

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

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 province, country, and ZIP or foreign postal code New York, NY 10001	D Employer identification number 13-3189926 E Telephone number (212) 609-5716 G Gross receipts \$ 270,924,755
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 subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">3</td> <td style="text-align: right;">33</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: right;">31</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: right;">233</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">7a</td> <td style="text-align: right;">15,695</td> </tr> <tr> <td style="text-align: center;">7b</td> <td style="text-align: right;">-6,199</td> </tr> </table>	3	33	4	31	5	233	6	0	7a	15,695	7b	-6,199															
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	4 Number of independent voting members of the governing body (Part VI, line 1b)	31																											
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	233																											
	6 Total number of volunteers (estimate if necessary)	0																											
	7a Total unrelated business revenue from Part VIII, column (C), line 12	15,695																											
	b Net unrelated business taxable income from Form 990-T, line 34	-6,199																											
Revenue		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 60%;">Prior Year</th> <th style="width: 35%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>10,745,345</td> <td>8,724,235</td> </tr> <tr> <td>9</td> <td>1,147,831</td> <td>954,229</td> </tr> <tr> <td>10</td> <td>52,387,450</td> <td>65,228,655</td> </tr> <tr> <td>11</td> <td>119,386</td> <td>151,176</td> </tr> <tr> <td>12</td> <td>64,400,012</td> <td>75,058,295</td> </tr> </tbody> </table>		Prior Year	Current Year	8	10,745,345	8,724,235	9	1,147,831	954,229	10	52,387,450	65,228,655	11	119,386	151,176	12	64,400,012	75,058,295									
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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 ▶ Firm's address ▶	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 or note to any line in this Part III

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 2013, VNSNY and its affiliates provided \$30.3M 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 \$ 3,342,093 including grants of \$) (Revenue \$ 954,229)
 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 The findings from our work support informed decision making by policy makers, payers, managers, practitioners, and consumers of home and community based services It is the only home and community-based research center housed in an organization such as VNSNY It is the single program service delivered directly by VNSNY The Ph D trained staff regularly publish in peer-reviewed journals and make presentations at national conferences to disseminate the finding to the scientific and policy communities Aligning with the national health reform debate, the Center focuses on home care's role within the entire health care continuum 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 For example, a recent study conducted in 2013 by the VNSNY and published in Health Affairs in June 2014 included data from 26 not-for-profit home health agencies The study findings show that Medicare and Medicaid payment reductions will jeopardize care of clinically complex and socially vulnerable patients In addition to external research, the Center is strengthening VNSNY's internal analytic and evaluation muscle to assure that new program initiatives and innovative delivery models are based on the best available research All analyses are designed to be replicable and are rigorously assessed for both effectiveness and cost The Center staff engage VNSNY clinicians in research, publication and broader knowledge building

4b (Code) (Expenses \$ 8,339,328 including grants of \$ 5,478,635) (Revenue \$ 54,169)
 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 2013, it treated 105,392 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 87,441 patients served in 2013, it represents 83% 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 2013, approximately \$16.1M 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 11,300 people were helped through these funds, the largest percentage from the adult acute care population 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 23 programs with a staff of 330 These programs provide care to approximately 10,000 patients annually throughout New York City providing approximately 220,000 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 2013, the three Mobile Crisis Teams expanded their services by adding Parachute program components funded by a federal grant administered by NYC DOHMH CMHS also started up Children's Mobile Crisis services in the Bronx, to be followed by teams in Brooklyn and Queens in 2014 This program provides rapid response to children and families in crisis In addition, CMHS provided disaster response services through its Project Hope program funded through FEMA, as well as its Disaster Distress Response program funded by the Red Cross In 2013 CMHA also absorbed the VNSNY Behavioral Health Transitions program, a managed care product providing home based post-hospitalization assessment and follow-up to patients in contracted plans Continuing programs include two Home-Based Crisis Intervention programs, In-Home Geriatric Mental Health program, the HRA-funded Comprehensive Care Management program, three Assertive Community Treatment programs, the OMH funded FRIENDS program, the Article 31 Friends Clinic, providing outpatient mental health services to children and families in the South Bronx, the CCMP and BHH Health Home Care Management programs, providing care management services to Health Home members in the Bronx, Manhattan and Brooklyn Since its inception in 2012, the Health Home has successfully implemented an innovative model of care coordination for the complex, disenfranchised population of seriously mentally ill and substance using adults, with multiple physical and behavioral co-morbidities This model has led to improved overall health outcomes including more consistent connection to, and communication with, their various service providers

