	724	8,535	8,639
(^) Fidelity Freedom 2005	313	3,507	3,380
(^) Fidelity Freedom 2010	28,870	413,039	392,341
(^) Fidelity Freedom 2015	27,501	320,492	311,858
(^) Fidelity Freedom 2020	15,823	218,466	218,195
(^) Fidelity Freedom 2025	11,038	128,770	127,157
(^) Fidelity Freedom 2030	23,042	321,084	317,291
(^) Fidelity Freedom 2035	13,334	158,057	152,938
(^) Fidelity Freedom 2040	6,729	65,430	53,899
(^) Fidelity Freedom 2045	1,308	10,879	12,410
(^) Fidelity Freedom 2050	341	2,897	3,194
(^) Fidelity Freedom Income	633	6,661	7,138
(^) Fidelity International Discover	726	20,847	23,973
(^) Fidelity Large Cap Value	1,298	13,009	13,651
(^) Fidelity Leveraged Co Stock	1,741	38,818	49,479
(^) Fidelity Mid Cap Growth	1,672	12,608	20,806
(^) Fidelity Retirement Money Market	40,754	40,754	40,754
(^) Fidelity Small Cap Value	1,742	20,333	27,193
(^) Fidelity Total Bond	8,230	84,189	88,229
(^) Fidelity Managed Income Portfolio	365,683	365,683	365,683
(^) Fidelity Stock Small Cap	1,005	12,849	18,605
(^) Fidelity Value	628	37,707	43,161
Spartan International Index	669	24,413	23,517
Spartan 500 Index	195	7,400	8,690
Total Investments at Fair Value			$ 2,433,687

(^) Denotes party-in-interest.

THE VISITING NURSE ASSOCIATION OF GREATER
CINCINNATI AND NORTHERN KENTUCKY
RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
Form 5500, Schedule H, Part IV, 4, i.
EIN: 31-0536716
Plan No. 001

Description of Investments	December 31, 2009 Par Value/ Shares	Cost	Fair Value
Collective Investment Funds			
The Blended Fund	-	$ -	$ 348,624
Mutual Funds			
(^) Fidelity Balanced	2,645	43,146	43,276
(^) Fidelity Cap Appreciation	1,261	27,127	27,018
(^) Fidelity Disciplined Equity	809	18,373	16,998
(^) Fidelity Freedom 2000	664	7,841	7,540
(^) Fidelity Freedom 2005	362	3,965	3,636
(^) Fidelity Freedom 2010	26,671	386,584	333,657
(^) Fidelity Freedom 2015	24,222	285,117	252,389
(^) Fidelity Freedom 2020	13,802	192,873	173,215
(^) Fidelity Freedom 2025	14,487	176,467	150,522
(^) Fidelity Freedom 2030	19,461	276,252	241,121
(^) Fidelity Freedom 2035	12,459	151,615	127,829
(^) Fidelity Freedom 2040	6,506	63,632	46,584
(^) Fidelity Freedom 2045	1,204	9,958	10,196
(^) Fidelity Freedom 2050	66	556	553
(^) Fidelity Freedom Income	1,212	13,212	13,021
(^) Fidelity International Discover	816	23,342	24,776
(^) Fidelity Large Cap Value	1,892	18,902	18,431
(^) Fidelity Leveraged Co Stock	1,673	35,884	38,338
(^) Fidelity Mid Cap Growth	2,054	15,694	20,418
(^) Fidelity Retirement Money Market	34,349	34,349	34,349
(^) Fidelity Small Cap Independence	1,022	12,884	14,227
(^) Fidelity Small Cap Value	1,949	22,032	24,715
(^) Fidelity Total Bond	6,753	67,836	70,701
(^) Fidelity Value	524	31,147	29,859
Spartan International Index	695	25,130	23,233
Spartan US Equity Index	257	9,637	10,144
			1,756,746
Total Investments at Fair Value			$ 2,105,370

(^) Denotes party-in-interest.

