

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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Visiting Nurse Service of New York Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 5 Penn Plaza 12th Floor City or town, state or country, and ZIP + 4 New York, NY 10001	D Employer identification number 13-3189926 E Telephone number (212) 609-5716 G Gross receipts \$ 123,777,246
F Name and address of principal officer Mary Ann Christopher 107 East 70th St New York, NY 10021		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.vnsny.org		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1984 M State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Visiting Nurse Service of New York's mission is to provide high quality home and community-based care and to promote independent community living regardless of patients' ability to pay VNSNY's community benefit program, carried out through its affiliate organizations, expands access to care, supports aging in place, advances research and program development, provides opportunities for disadvantaged children and families and develops the future workforce		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	203
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,795
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-17,800
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	14,891,078	10,745,345
	9 Program service revenue (Part VIII, line 2g)	1,135,266	1,147,831
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,014,994	52,387,450
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	149,624	119,386
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,190,962	64,400,012
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,377,445	4,054,358
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	20,806,145	23,728,168
	16a Professional fundraising fees (Part IX, column (A), line 11e)	139,561	176,440
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,707,405		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,673,378	1,443,812
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	29,996,529	29,402,778
	19 Revenue less expenses Subtract line 18 from line 12	3,194,433	34,997,234
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	848,611,404	911,191,851
	21 Total liabilities (Part X, line 26)	278,060,115	304,428,472
	22 Net assets or fund balances Subtract line 21 from line 20	570,551,289	606,763,379

Part II Signature Block

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

Sign Here	Signature of officer Samuel Heller SVP/CFO Type or print name and title	
Paid Preparer Use Only	Prnt/Type preparer's name Firm's name ▶ KPMG LLP Firm's address ▶ 515 Broadway 4th Fl Albany, NY 12207	Preparer's signature

May the IRS discuss this return with the preparer shown above? (see instructions)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

VNSNY's mission provide quality home health & community services regardless of ability to pay VNSNY shares this mission with its related 501(c)(3) corporations All program services except research are delivered by VNSNY's affiliates VNSNY provides significant assistance, however, to the other 501(c)(3)s to enable their program-service delivery, by (i) lending administrative, management, policy setting, investment, fundraising, and advocacy support, and (ii) making grants of philanthropic dollars - with monies from donors and from its own reserves - to support the charitable initiatives of its not-for-profit affiliates Funds raised by VNSNY for its affiliates are contributed to them, but VNSNY bears most of the fundraising expense for its related organizations In 2012, VNSNY and its affiliates provided \$24M in charitable care and community services

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 3,524,800 including grants of \$) (Revenue \$ 453,209)

See schedule OThe Center for Homecare Policy and Research, established in 1993, conducts scientifically rigorous research to promote the delivery of high-quality, cost-effective care in the home and community and support informed decision making by policy makers, payers, managers, practitioners, and consumers of home and community based services It is the single program service delivered directly by VNSNY The Ph D trained staff regularly publishes in peer-reviewed journals and makes presentations at national conferences Aligning with the national health reform debate, the Center focuses on home care's role within the entire health care system The Center advances a broad vision of "home care" in the context of overall person-centered care designed to promote health, support positive aging, facilitate recovery, manage chronic illness and prepare for end of life Researchers work to embody this vision in funded research and concrete practices that can be effectively incorporated into daily patient care The Center's work encompasses research avenues directed at national problems improving care and reducing hospitalizations among low income, culturally diverse patients with complex needs for transitional, post-acute, long-term chronic care and care management, and understanding and predicting the drivers of resource use for these populations In addition, the Center is strengthening VNSNY's analytic and evaluation muscle to assure that new program initiatives and innovative delivery models are based on the best available research and analysis, and are designed to be replicable and rigorously assessed for both effectiveness and cost The Center staff engage VNSNY clinicians in research, publication and broader knowledge building

4b (Code) (Expenses \$ 14,855,514 including grants of \$ 4,054,358) (Revenue \$ 86,992)