4c (Code) (Expenses \$ 1,189,479 including grants of \$ 0) (Revenue \$ 283,369)
 See schedule OVNSNY spent \$1.2M on several 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 \$30.3M in charitable care and community services provided by VNSNY and its affiliates in 2013 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 2013, nearly \$600 thousand supported efforts to create a pipeline of home health nurses and increase awareness at medical, nursing, rehabilitation therapy and social work schools of the importance of home health care In 2013, VNSNY provided clinical academic rotations for 636 nursing students, 49 MDs/fellows, 17 social workers, 41 therapists, 39 pharmacy students, and 37 graduate students (including 19 NPs and 2 DNPs), and provided 71 of these students with specialized training on the VNSNY pen-tablet computers In addition, the VNSNY Distinguished Lecturers program accepted 43 adjunct faculty assignments who taught over 1,200 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 HHA Health Coaches are assisting heart failure patients from NYC Langone Medical Center In this initiative, funded by the Deutsche Bank Americas Foundation grant in December 2013, NYU Langone heart failure patients transitioning to VNSNY Home care are targeted to receive a 30-day health coaching intervention following their discharge home Deutsche Bank Foundation's initial grant in 2013 has enabled VNSNY to leverage funding from the New York State Department of Health in April 2014, which will enable us to train approximately 1,000 HHAs as Health Coaches over a two-year period In addition, VNSNY received another New York State Department of Health grant in April 2014 that will enable 150 nurses in VNSNY's Interdisciplinary Care Team manager and Assessment Unit workforces to take the semester-long Duke University School of Nursing course in Population Care Coordination This twelve-week program's unique care management approach focuses on the patient's health on both the individual level and in the context of larger populations including the elderly, high-risk patients with complex conditions with the goal of improving public health-based preventive and wellness care Core concepts in the curriculum include care coordination, multilevel processes, team collaboration, patient engagement, and strong utilization of tools in assessment and care management strategies The pediatric palliative care program launched in 2009 in Brooklyn had expanded its services to include Queens and Manhattan in 2012 and in the Bronx in 2013 It focused on providing comprehensive health care services to children with life limiting or life threatening conditions The Pediatric Diabetes Care Management Program was redesigned to include an inter professional approach to caring for children of all ages with Type 1 and Type 2 Diabetes in Brooklyn Over \$100,000 was spent on a caregiver support program, started in Staten Island in 2009 and expanded to Manhattan in 2011 and Westchester in 2012 The program aims to help relieve caregivers of some of the burdens associated with providing assistance over the long term


















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

4e Total program service expenses 12,870,900

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> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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?		
20b			

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 189		
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?		
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 233		
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	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)?		No
b	If "Yes," enter the name of the foreign country: _____ 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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		No
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders. 11a		
b	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?		
b	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.			
a	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		
b	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		
c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 or note to any line in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> NY, <input type="checkbox"/> CT, <input type="checkbox"/> MN, <input type="checkbox"/> MA, <input type="checkbox"/> NJ, <input type="checkbox"/> CA, <input type="checkbox"/> 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
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 <input checked="" type="checkbox"/> Jimmy Singh 5 Penn Plaza 12th fl New York, NY 10001 (212) 609-5716