THE VISITING NURSE ASSOCIATION OF GREATER
CINCINNATI AND NORTHERN KENTUCKY
RETIREMENT PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, 4, j.
EIN: 31-0536716
Plan No. 001

TRANSACTIONS OR SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT OF PLAN ASSETS AT BEGINNING OF PLAN YEAR:

Year Ended December 31, 2010

Description of Asset	Purchase Price	Selling Price	Cost of Asset	Expense Incurred	Current Value of Asset On Transaction Date	Net Gain (Loss)

There were no transactions or series of transactions in excess of five percent during the year ended December 31, 2010.

THE VISITING NURSE ASSOCIATION OF GREATER
CINCINNATI AND NORTHERN KENTUCKY
RETIREMENT PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, 4, j.
EIN: 31-0536716
Plan No. 001

TRANSACTIONS OR SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT OF PLAN ASSETS AT BEGINNING OF PLAN YEAR:

Year Ended December 31, 2009

Description of Asset	Purchase Price	Selling Price	Cost of Asset	Expense Incurred	Current Value of Asset On Transaction Date	Net Gain (Loss)

There were no transactions or series of transactions in excess of five percent during the year ended December 31, 2009.

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CPA & ADVISORY FIRM

65 Years of Forward Thinking

To Trustees and the Management
The Visiting Nurse Association of Greater Cincinnati
and Northern Kentucky Retirement Plan

We have conducted a Department of Labor limited-scope audit of the financial statements of The Visiting Nurse Association of Greater Cincinnati and Northern Kentucky Retirement Plan (the Plan) for the year ended December 31, 2010 and have issued our report thereon dated August 29, 2011. As permitted by 29 CR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in the Investments note in the notes to those financial statements. Because of the significance of the information that we did not audit, we are unable to, and have not, expressed an opinion on those financial statements and schedules taken as a whole. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated May 31, 2011. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by The Visiting Nurse Association of Greater Cincinnati and Northern Kentucky Retirement Plan are described in the notes to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2010. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was:

> Management's estimate of the fair value of the investments market value is based on closing prices at the close of the market at the end of the year. We evaluated the key factors and assumptions used to develop the fair value of these investments at market value in determining that the value of investments at market value is reasonable in relation to the financial statements taken as a whole.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosure affecting the financial statements was:

> The disclosure of fair value measurements in the notes to the financial statements regarding the level of inputs and valuation for disclosure of investments.

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Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditors' report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated August 29, 2011.

This information is intended solely for the use of the trustees and management of The Visiting Nurse Association of Greater Cincinnati and Northern Kentucky Retirement Plan and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

VonLehman & Company Inc.

Cincinnati, Ohio
August 29, 2011

VonLehman
CPA & ADVISORY FIRM

65 Years of Forward Thinking

To the Audit Committee and Management of
The Visiting Nurse Association of Greater
Cincinnati and Northern Kentucky Retirement Plan

In planning and performing our audit of the financial statements of The Visiting Nurse Association of Greater Cincinnati and Northern Kentucky Retirement Plan (the Plan) as of and for the year ended December 31, 2010, in accordance with U.S. generally accepted auditing standards, we considered the Plan's internal control over financial reporting (internal control) as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we do not express an opinion on the effectiveness of the Plan's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be significant deficiencies or material weaknesses and, therefore, there can be no assurance that all such deficiencies have been identified. However, as discussed below, we identified certain deficiencies in internal control that we consider to be significant deficiencies.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the plan's financial statements will not be prevented, or detected and corrected on a timely basis. We did not identify any deficiencies in internal control that we consider to be material weaknesses.

A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the following deficiencies in Plan's internal control to be significant deficiencies:

Monitor and Reconcile Payroll Withholdings to Plan Contributions

Recommendation: During our Plan audit testing, we discovered that a remittance error to the payroll service company resulted in differing amounts of employee contributions per Plan statements than what was actually withheld from those employees' wages. The error affected 15 employees in total, and was for an immaterial sum but was made possible due to a lack of internal control over the function. The withholding report submitted to Paycor should match the remittance of funds submitted to Fidelity, and prior to submittal, those reports should be compared to each other to assure that the proper amounts will be remitted.

Management Response: The VNA discovered this remittance error after year end and promptly remitted any additional contributions, as needed. In addition, the payroll system report is now agreed to the remittance report prior to the release of funds to the Plan.

This communication is intended solely for the information and use of the Plan management, board of trustees, and others within the Plan, and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

VonLehman & Company Inc.