See schedule OWith the exception of research (handled by VNSNY alone, see 4a), VNSNY delivers services through several related 501(c)(3) corporations, which share its mission and operate with significant support from VNSNY Support is monetary and nonmonetary and includes grants of funds from donor contributions and VNSNY's own reserves, together with assistance with administrative, management, policy setting, investment, fundraising, and advocacy matters VNSNY Home Care is a NYS Certified Home Health Agency that provides skilled nursing care, rehabilitation therapy, social work, and home health aide services In 2012, it treated 99,786 patients, from newborn infants to the very elderly It comprises Acute Care, Congregate Care, Long Term Home Health Care Program, Children and Family Services, Community Mental Health, Infusion Care, and the Visiting MD program The Acute Care Program is the largest within VNSNY Home Care With 81,544 patients served in 2012, it represents 82% of VNSNY's Home Care population VNSNY strives to promote the health and well-being of individuals and families by providing high-quality, cost-effective health care regardless of the patient's ability to pay In 2012, nearly \$15M was spent on providing nursing and other medical care to people without insurance or with inadequate insurance This care included quality-of-life necessities, such as free medications, transportation to physician visits, free health screenings, free wigs and fittings for cancer patients, and air conditioners and mattresses for those in need Over 11,000 people were helped through these funds, the largest percentage from the adult acute care population The Long Term Home Health Care Program ("LTHHCP") serves adults 18 years of age or older who are chronically ill, disabled, or who require ongoing medical monitoring, to enable them to continue to live in the community and contribute to society The program offers an alternative to people who would otherwise require placement in a skilled nursing facility In 2012, the LTHHCP continued to serve some of New York City's most vulnerable patient populations, with primary diagnoses of diabetes, congestive heart failure, hypertension, pulmonary disease, multiple sclerosis, or HIV/AIDS The program's care model involves establishing the patient's baseline function, assessing any change in condition, initiating proactive care, and problem-solving difficult situations through a multidisciplinary approach The program also emphasizes educating staff about the importance of, and ways to develop, patient-centered goals and interventions VNSNY helps support the costs of operating several pediatric and family programs One ongoing program, the Nurse Family Partnership Program, pairs specially trained nurses with first-time, low-income mothers from pregnancy through the child's second birthday Another established program supports disadvantaged fathers, helping them maintain a presence in the lives of their children Community Mental Health Services ("CMHS") administers 25 programs with a staff of 273 These programs provide care to approximately 10,000 patients annually throughout New York City providing approximately 200,000 home visits annually CMHS delivers care to a spectrum of underserved individuals including those with acute and chronic mental illness, the geriatric population, children with emotional and psychiatric disorders, the homeless, and individuals with substance abuse disorders In 2012, the Mobile Crisis Teams, Home-Based Crisis Intervention, In-Home Geriatric Mental Health program, Intensive Case Management program, Clinical Case Management program, ACT programs and FRIENDS clinic provided a range of mental health services to mentally ill, emotionally disturbed, and at-risk New Yorkers of all ages and their families VNSNY's Article 31 Mental Health Clinic in the South Bronx serves children and adolescents and provides individual, family and group therapy, psychiatric assessment and treatment, psychological testing, crisis intervention and case management services The Clinic works collaboratively with the FRIENDS program, which provides a complete continuum of care for at-risk and seriously emotionally disturbed children and adolescents who live in the South Bronx The FRIENDS system of care serves approximately 590 children and their families annually, with an average daily census of 340, it provides over 11,500 crisis contacts to children and families, approximately 15,000 hours of home based crisis services, and over 10,000 outpatient clinic visits, while also offering over 140 workshops and groups annually

























4c (Code) (Expenses \$ 1,482,072 including grants of \$) (Revenue \$ 834,572)

See schedule OVNSNY spent \$1.48M on a variety of programs designed to enhance independence and quality of life through community initiatives The services were delivered by VNSNY's related 501(c)(3) corporations and represent a portion of the \$24M in charitable care and community services provided by VNSNY and its affiliates in 2012 These initiatives, made possible by philanthropic dollars (donors contributions and funds from VNSNY's reserves), offer assistance in a wide range of exempt-purpose areas and achieve the goals of expanding access to care, supporting aging in place, providing opportunities for disadvantaged children and families and developing the future workforce In 2012, nearly \$600,000 supported expanding efforts to create a pipeline of home health nurses and increase awareness at nursing schools of the importance of home health care, as well as for training hospice physicians In 2012, VNSNY provided clinical academic rotations for 686 nursing students, 30 MDs/fellows, 16 social workers, 41 therapists, 34 pharmacy students, and 15 graduate students, and provided 72 of these students with specialized training on the VNSNY pen-tablet computers In addition, the VNSNY Distinguished Lecturers program accepted 62 adjunct faculty assignments and over 1,400 nursing students at partner colleges and universities such as Columbia University and New York University Also, numbers of nursing students benefited from paid learning opportunities through summer internship and work-study programs, and M D students (from partner colleges and universities) took advantage of the acclaimed hospice rotation program The pediatric palliative care program launched in 2009 in Brooklyn had expanded its services to include Queens and Manhattan in 2012 It focused on providing comprehensive health care services to children with life limiting or life threatening conditions The Pediatric Diabetes Case Management Program pilot concluded in June 2012 The program was redesigned to include an inter professional approach to caring for children of all ages with Type 1 and Type 2 Diabetes in Bronx and Manhattan Over \$100,000 was spent on a caregiver support program, piloted in Staten Island in 2009 and expanded to Manhattan in 2011 The program aims to help relieve caregivers of some of the burdens associated with providing assistance over the long term Services offered include assessment and care management by a Clinical Caregiver Advocate, education, skills building and referral to community services The program is currently being expanded to Westchester