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c	1,337,633					
	d	Related organizations 1d						
	e	Government grants (contributions) 1e	1,209,857					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	6,176,745					
	g	Noncash contributions included in lines 1a-1f \$	200,255					
	h	Total. Add lines 1a-1f	8,724,235					
Program Service Revenue	2a	Contracted research						
		Business Code						
		541700	948,718	948,718				
	b	Nurse training income	611430	5,511	5,511			
	c							
	d							
	e							
f	All other program service revenue							
g	Total. Add lines 2a-2f	954,229						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	42,329,942		15,695	42,314,247		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	b	c	d	(i) Real	(ii) Personal		
					Gross rents			
					Less rental expenses			
					Rental income or (loss)			
	d	Net rental income or (loss)						
	7a	b	c	d	(i) Securities	(ii) Other		
					Gross amount from sales of assets other than inventory	218,379,396		
					Less cost or other basis and sales expenses	195,480,683		
					Gain or (loss)	22,898,713		
	d	Net gain or (loss)	22,898,713			22,898,713		
	8a	Gross income from fundraising events (not including \$ 1,337,633 of contributions reported on line 1c) See Part IV, line 18						
	a		199,415					
b	Less direct expenses b	385,777						
c	Net income or (loss) from fundraising events	-186,362			-186,362			
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	337,538	337,538				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		337,538					
12	Total revenue. See Instructions		75,058,295	1,291,767	15,695	65,026,598		

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 or note to any line 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	5,478,635	5,478,635		
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	2,221,466	922,001	1,200,982	98,483
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	16,475,814	2,760,509	12,870,397	844,908
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,882,218	527,523	2,214,077	140,618
9	Other employee benefits	2,197,671	407,716	1,686,072	103,883
10	Payroll taxes	1,138,629	222,052	859,330	57,247
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,949,066		2,949,066	
c	Accounting	155,757		155,757	
d	Lobbying	475,000		475,000	
e	Professional fundraising services. See Part IV, line 17	203,600			203,600
f	Investment management fees	5,910,394		5,910,394	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,260,537	670,782	3,586,654	3,101
12	Advertising and promotion	5,088,091	46,786	5,040,521	784
13	Office expenses	1,702,994	139,126	1,372,967	190,901
14	Information technology	11,021	2,627	8,073	321
15	Royalties				
16	Occupancy	1,744,892	576,185	1,112,826	55,881
17	Travel	245,286	68,781	171,093	5,412
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	510,312	160,378	342,906	7,028
20	Interest	59,856		59,856	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	956,817		943,466	13,351
23	Insurance	35,007	5,812	27,107	2,088
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	275,961	25,959	242,331	7,671
b	Bank fees	240,489		232,694	7,795
c	Indir spec events expen	49,182			49,182
d	Indr o/h alloc to affil	-36,057,824	49,059	-36,106,883	
e	All other expenses	1,307,412	806,969	500,435	8
25	Total functional expenses. Add lines 1 through 24e	20,518,283	12,870,900	5,855,121	1,792,262
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 or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	19,430,773	1	38,100,828
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,023,723	3	1,412,188
	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	2,528,630	7	2,492,188
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	835,515	9	1,059,035
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,985,764		
	b Less: accumulated depreciation	10b 6,016,828	19,871,672	10c 26,968,936
	11 Investments—publicly traded securities	636,800,852	11	703,612,121
	12 Investments—other securities. See Part IV, line 11	227,313,258	12	257,337,291
	13 Investments—program-related. See Part IV, line 11		13	164,138
	14 Intangible assets	3,387,428	14	1,662,444
	15 Other assets. See Part IV, line 11	0	15	8,563,104
16 Total assets. Add lines 1 through 15 (must equal line 34)	911,191,851	16	1,041,372,273	
Liabilities	17 Accounts payable and accrued expenses	23,320,495	17	28,205,255
	18 Grants payable		18	
	19 Deferred revenue	669,512	19	819,538
	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	80,000,000
	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	280,438,465	25	126,560,737
	26 Total liabilities. Add lines 17 through 25	304,428,472	26	235,585,530
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	596,367,842	27	794,529,242
	28 Temporarily restricted net assets	2,819,453	28	3,656,164
	29 Permanently restricted net assets	7,576,084	29	7,601,337
	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	606,763,379	33	805,786,743	
34 Total liabilities and net assets/fund balances	911,191,851	34	1,041,372,273	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	75,058,295
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,518,283
3	Revenue less expenses Subtract line 2 from line 1	3	54,540,012
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	606,763,379
5	Net unrealized gains (losses) on investments	5	67,735,222
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	76,748,130
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	805,786,743