Cincinnati, Ohio
August 29, 2011

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THE VISITING NURSE ASSOCIATION OF GREATER CINCINNATI AND NORTHERN KENTUCKY RETIREMENT PLAN

December 31, 2010

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

VonLehman
CPA & ADVISORY FIRM

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THE VISITING NURSE ASSOCIATION OF GREATER CINCINNATI AND NORTHERN KENTUCKY RETIREMENT PLAN

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INDEPENDENT AUDITORS' REPORT

To the Committee Members
The Visiting Nurse Association of Greater
Cincinnati and Northern Kentucky Retirement Plan
Cincinnati, Ohio

We were engaged to audit the accompanying statements of net assets available for benefits of The Visiting Nurse Association of Greater Cincinnati and Northern Kentucky Retirement Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the Plan years then ended, and the supplemental schedules as of and for the years ended December 31, 2010 and 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in the Investments note, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009 that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, are presented in compliance with the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

VonLehman & Company Inc.

Cincinnati, Ohio
August 29, 2011

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THE VISITING NURSE ASSOCIATION OF GREATER
CINCINNATI AND NORTHERN KENTUCKY
RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS

	December 31, 2010	December 31, 2009
Investments at Fair Value		
Collective Investment Funds	$ -	$ 348,624
Mutual Funds	2,433,687	1,756,746
Total Investments at Fair Value	2,433,687	2,105,370
Notes Receivable - Participants	78,113	94,787
Total Assets	2,511,800	2,200,157
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts	-	1,172
Net Assets Available for Benefits	$ 2,511,800	$ 2,201,329

See accompanying notes.

THE VISITING NURSE ASSOCIATION OF GREATER
CINCINNATI AND NORTHERN KENTUCKY
RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended December 31,	
	2010	2009
Additions to Net Assets Attributed To		
Investment Income		
Interest and Dividends	$ 59,469	$ 59,191
Net Realized Gain on Sale of Investments	3,577	14,705
Net Appreciation in Fair Value of Investments	184,048	319,057
Total Additions to Net Assets Attributed to Investment Income	247,094	392,953
Contributions		
Employee	247,628	268,522
Employer	-	8,960
Total Contributions	247,628	277,482
Total Additions	494,722	670,435
Deductions from Net Assets Attributed To		
Administration Fees	967	808
Benefits Paid to Participants	183,284	260,835
Total Deductions from Net Assets	184,251	261,643
Net Change	310,471	408,792
Net Assets Available for Benefits Beginning of Plan Year	2,201,329	1,792,537
End of Plan Year	$ 2,511,800	$ 2,201,329

See accompanying notes.

THE VISITING NURSE ASSOCIATION OF GREATER CINCINNATI AND NORTHERN KENTUCKY RETIREMENT PLAN NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Retirement Plan (the Plan) for the employees of The Visiting Nurse Association of Greater Cincinnati and Northern Kentucky (the Organization) is provided for general information purposes only. Participants should refer to the Plan agreement and the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan includes a salary reduction plan also called a "401(k) Plan". Under this type of plan, participants may choose to reduce their compensation and have these amounts contributed to their account. The Plan's investments are held by a management-administered trust fund.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 90% of pre-tax annual compensation after three months of eligible service, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Organization has a discretionary employer contribution match provision (up to a 3% maximum of eligible salary) which is subject to the participant attaining 21 years of age, one year of eligible service, and making elective salary deferral contributions. The match was suspended on March 31, 2009.

Self-Directed Accounts

Participants direct 100% of the investment of their contributions and the employer's contributions into various investment options offered by the Plan. The Plan currently offers 26 mutual funds and one money market fund as investment options for participants.

Participants' Accounts

Each 401(k) Plan participant's account is credited with (a) employee elective 401(k) deferrals and (b) Plan earnings. Each profit sharing Plan participant's account is credited with (a) the Organization's contribution and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their 401(k) elective deferrals and any rollover contributions, plus actual earnings thereon. Vesting in the Organization's profit sharing contribution account is based on years of service as defined in the Plan. Vesting begins upon the completion of the second year of service and a participant is 100% vested after five years of credited service for profit sharing contributions and non-elective employer contributions.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Notes Receivable - Participants

Notes receivable - participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are reclassified as distributions based upon the terms of the Plan document. Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loans fund. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates, which range from 5% to 10.5%. Principal and interest is paid ratably through payroll deductions over a period not to exceed five years, with the exception of loans for the purpose of purchasing a principal residence of a participant, which shall be for a term not to exceed ten years.