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

4e Total program service expenses 19,862,386

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 168		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 203		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b Yes	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		No
b	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		No
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? 9a		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
13c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (36), 1b (35), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY, CT, MN, MA, NJ, CA, FL
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
Jimmy Singh 5 Penn Plaza 12th fl New York, NY (212) 609-5716

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c	1,218,025				
	d Related organizations 1d					
	e Government grants (contributions) 1e	1,342,037				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	8,185,283				
	g Noncash contributions included in lines 1a-1f \$	56,965				
	h Total. Add lines 1a-1f	10,745,345				
Program Service Revenue	Business Code					
	2a Contracted research	541700	1,138,674	1,138,674		
	b Nurse training income	611430	9,157	9,157		
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		1,147,831				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		38,117,879	4,795	38,113,084	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	73,384,863			
		(ii) Other				
		b Less cost or other basis and sales expenses	59,115,292			
		c Gain or (loss)	14,269,571			
	d Net gain or (loss)		14,269,571		14,269,571	
	8a Gross income from fundraising events (not including \$ 1,218,025 of contributions reported on line 1c) See Part IV, line 18	a	154,386			
		b Less direct expenses b	261,942			
c Net income or (loss) from fundraising events			-107,556		-107,556	
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a Other revenue	900099	226,942	226,942			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		226,942				
12 Total revenue. See Instructions		64,400,012	1,374,773	4,795	52,275,099	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	4,054,358	4,054,358		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,491,025	1,284,289	2,104,391	102,345
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	15,463,274	5,311,033	9,406,185	746,056
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,121,342	718,079	1,306,802	96,461
9	Other employee benefits	1,529,300	470,709	995,419	63,172
10	Payroll taxes	1,123,227	389,490	683,193	50,544
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,107,250		2,107,250	
c	Accounting	154,750		154,750	
d	Lobbying	453,000		453,000	
e	Professional fundraising services. See Part IV, line 17	176,440			176,440
f	Investment management fees	6,421,639		6,421,639	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,347,835	638,073	1,703,937	5,825
12	Advertising and promotion	2,173,760	2,173,760		
13	Office expenses	1,595,814	1,172,155	177,247	246,412
14	Information technology	398,259	41,548	351,966	4,745
15	Royalties				
16	Occupancy	1,391,810	518,796	789,665	83,349
17	Travel	231,541	89,304	139,600	2,637
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	371,109	142,591	220,897	7,621
20	Interest	13,992		13,992	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,913,683	2,196,232	697,989	19,462
23	Insurance	45,865	9,635	33,685	2,545
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Subscriptions and dues	254,403	13,452	236,849	4,102
b	Bank fees	226,107		220,446	5,661
c	Indir spec events expen	64,870			64,870
d	Indr o/h alloc to affil	-20,810,846		-20,810,846	
e	All other expenses	1,088,971	638,882	424,931	25,158
25	Total functional expenses. Add lines 1 through 24e	29,402,778	19,862,386	7,832,987	1,707,405
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	8,332,114	1	19,430,773
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,132,128	3	1,023,723
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	2,527,273	7	2,528,630
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,202,230	9	835,515
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 24,962,322		
	b Less accumulated depreciation	10b 5,090,650	20,529,587	10c 19,871,672
	11 Investments—publicly traded securities	611,732,011	11	636,800,852
	12 Investments—other securities See Part IV, line 11	197,793,649	12	227,313,258
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	5,362,412	14	3,387,428
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	848,611,404	16	911,191,851	
Liabilities	17 Accounts payable and accrued expenses	19,810,283	17	23,320,495
	18 Grants payable		18	
	19 Deferred revenue	1,016,146	19	669,512
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	257,233,686	25	280,438,465
	26 Total liabilities. Add lines 17 through 25	278,060,115	26	304,428,472
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	561,067,024	27	596,367,842
	28 Temporarily restricted net assets	1,940,957	28	2,819,453
	29 Permanently restricted net assets	7,543,308	29	7,576,084
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	570,551,289	33	606,763,379	
34 Total liabilities and net assets/fund balances	848,611,404	34	911,191,851	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	64,400,012
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,402,778
3	Revenue less expenses Subtract line 2 from line 1	3	34,997,234
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	570,551,289
5	Net unrealized gains (losses) on investments	5	50,682,575
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-49,467,719
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	606,763,379

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 13-3189926
Name: Visiting Nurse Service of New York