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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			
Margaret A Bancroft Board member	1 00 1 00	X						0	0	0
Mary E Cummins Board member through 4/17/13	1 00 2 00	X						0	0	0
Douglas D Broadwater Chair	1 00 10	X		X				0	0	0
Robert C Daum Board member	1 00 2 00	X						0	0	0
E Mary C Davidson Board member	1 00 1 00	X						0	0	0
Anne Bick Ehrenkranz Board member	1 00 2 00	X						0	0	0
Claire M Fagin RN PhD FAAN Board member	1 00 0 00	X						0	0	0
Alice C Frelinghuysen Board member	1 00 1 00	X						0	0	0
Betsy Gotbaum Board member	1 00 1 00	X						0	0	0
Michael B Laskoff Board member	1 00 1 00	X						0	0	0
Clare Gregorian Board member	1 00 1 00	X						0	0	0
Mary RNina Henderson Board member	1 00 2 00	X						0	0	0
Peter L Hutchings Board member	1 00 2 00	X						0	0	0
Arthur Lindenauer Board member	1 00 1 00	X						0	0	0
Robert M Kaufman Board member	1 00 1 00	X						0	0	0
Gwendolyn Adams Norton Board member through 4/17/13	1 00 1 00	X						0	0	0
Kwan-Lan Tom Mao Board member	1 00 2 10	X						0	0	0
Mathy Mezey RN EdD FAAN Board member	1 00 1 10	X						0	0	0
Phyllis J Mills RN Board member	1 00 2 10	X						0	0	0
John P Rafferty Board member	1 00 1 00	X						0	0	0
Valerie S Peltier Board member	1 00 1 00	X						0	0	0
Carl H Pforzheimer III Board member	1 00 1 00	X						0	0	0
Corinne H Rieder EdD Board member	1 00 1 00	X						0	0	0
Andrew N Schiff MD Board member	1 00 2 00	X						0	0	0
Kenneth G Standard Board member	1 00 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			
Frank S Vigilante Board member	1 00	X						0	0	0
Joseph Mark Board member	1 00	X						0	0	0
Paula L Root Board member through 11/26/13	1 00	X		X				0	0	0
Arthur S Lukach Jr Board member through 6/25/13	1 00	X		X				0	0	0
Ira S Rimerman Board member	1 00	X						0	0	0
Jon E Mattson Secretary/Treasurer	1 00	X		X				0	0	0
Albert L Siu MD MSPH Board member	1 00	X						0	0	0
Jose M de Lasa Board member	2 00	X						0	0	0
Edith DuPuy Board member	1 00	X						0	0	0
Mary Ann Christopher President/CEO	36 30	X		X				841,258	0	143,581
Bobbie Berkowitz PhD RN CNAA FAAN Board member	1 00	X						0	0	0
Carmen Beauchamp Ciparick Board member	2 00	X						0	0	0
Joan Marren President HC/COO VNSNY	1 00			X				609,700	0	14,166
Samuel Heller SVP/CFO & Corp Mgmt Svcs	2 10			X				551,588	0	61,173
Denise M Davin SVP/CHRO & Labor Counsel V	36 30				X			501,461	0	65,231
Penny H Feldman SVP, Research & Evaluation	36 30				X			296,762	0	59,452
Michael Bernstein SVP & Chief Marketing Offi	36 30					X		419,342	0	35,111
Charles Blum SVP & General Counsel	36 30					X		490,370	0	10,892
Kevin Rogers SVP, Chief Admin Officer	36 30					X		443,581	0	87,344
Kerry Parker SVP, General Counsel & CRO	36 30					X		421,001	0	89,351
Nicholas Ventresca SVP, Chief Information Officer	36 30					X		401,334	0	4,736
Carol Raphael Former President/CEO VNSNY	4 00						X	110,000	0	4,903

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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									5,018,439

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2013. 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		<input type="checkbox"/>
b 33 1/3% support test—2012. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2013. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2012. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** 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—2012.** 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. 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

Return Reference	Explanation
Schedule A, Part I, line h	<p>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 \$8.3M 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.</p>