Net Assets Available for Benefits

Net assets available for benefits at both December 31, 2010 and 2009 include no funds allocated to the accounts of persons who, prior to those dates, had withdrawn from participating in the earnings and operations of the Plan.

Forfeitures

Forfeitures are used to help offset the employer's matching contributions (see Forfeitures note).

Administrative Expenses

Administrative expenses, incurred by the Plan for audit fees, are paid by the Plan's sponsor.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant or legal representative may elect to receive either a lump-sum amount equal to the value of the participant's interest in his or her account, or receive installment payments. Installment payments must be at least the annual minimum required under the Internal Revenue Code Section 401(a)(9). Benefits are recorded when paid.

Income Taxes

The Plan is a prototype plan issued by Fidelity Management Trust Company. The prototype plan has received a favorable determination letter from the Internal Revenue Service. The Plan obtained its latest determination letter in November, 2001 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Organization has adopted the provisions of the accounting pronouncement related to accounting for uncertainty in income taxes. The Organization recognized no interest or penalties in the statements of changes in net assets available for benefits for both the years ended December 31, 2010 and 2009. If the situation arose in which the Organization would have interest to recognize, it would recognize this as interest expense and penalties would be recognized in other expenses. Tax years still open under federal and state statute of limitations remain subject to review and change.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Based on the evaluation of the Organization's tax positions, management believes all positions taken would be upheld under an examination. Therefore, no provision for the effects of uncertain tax positions has been recorded for both the years ended December 31, 2010 and 2009.

Plan Termination

Although it has not expressed any intent to do so, the Organization has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Reclassifications

Certain amounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

In accordance with U.S. generally accepted accounting principles (GAAP) and, more specifically, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans*, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by U.S. GAAP, the Statements of Net Assets Available for Benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statements of Changes in Net Assets Available for Benefits are prepared on a contract value basis.

Use of Estimates

The process of preparing financial statements in conformity with U.S. GAAP requires the use of estimates and assumptions regarding certain types of assets, liabilities, revenues, and expenses. Certain estimates relate to unsettled transactions and events as of the date of the financial statements. Other estimates relate to assumptions about the ongoing operations and may impact future periods. Accordingly, upon settlement, actual results may differ from estimated amounts.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. If available, quoted market prices at the last reported sale price on the last business day of the Plan year are used to value investments. Purchases or sales of investments are recorded on a trade-date basis. Dividend, interest, and capital gain income are recorded as declared or earned.

NOTE 3 - LIMITED SCOPE AUDIT

At both December 31, 2010 and 2009, Fidelity Management Trust Company, the Plan's trustee, holds all of the Plan's assets and is subject to periodic examination by regulatory agencies. The audits did not cover any information on Plan assets or related transactions involving the trustee, Fidelity Management Trust Company. Instead, Fidelity Management Trust Company has prepared and certified a statement as to the complete and accurate information concerning Plan assets and the related transactions.

NOTE 4 - INVESTMENTS

The following table presents the fair value of investments. Investments representing 5% or more of the Plan's assets are separately identified.

	December 31,	
	2010	2009
Collective Investment Funds		
Investments Representing Five Percent or More of the Plan's Net Assets		
The Blended Fund	$ -	$ 348,624
Mutual Funds		
Investments Representing Five Percent or More of the Plan's Net Assets:		
Fidelity Freedom 2010	392,341	333,657
Fidelity Freedom 2015	311,858	252,389
Fidelity Freedom 2020	218,195	173,215
Fidelity Freedom 2025	127,157	150,522
Fidelity Freedom 2030	317,291	241,121
Fidelity Freedom 2035	152,938	127,829
Fidelity Managed Income Portfolio	365,683	-
Investments Representing Less than Five Percent of the Plan's Net Assets	548,224	478,013
	$2,433,687	$2,105,370

The net appreciation in fair value of investments was as follows:

Mutual Funds	$ 184,048	$ 319,057

NOTE 5 - FORFEITURES

The Organization did not utilize any forfeitures to help offset the employer's matching contributions for either the years ended December 31, 2010 or 2009.