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Eunice An Board member	1 00	X						0	0	0
Margaret A Bancroft Board member	1 00	X						0	0	0
Mary E Cummins Board member	1 00	X						0	0	0
Douglas D Broadwater Chair	1 00	X		X				0	0	0
Robert C Daum Board member	1 00	X						0	0	0
E Mary C Davidson Board member	1 00	X						0	0	0
Eugenie F Doyle MD Board member	1 00	X						0	0	0
Anne Bick Ehrenkranz Board member	1 00	X						0	0	0
Claire M Fagin RN PhD FAAN Board member	1 00	X						0	0	0
Alice C Frelinghuysen Board member	1 00	X						0	0	0
Betsy Gotbaum Board member	1 00	X						0	0	0
Michael B Laskoff Board member	1 00	X						0	0	0
Clare Gregorian Board member	1 00	X						0	0	0
Mary RNina Henderson Board member	1 00	X						0	0	0
Peter L Hutchings Board member	1 00	X						0	0	0
Arthur Lindenauer Board member	1 00	X						0	0	0
Robert M Kaufman Board member	1 00	X						0	0	0
Gwendolyn Adams Norton Board member	1 00	X						0	0	0
Kwan-Lan Tom Mao Board member	1 00	X						0	0	0
Mathy Mezey RN EdD FAAN Board member	1 00	X						0	0	0
Phyllis J Mills RN Board member	1 00	X						0	0	0
John P Rafferty Board member	1 00	X						0	0	0
Valerie S Peltier Board member	1 00	X						0	0	0
Carl H Pforzheimer III Board member	1 00	X						0	0	0
Corinne H Rieder EdD Board member	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
Andrew N Schiff MD Board member	1 00 2 00	X						0	0	0	
Bobbie Berkowitz Board member	1 00 2 00	X						0	0	0	
Kenneth G Standard Board member	1 00 1 00	X						0	0	0	
Frank S Vigilante Board member	1 00 1 00	X						0	0	0	
Joseph Mark Board member	1 00 2 00	X						0	0	0	
Paula L Root Vice-Chair	1 00 1 00	X		X				0	0	0	
Arthur S Lukach Jr Secretary/Treasurer	1 00 2 00	X		X				0	0	0	
Ira S Rimerman Board member	1 00 1 00	X						0	0	0	
Jon E Mattson Board member	1 00 1 00	X						0	0	0	
Albert L Siu MD MSPH Board member	1 00 2 00	X						0	0	0	
Jose M de Lasa Board member	1 00 1 00	X						0	0	0	
Carmen Ciparick Board member	1 00 0 00	X						0	0	0	
Edith DuPuy Board member	1 00 0 00	X						0	0	0	
Joan Marren President HC/COO VNSNY	36 30 2 10			X				582,547	0	64,084	
Samuel Heller SVP/CFO & Corp Mgmt Srvc	36 30 1 00			X				507,725	0	57,002	
Mary Ann Christopher President/CEO	36 30 0 00			X				879,589	0	143,865	
Michael Bernstein SVP & Chief Marketing Offi	36 30 0 00				X			372,743	0	34,323	
Denise M Davin SVP/CHRO & Labor Counsel V	36 30 0 00				X			444,443	0	63,052	
Penny H Feldman SVP, Research & Evaluation	36 30 0 00				X			283,826	0	57,826	
Charles Blum SVP & General Counsel	36 30 0 00					X		469,029	0	62,356	
Kathryn D Haslanger SVP, Comm Benefit & Ext Af	36 30 0 00					X		239,281	0	37,463	
Michael J Monson SVP, Performance & Innovat	36 30 0 00					X		272,678	0	37,620	
Robert Banks SVP, Internal Audit	36 30 0 00					X		223,940	0	51,671	
Sarah Garrity VP, Marketing	36 30 0 00					X		240,632	0	21,363	
Carol Raphael Former President/CEO VNSNY	0 00 0 00						X	858,057	0	0	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

Visiting Nurse Service of New York

Employer identification number

13-3189926

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									3,688,215

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Schedule A, Part IV, Supplemental Information Visiting Nurse Service of New York provides various forms of non-monetary support to its related organizations The support includes performing administrative functions, such as providing legal services and managing investment activities Program related expenses of approximately \$14.8M were recorded on VNSNY's books and related to the programs of its affiliates, mainly Visiting Nurse Service of New York Home Care II and Visiting Nurse Service of New York Hospice Care In addition, VNSNY performs all fundraising activities and transfers contributions to its supported organizations VNSNY records the expenses related to fundraising and the administrative functions on its books and subsequently allocates some of the expenses to its affiliates

Additional Data

Software ID:
Software Version:
EIN: 13-3189926
Name: Visiting Nurse Service of New York

Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) VNSNY Home Care II	131624211	9	Yes		Yes		Yes		2719609
(B) VNS Continuing Care Development Corporation	133974198	11,III-fi		No	Yes		Yes		0
(C) VNS CHOICE	133951057	9		No	Yes		Yes		0
(D) VNS CHOICE Community Care	320053323	9		No	Yes		Yes		0
(E) VNSNY Hospice Care	300006817	9		No	Yes		Yes		968606
(F) New Partners Inc	133885148	9		No	Yes		Yes		0
(G) Family Care Services Inc	133213081	9		No	Yes		Yes		0

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
Visiting Nurse Service of New York

Employer identification number

13-3189926

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures) **B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	519,508	519,508												
c	Total lobbying expenditures (add lines 1a and 1b)	519,508	519,508												
d	Other exempt purpose expenditures	28,883,160	2,329,645,400												
e	Total exempt purpose expenditures (add lines 1c and 1d)	29,402,668	2,330,164,908												
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	653,400	841,846	847,000	519,508	2,861,754
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0		

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization: Visiting Nurse Service of New York

Employer identification number

13-3189926

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed consent.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose of easements, total number, acreage, and number of easements on historic structures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures, and amounts of revenues and assets.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,542,308	7,528,411	7,384,108	6,794,112	6,719,112
b Contributions	33,776	13,897	144,303	589,996	75,000
c Net investment earnings, gains, and losses	91,251	86,717	199,939	185,722	168,270
d Grants or scholarships					
e Other expenditures for facilities and programs	91,251	86,717	199,939	185,722	168,270
f Administrative expenses					
g End of year balance	7,576,084	7,542,308	7,528,411	7,384,108	6,794,112

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment
 - b** Permanent endowment 100.000 %
 - c** Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b**

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		97,302		97,302
b Buildings		20,656,493	2,903,747	17,752,746
c Leasehold improvements		1,779,504	930,199	849,305
d Equipment		1,751,718	1,068,204	683,514
e Other		677,305	188,500	488,805
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				19,871,672

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	VNSNY's endowment funds are intended to support VNSNY and its affiliates' programs and initiatives and further the organization's exempt purposes Such funds will be used as directed by the individual donor, the Board or management
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	VNSNY recognizes income tax positions when it is more-likely than-not that the position will be sustainable based on the merits of the position Management has concluded that there are no material tax liabilities that need to be recorded

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Visiting Nurse Service of New York

Employer identification number 13-3189926

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

2a Did the organization have a written or oral agreement with any individual... Yes No

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

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

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

NY, CT, MN, MA, NJ, CA, FL

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Gala (event type)	Food for Thought Event (event type)	5 (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	1,280,000	26,694	65,717	1,372,411
	2 Less Contributions	1,150,000	24,669	43,356	1,218,025
	3 Gross income (line 1 minus line 2)	130,000	2,025	22,361	154,386
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	3,486			3,486
	6 Rent/facility costs	210,668		2,505	213,173
	7 Food and beverages		2,334	12,302	14,636
	8 Entertainment	8,850			8,850
	9 Other direct expenses	21,797			21,797
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Combine line 3, column (d), and line 10 ▶					-107,556

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
Explanation of Fundraising Payments	Schedule G, Part I, Line 2b, Column (v)	VNSNY agreed to pay Sanky Communications, Inc \$91,000 in fundraising fees, divided into twelve monthly payments. Additional fundraising expenses, such as overnight delivery, messenger charges or in-house art would be billed separately. The total payments made to Sanky Communications, Inc in 2012 were \$119,351.

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: Visiting Nurse Service of New York

Employer identification number: 13-3189926

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

See Additional Data Table

Main data table grid with 8 columns corresponding to the headers in Part II.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 22
3 Enter total number of other organizations listed in the line 1 table 1

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 For related organizations, Visiting Nurse Service of New York Home Care II and Visiting Nurse Service of New York Hospice Care, Corporate Finance reviews each grantee's General Ledger on a monthly basis, which includes ensuring reasonableness against budgets and expectations Corporate Finance is also in contact with operations management to ensure that any funds with a specific purpose restriction are used in accordance with those restrictions A schedule of grants is maintained and shared with grantees to show receipts, payments and balance remaining to provide transparency with respect to the amount of funding available and prevent overspending For all others, entities are selected annually based upon criteria set out by senior management of the Organization and are all based in the State of New York, except for one entity, which is based in New Jersey

Software ID:
Software Version:
EIN: 13-3189926
Name: Visiting Nurse Service of New York