NOTE 6 - RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 7 - RELATED PARTY TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $15,000 and $9,800 for the years ended December 31, 2010 and 2009, respectively.

NOTE 8 - FAIR VALUE MEASUREMENTS

U.S. GAAP, under *Fair Value Measurements,* establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under U.S. GAAP are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for the identical assets or liabilities in active markets that the Plan has the ability to access.
Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets.

Level 2

- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

NOTE 8 - FAIR VALUE MEASUREMENTS (Continued)

The following is a description of the valuation methodologies used for the assets measured at fair value. There have been no changes in the methodologies used at both December 31, 2010 and 2009.

Common stocks, corporate bonds, and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of the following:

Assets at fair value as of December 31, 2010:

	Level 1	Level 3	Total
Mutual Funds			
Blended	$ 166,301	$ -	$ 166,301
Value	69,222	-	69,222
Bond	88,229	-	88,229
Growth	56,757	-	56,757
Target Retirement	2,053,178	-	2,053,178
Total Mutual Funds	2,433,687	-	2,433,687
Investment Contract	-	-	-
Total Assets at Fair Value	$2,433,687	$ -	$2,433,687

Assets at fair value as of December 31, 2009:

	Level 1	Level 3	Total
Mutual Funds			
Blended	$ 122,982	$ -	$ 122,982
Value	97,781	-	97,781
Bond	70,701	-	70,701
Growth	47,436	-	47,436
Target Retirement	1,417,846	-	1,417,846
Total Mutual Funds	1,756,746		1,756,746
Investment Contract	-	348,624	348,624
Total Assets at Fair Value	$1,756,746	$348,624	$2,105,370

NOTE 8 - FAIR VALUE MEASUREMENTS (Continued)

Level 3 reconciliation:

	2010	2009
Balance, Beginning of Year	$ 348,624	$ 353,005
Purchases, Sales, Issuances, and Settlements (Net)	(348,624)	(4,381)
Balance, End of Year	$ -	$ 348,624

Realized gains included in changes in net assets for benefits for both the years ended December 31, 2010 and 2009 are reported in the additions to net assets attributed to investment income on the statements of changes in net assets available for benefits.

NOTE 9 - INVESTMENT CONTRACT WITH INVESTMENT COMPANY

In 2007, the Plan entered into a fully benefit-responsive investment contract with Fidelity Management Trust Company (Fidelity). Fidelity maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Fidelity. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in the Summary of Accounting Policies note, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2010 and 2009 was $0 and $348,624, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with Fidelity. Such events include the following: (a) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

NOTE 9 - INVESTMENT CONTRACT WITH INVESTMENT COMPANY (Continued)

The guaranteed investment contract did not permit the insurance company to terminate the agreement prior to the scheduled maturity date. The contract matured in 2010.

	2010	2009
Average yields:		
Based on Actual Earnings	-	3.0%
Based on Interest Rate Credited to Participants	-	3.0%

NOTE 10 - SUBSEQUENT EVENTS

Consideration of subsequent events for inclusion and disclosure in these financial statements was made through August 29, 2011, which is the date that the financial statements were available to be issued, and would include all relevant material circumstances and events.

In July of 2011 the plan received notice of an audit by the Internal Revenue Service Tax Exempt and Government Entities Division for the plan year ended December 31, 2009. The audit field work by the agent has been completed; however, the outcome of the audit results will not be received before the extended filing for the form 5500.

SUPPLEMENTAL SCHEDULES

THE VISITING NURSE ASSOCIATION OF GREATER
CINCINNATI AND NORTHERN KENTUCKY
RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
Form 5500, Schedule H, Part IV, 4, i.
EIN: 31-0536716
Plan No. 001