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Visiting Nurse Service of New York Home Care II5 Penn Plaza 12th Fl New York, NY 10001	13-1624211	501(c)(3)	2,719,609				Support Children and Family Care Services and other programs
Visiting Nurse Service of New York Hospice Care5 Penn Plaza 12th Fl New York, NY 10001	30-0006817	501(c)(3)	968,606				Support hospice services provided to patients
Beth Israel Medical Center Foundation555 West 57th St Ste 5-23 New York, NY 10019	13-3255377	501(c)(3)	10,000				Contribution
							Contribution
Jewish Community Council of Pelham Parkway Inc2157 Holland Ave Bronx, NY 10462	13-3099520	501(c)(3)	10,000				Contribution
Lutheran Medical Center237 Mamaroneck Ave White Plains, NY 10605	11-1839567	501(c)(3)	5,400				Contribution
Mount Sinai School of Medicine1 Gustave L Levy Place New York, NY 10029	13-6171197	501(c)(3)	6,500				Contribution
New York Presbyterian Fund Inc525 E 68th St Box 158 New York, NY 10086	13-3160356	501(c)(3)	22,500				Contribution
New York Hospital Medical Center of Queens56-45 Main St Flushing, NY 11355	11-1839362	501(c)(3)	13,000				Contribution
New York Methodist Hospital 506 6th St Brooklyn, NY 11215	11-1631796	501(c)(3)	8,500				ContributionContribution
NYU Hospitals Center1 Park Ave 17th Fl New York, NY 10016	13-3971298	501(c)(3)	25,000				Contribution
New York Downtown Hospital 170 Williams St New York, NY 10038	13-3049852	501(c)(3)	11,000				Contribution
St Luke's and Roosevelt Hospitals1111 Amsterdam Ave New York, NY 10025	13-2997301	501(c)(3)	7,500				Contribution
United Hospital Fund1411 Broadway 12th Fl New York, NY 100183496	13-1562656	501(c)(3)	14,575				Contribution
Weill Cornell Medical College of Cornell University525 E 68th St Box 158 New York, NY 10065	15-0532082	501(c)(3)	10,000				Contribution
AHHE East Coast Chapter IncPO Box 230832 Ansonia Station New York, NY 10023	13-4169037	501(c)(3)	9,000				Contribution
Association of Chinese American Physicians USA Inc3370 Prince St Ste 703 Flushing, NY 11354	26-1618284	501(c)(3)	6,950				Contribution
Council of Senior Centers and Services of New York City Inc49 West 45th St New York, NY 10036	13-2967277	501(c)(3)	7,500				Contribution
New York Society for the Relief of Ruptured and Crippled Maintaining535 E 70th St New York, NY 10021	13-1624135	501(c)(3)	12,500				Contribution
Jamaica Hospital Medical Center8900 Van Wyck Expwy Jamaica, NY 11418	11-1631788	501(c)(3)	5,700				Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Maimonides Medical Center 4802 10th Ave Brooklyn, NY 11219	11-1635081	501(c)(3)	5,200				Contribution
Mount Sinai Hospital 1 Gustave L Levy Place New York, NY 10029	13-1624096	501(c)(3)	10,000				Contribution
Westchester County Association 1133 Westchester Ave White Plains, NY 10604	13-1737011	501(c)(4)	10,000				Sponsorship
Visiting Nurse Association of Central New Jersey 176 Riverside Ave Red Bank, NJ 07701	21-0639369	501(c)(3)	11,950				Contribution

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
Visiting Nurse Service of New York

Employer identification number

13-3189926

Part I Questions Regarding Compensation

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

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

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

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

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

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

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

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

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

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	Part I, Line 1a	In accordance with Mary Ann Christopher's employment contract, VNSNY paid a housing allowance for six months on behalf of Mary Ann Christopher during her first year as President/CEO of VNSNY. The payment amount was included in the W-2 of Mary Ann Christopher.
	Part I, Line 4b	Blum, Charles - \$85,484, Davin, Denise - \$44,403, Feldman, Penny - \$16,145, Heller, Samuel - \$50,172, Marren, Joan - \$139,776, Monson, Michael - \$4,815, Raphael, Carol - \$202,435, Haslanger, Kathryn - \$3,859, Bernstein, Michael - \$9,617.
Supplemental Information	Part III	Explanation of Payments to Carol Raphael. Ms. Raphael terminated her employment with VNSNY on December 31, 2011. The payouts reported on Schedule J represent payments that were related to her employment as President and CEO of VNSNY. They do not include any severance payments. These payouts include the 2011 performance bonus, 2011 Supplemental Executive Retirement Plan payment, and vacation, personal and leave time, as well as earning for consulting services Ms. Raphael provided to VNSNY in 2012 as non-employee.

Software ID:
Software Version:
EIN: 13-3189926
Name: Visiting Nurse Service of New York

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Joan Marren	(i) (ii)	388,655 0	36,720 0	157,172 0	47,267 0	16,817 0	646,631 0
Samuel Heller	(i) (ii)	408,335 0	48,960 0	50,430 0	42,865 0	14,137 0	564,727 0
Mary Ann Christopher	(i) (ii)	708,000 0	100,000 0	71,589 0	142,325 0	1,540 0	1,023,454 0
Michael Bernstein	(i) (ii)	272,155 0	64,800 0	35,788 0	20,186 0	14,137 0	407,066 0
Denise M Davin	(i) (ii)	344,723 0	41,616 0	58,104 0	47,115 0	15,937 0	507,495 0
Penny H Feldman	(i) (ii)	242,084 0	24,835 0	16,907 0	38,689 0	19,137 0	341,652 0
Charles Blum	(i) (ii)	324,523 0	41,616 0	102,890 0	43,219 0	19,137 0	531,385 0
Kathryn D Haslanger	(i) (ii)	182,298 0	27,369 0	29,614 0	23,152 0	14,311 0	276,744 0
Michael J Monson	(i) (ii)	203,081 0	30,677 0	38,920 0	24,761 0	12,859 0	310,298 0
Robert Banks	(i) (ii)	204,670 0	18,874 0	396 0	34,138 0	17,533 0	275,611 0
Sarah Garrity	(i) (ii)	215,948 0	24,684 0	0 0	15,171 0	6,192 0	261,995 0
Carol Raphael	(i) (ii)	0 0	107,681 0	750,376 0	0 0	0 0	858,057 0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization: Visiting Nurse Service of New York

Employer identification number: 13-3189926

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Patricia Vigilante	family member of F Vigilante - Director,	0	employment Patricia Vigilante's employment with VNSNY Hospice Care predates Frank Vigilante's services as a Director		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization Visiting Nurse Service of New York

Employer identification number 13-3189926

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Securities, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution reporting and policies.

Part III Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	<p>Line 25 In 2012, 51 corporate/business entities made in-kind gifts of items, such as cosmetics, toiletries, health club memberships, jewelry, and gift certificates, which were used as give-aways at our gala event and a variety of volunteer events. The approximate aggregate value of these contributions was \$65,350.</p> <p>Line 26 Each year, VNSNY's Volunteer Services/Community Benefit Department solicits in-kind contributions for distribution to needy clients. These gifts are handed out to patients receiving nursing and other home health care, children and adults served by VNSNY's children and family programs, and individuals treated through the community mental health outreach. Approximately 9,500 people benefited from these charitable donations in 2012. In 2012, in-kind gifts for this purpose were made by 73 contributors - individuals, organizations, and corporations - in an approximate aggregate value of \$85,406. These contributions included, among other things, emergency relief supplies related to Superstorm Sandy, baby supplies, clothing for job interviews, air-conditioners, beds, crafts classes and equipment, toys, bicycles, bicycle helmets, wigs (for cancer patients), duffle bags, and backpacks.</p>

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Visiting Nurse Service of New York

Employer identification number

13-3189926

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	The Audit Committee of VNSNY and its affiliated organizations reviewed each Form 990. The Form 990 of each organization was made available to its Board of Directors and discussed at a Board meeting. A complete copy of the organization's final Form 990 (including all required schedules, as ultimately filed with the IRS, was provided to each voting member of the Board before its filing with the IRS.
	Form 990, Part VI, Section B, line 12c	The Compliance Officer reviews the Disclosure Statement completed annually by each officer, director, and key employee and consults with the Senior Vice President for Legal and Government Affairs as appropriate. Any potential conflicts are vetted with the CEO, Senior Vice President for Legal and Government Affairs and, as appropriate, the Chair of the Board. Specific follow-up action is taken on a case-by-case basis.
	Form 990, Part VI, Section B, line 15	VNSNY reviews its overall executive compensation program on a periodic basis. The last comprehensive review took place in 2012. The process for determining the individual compensation levels of VNSNY's top management, including the CEO, and all officers meets the three requirements of the rebuttable presumption under Treas. Reg. 53.4958-6. A Compensation Committee is appointed by the Board of Directors for the purpose of assisting the Board to fulfill its responsibility to VNSNY and the community to ensure the compensation is in accordance with VNSNY's policies. The Committee is comprised of 6 Directors who are independent of management and VNSNY and free of any conflicts of interest that would interfere with their exercise of independent judgment. Prior to making compensation decisions, the Committee obtains and relies upon appropriate data as to comparability. The Committee retains an independent compensation consultant and utilizes local and national compensation surveys to assist in setting compensation levels. The Compensation Committee adequately and on a timely basis documents the basis for setting compensation with the making of the determination. For the President and CEO, to take office effective January 1, 2012, members of the VNSNY Board of Directors, at a meeting held on November 9, 2011, reviewed and approved the proposed compensation and employment agreement for the new President and CEO.
	Form 990, Part VI, Section C, line 19	Documents are available upon request.
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 9	Pension related changes other than net periodic pension cost -49,467,719
Organization's governing body	Form 990, Part VI, Line 1a	VNSNY. There are 19 members of the VNSNY Executive Committee out of a governing body (Board of Directors) of 36. Each member of the Executive Committee is a director of VNSNY. The Executive Committee has all the powers of the Board in the management of the affairs of the Corporation, including long term planning, when the Board is not in session, except that the Executive Committee has no authority as to the following: (a) The election of Directors or the filling of vacancies in the Board or in the Executive Committee; (b) The amendment or repeal of the By-laws or the adoption of new By-laws; (c) The amendment or repeal of any resolution of the Board which by its terms shall not be so amendable or repealable; (d) Removal of Directors; (e) The amendment of the Certificate of Incorporation.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Visiting Nurse Service of New York