Description of Investments	December 31, 2010 Par Value/ Shares	Cost	Fair Value
Mutual Funds			
(^) Fidelity Balanced	2,445	$ 40,815	$ 44,568
(^) Fidelity Cap Appreciation	1,419	30,792	35,951
(^) Fidelity Disciplined Equity	932	20,966	20,987
(^) Fidelity Freedom 2000	724	8,535	8,639
(^) Fidelity Freedom 2005	313	3,507	3,380
(^) Fidelity Freedom 2010	28,870	413,039	392,341
(^) Fidelity Freedom 2015	27,501	320,492	311,858
(^) Fidelity Freedom 2020	15,823	218,466	218,195
(^) Fidelity Freedom 2025	11,038	128,770	127,157
(^) Fidelity Freedom 2030	23,042	321,084	317,291
(^) Fidelity Freedom 2035	13,334	158,057	152,938
(^) Fidelity Freedom 2040	6,729	65,430	53,899
(^) Fidelity Freedom 2045	1,308	10,879	12,410
(^) Fidelity Freedom 2050	341	2,897	3,194
(^) Fidelity Freedom Income	633	6,661	7,138
(^) Fidelity International Discover	726	20,847	23,973
(^) Fidelity Large Cap Value	1,298	13,009	13,651
(^) Fidelity Leveraged Co Stock	1,741	38,818	49,479
(^) Fidelity Mid Cap Growth	1,672	12,608	20,806
(^) Fidelity Retirement Money Market	40,754	40,754	40,754
(^) Fidelity Small Cap Value	1,742	20,333	27,193
(^) Fidelity Total Bond	8,230	84,189	88,229
(^) Fidelity Managed Income Portfolio	365,683	365,683	365,683
(^) Fidelity Stock Small Cap	1,005	12,849	18,605
(^) Fidelity Value	628	37,707	43,161
Spartan International Index	669	24,413	23,517
Spartan 500 Index	195	7,400	8,690
Total Investments at Fair Value			$ 2,433,687

(^) Denotes party-in-interest.

THE VISITING NURSE ASSOCIATION OF GREATER
CINCINNATI AND NORTHERN KENTUCKY
RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
Form 5500, Schedule H, Part IV, 4, i.
EIN: 31-0536716
Plan No. 001

Description of Investments	December 31, 2009 Par Value/ Shares	Cost	Fair Value
Collective Investment Funds			
The Blended Fund	-	$ -	$ 348,624
Mutual Funds			
(^) Fidelity Balanced	2,645	43,146	43,276
(^) Fidelity Cap Appreciation	1,261	27,127	27,018
(^) Fidelity Disciplined Equity	809	18,373	16,998
(^) Fidelity Freedom 2000	664	7,841	7,540
(^) Fidelity Freedom 2005	362	3,965	3,636
(^) Fidelity Freedom 2010	26,671	386,584	333,657
(^) Fidelity Freedom 2015	24,222	285,117	252,389
(^) Fidelity Freedom 2020	13,802	192,873	173,215
(^) Fidelity Freedom 2025	14,487	176,467	150,522
(^) Fidelity Freedom 2030	19,461	276,252	241,121
(^) Fidelity Freedom 2035	12,459	151,615	127,829
(^) Fidelity Freedom 2040	6,506	63,632	46,584
(^) Fidelity Freedom 2045	1,204	9,958	10,196
(^) Fidelity Freedom 2050	66	556	553
(^) Fidelity Freedom Income	1,212	13,212	13,021
(^) Fidelity International Discover	816	23,342	24,776
(^) Fidelity Large Cap Value	1,892	18,902	18,431
(^) Fidelity Leveraged Co Stock	1,673	35,884	38,338
(^) Fidelity Mid Cap Growth	2,054	15,694	20,418
(^) Fidelity Retirement Money Market	34,349	34,349	34,349
(^) Fidelity Small Cap Independence	1,022	12,884	14,227
(^) Fidelity Small Cap Value	1,949	22,032	24,715
(^) Fidelity Total Bond	6,753	67,836	70,701
(^) Fidelity Value	524	31,147	29,859
Spartan International Index	695	25,130	23,233
Spartan US Equity Index	257	9,637	10,144
			1,756,746
Total Investments at Fair Value			$ 2,105,370

(^) Denotes party-in-interest.

THE VISITING NURSE ASSOCIATION OF GREATER
CINCINNATI AND NORTHERN KENTUCKY
RETIREMENT PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, 4, j.
EIN: 31-0536716
Plan No. 001

TRANSACTIONS OR SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT OF PLAN ASSETS AT BEGINNING OF PLAN YEAR:

Year Ended December 31, 2010

Description of Asset	Purchase Price	Selling Price	Cost of Asset	Expense Incurred	Current Value of Asset On Transaction Date	Net Gain (Loss)

There were no transactions or series of transactions in excess of five percent during the year ended December 31, 2010.