Employer identification number

13-3189926

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Visiting Nurse Service of New York Home Care II 5 Penn Plaza 12th Fl New York, NY 10001 13-1624211	provide home health and related services	NY	501(c)(3)	9	Visiting Nurse Service of New York	Yes	
(2) VNS Continuing Care Development Corporation 5 Penn Plaza 12th Fl New York, NY 10001 13-3974198	support and promote the provision and development of long term care	NY	501(c)(3)	11,III-FI	Visiting Nurse Service of New York	Yes	
(3) VNS CHOICE 5 Penn Plaza 12th Fl New York, NY 10001 13-3951057	capitated programs that arrange and manage long term health care services	NY	501(c)(3)	9	VNS Continuing Care Development Corporation	Yes	
(4) VNS CHOICE Community Care 5 Penn Plaza 12th Fl New York, NY 10001 32-0053323	home & community-based services that support the activities of VNSNY CHOICE	NY	501(c)(3)	9	VNS CHOICE	Yes	
(5) Visiting Nurse Service of new York Hospice Care 5 Penn Plaza 12th Fl New York, NY 10001 30-0006817	provide quality hospice care and related services	NY	501(c)(3)	9	Visiting Nurse Service of New York	Yes	
(6) New Partners Inc 1250 Broadway 9th Fl New York, NY 10001 13-3885148	provide home health and related services	NY	501(c)(3)	9	Visiting Nurse Service of New York	Yes	
(7) Family Care Services Inc 355 East 149th St Bronx, NY 10455 13-3213081	provide home health and related services	NY	501(c)(3)	9	Visiting Nurse Service of New York	Yes	

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

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

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

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

Software ID:
Software Version:
EIN: 13-3189926
Name: Visiting Nurse Service of New York

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization
Visiting Nurse Service of New York Home Care II 5 Penn Plaza 12th Fl New York, NY 10001 13-1624211	provide home health and related services	NY	501(c)(3)	9	Visiting Nurse Service of New York	Yes
VNS Continuing Care Development Corporation 5 Penn Plaza 12th Fl New York, NY 10001 13-3974198	support and promote the provision and development of long term care	NY	501(c)(3)	11,III-FI	Visiting Nurse Service of New York	Yes
VNS CHOICE 5 Penn Plaza 12th Fl New York, NY 10001 13-3951057	capitated programs that arrange and manage long term health care services	NY	501(c)(3)	9	VNS Continuing Care Development Corporation	Yes
VNS CHOICE Community Care 5 Penn Plaza 12th Fl New York, NY 10001 32-0053323	home & community-based services that support the activities of VNSNY CHOICE	NY	501(c)(3)	9	VNS CHOICE	Yes
Visiting Nurse Service of new York Hospice Care 5 Penn Plaza 12th Fl New York, NY 10001 30-0006817	provide quality hospice care and related services	NY	501(c)(3)	9	Visiting Nurse Service of New York	Yes
New Partners Inc 1250 Broadway 9th Fl New York, NY 10001 13-3885148	provide home health and related services	NY	501(c)(3)	9	Visiting Nurse Service of New York	Yes
Family Care Services Inc 355 East 149th St Bronx, NY 10455 13-3213081	provide home health and related services	NY	501(c)(3)	9	Visiting Nurse Service of New York	Yes

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Visiting Nurse Service of New York Home Care II	B	2,719,609	cash
Visiting Nurse Service of New York Hospice Care	B	968,606	cash
Visiting Nurse Service of New York Hospice Care	L	935,412	alloc of overhead expenses
New Partners Inc	L	1,690,397	alloc of overhead expenses
Visiting Nurse Service of New York Hospice Care	N	889,723	alloc of overhead expenses
New Partners Inc	N	2,200,144	alloc of overhead expenses
Visiting Nurse Service of New York Home Care II	Q	717,246,287	cash
Visiting Nurse Service of New York Home Care II	L	8,108,361	alloc of overhead expenses
Visiting Nurse Service of New York Home Care II	N	19,017,970	alloc of overhead expenses
VNS CHOICE	N	2,551,604	alloc of overhead expenses
Visiting Nurse Service of New York Hospice Care	Q	53,026,822	cash
New Partners Inc	Q	18,000,000	cash
Family Care Services Inc	Q	6,454,946	cash
Visiting Nurse Service of New York Hospice Care	D	1,700,000	cash
New Partners Inc	O	361,217	alloc of overhead expenses
Visiting Nurse Service of New York Hospice Care	O	348,209	alloc of overhead expenses
VNS CHOICE Community Care	N	3,046,945	alloc of overhead expenses
VNS ChOICE Community Care	Q	296,607,616	cash
Visiting Nurse Service of New York Home Care II	O	4,072,695	alloc of overhead expenses
VNS CHOICE	L	6,416,242	alloc of overhead expenses
VNS CHOICE	Q	240,095,535	cash
VNS CHOICE Community Care	L	12,832,484	alloc of overhead expenses
Family Care Services Inc	L	347,679	alloc of overhead expenses
VNS CHOICE	O	791,338	alloc of overhead expenses
VNS CHOICE Community Care	O	1,582,677	alloc of overhead expenses