THE VISITING NURSE ASSOCIATION OF GREATER
CINCINNATI AND NORTHERN KENTUCKY
RETIREMENT PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, 4, j.
EIN: 31-0536716
Plan No. 001

TRANSACTIONS OR SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT OF PLAN ASSETS AT BEGINNING OF PLAN YEAR:

Year Ended December 31, 2009

Description of Asset	Purchase Price	Selling Price	Cost of Asset	Expense Incurred	Current Value of Asset On Transaction Date	Net Gain (Loss)

There were no transactions or series of transactions in excess of five percent during the year ended December 31, 2009.

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CPA & ADVISORY FIRM

65 Years of Forward Thinking

To Trustees and the Management
The Visiting Nurse Association of Greater Cincinnati
and Northern Kentucky Retirement Plan

We have conducted a Department of Labor limited-scope audit of the financial statements of The Visiting Nurse Association of Greater Cincinnati and Northern Kentucky Retirement Plan (the Plan) for the year ended December 31, 2010 and have issued our report thereon dated August 29, 2011. As permitted by 29 CR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in the Investments note in the notes to those financial statements. Because of the significance of the information that we did not audit, we are unable to, and have not, expressed an opinion on those financial statements and schedules taken as a whole. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated May 31, 2011. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by The Visiting Nurse Association of Greater Cincinnati and Northern Kentucky Retirement Plan are described in the notes to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2010. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was:

> Management's estimate of the fair value of the investments market value is based on closing prices at the close of the market at the end of the year. We evaluated the key factors and assumptions used to develop the fair value of these investments at market value in determining that the value of investments at market value is reasonable in relation to the financial statements taken as a whole.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosure affecting the financial statements was:

> The disclosure of fair value measurements in the notes to the financial statements regarding the level of inputs and valuation for disclosure of investments.

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Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditors' report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated August 29, 2011.

This information is intended solely for the use of the trustees and management of The Visiting Nurse Association of Greater Cincinnati and Northern Kentucky Retirement Plan and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

VonLehman & Company Inc.

Cincinnati, Ohio
August 29, 2011

VonLehman
CPA & ADVISORY FIRM

65 Years of Forward Thinking

To the Audit Committee and Management of
The Visiting Nurse Association of Greater
Cincinnati and Northern Kentucky Retirement Plan

In planning and performing our audit of the financial statements of The Visiting Nurse Association of Greater Cincinnati and Northern Kentucky Retirement Plan (the Plan) as of and for the year ended December 31, 2010, in accordance with U.S. generally accepted auditing standards, we considered the Plan's internal control over financial reporting (internal control) as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we do not express an opinion on the effectiveness of the Plan's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be significant deficiencies or material weaknesses and, therefore, there can be no assurance that all such deficiencies have been identified. However, as discussed below, we identified certain deficiencies in internal control that we consider to be significant deficiencies.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the plan's financial statements will not be prevented, or detected and corrected on a timely basis. We did not identify any deficiencies in internal control that we consider to be material weaknesses.

A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the following deficiencies in Plan's internal control to be significant deficiencies:

Monitor and Reconcile Payroll Withholdings to Plan Contributions

Recommendation: During our Plan audit testing, we discovered that a remittance error to the payroll service company resulted in differing amounts of employee contributions per Plan statements than what was actually withheld from those employees' wages. The error affected 15 employees in total, and was for an immaterial sum but was made possible due to a lack of internal control over the function. The withholding report submitted to Paycor should match the remittance of funds submitted to Fidelity, and prior to submittal, those reports should be compared to each other to assure that the proper amounts will be remitted.

Management Response: The VNA discovered this remittance error after year end and promptly remitted any additional contributions, as needed. In addition, the payroll system report is now agreed to the remittance report prior to the release of funds to the Plan.

This communication is intended solely for the information and use of the Plan management, board of trustees, and others within the Plan, and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

VonLehman & Company Inc.

Cincinnati, Ohio
August 29, 2011

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