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		3904603
(A) VNS Continuing Care Development Corporation	133974198	11,III-fi		No	Yes		Yes		0
(B) VNS CHOICE	133951057	9		No	Yes		Yes		0
(C) VNS CHOICE Community Care	320053323	9		No	Yes		Yes		0
(D) VNSNY Hospice Care	300006817	9		No	Yes		Yes		1113836
(E) New Partners Inc	133885148	9		No	Yes		Yes		0
(F) 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

2013

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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: Visting 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? Yes No
4a Was a correction made? Yes No
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? Yes No
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)	504,227	504,227												
c	Total lobbying expenditures (add lines 1a and 1b)	504,227	504,227												
d	Other exempt purpose expenditures	20,014,056	3,102,409,207												
e	Total exempt purpose expenditures (add lines 1c and 1d)	20,518,283	3,102,913,434												
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) 2010	(b) 2011	(c) 2012	(d) 2013	(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	841,846	847,000	519,508	504,227	2,712,581
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

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.

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

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. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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 to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor advised funds and grant purposes.

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(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06, and other details.

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 works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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	7,576,084	7,542,308	7,528,411	7,384,108	6,794,112
b Contributions	25,000	33,776	13,897	144,303	589,996
c Net investment earnings, gains, and losses	308,398	91,251	86,717	199,939	185,722
d Grants or scholarships					
e Other expenditures for facilities and programs	308,398	91,251	86,717	199,939	185,722
f Administrative expenses					
g End of year balance	7,601,084	7,576,084	7,542,308	7,528,411	7,384,108

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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		20,710,893	3,477,854	17,233,039
c Leasehold improvements		1,898,847	990,506	908,341
d Equipment		5,228,951	1,204,437	4,024,514
e Other		5,049,771	344,031	4,705,740
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				26,968,936

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

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

Return Reference	Explanation
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
Part X, Line 2	FIN48 disclosure from the consolidated financial statements of V isiting Nurse Service of New York 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 as of December 31, 2013 and 2012

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2013

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

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 Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean -	0	0	investments		200,287,988
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			200,287,988
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			200,287,988

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Information 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

Additional Data

Software ID:

Software Version:

EIN: 13-3189926

Name: Visiting Nurse Service of New York

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

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

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

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. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

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 entries for Sanky Communications Inc and Zanella Consulting LLC.

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

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
		<u>Gala</u> (event type)	<u>Golf Classic Event</u> (event type)	<u>5</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	1,176,725	283,297	77,026	1,537,048
	2 Less Contributions	1,035,475	237,297	64,861	1,337,633
	3 Gross income (line 1 minus line 2)	141,250	46,000	12,165	199,415
Direct Expenses	4 Cash prizes	0	0	0	
	5 Noncash prizes	5,322	24,859	0	30,181
	6 Rent/facility costs	239,326	54,985	3,421	297,732
	7 Food and beverages		0	16,654	16,654
	8 Entertainment	14,000	0	0	14,000
	9 Other direct expenses	27,210	0	0	27,210
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(385,777)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-186,362

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 Subtract line 7 from line 1, 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. 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).

Return Reference	Explanation
Schedule G, Part I, Line 2b, Column (v)	VNSNY agreed to pay Sanky Communications, Inc \$94,000 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. In September 2013, VNSNY contracted Sanky Communications, Inc for additional fundraising constulating services and agreed to pay \$48,000 for them, divided into 4 payments. The total payments made to Sanky Communications, Inc in 2013 were \$166,793.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 30
3 Enter total number of other organizations listed in the line 1 table 31

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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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 California.

Additional Data

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 II 5 Penn Plaza 12th Fl New York, NY 10001	13-1624211	501(c)(3)	3,904,603				Support Children and Family Care Services and other programs

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 Hospice Care 5 Penn Plaza 12th Fl New York, NY 10001	30-0006817	501(c)(3)	1,113,836				Support hospice services provided to patients

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
Beth Israel Medical Center Foundation 555 West 57th St Ste 5-23 New York, NY 10019	13-3255377	501(c)(3)	15,000				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
National Alliance for Filipino Concerns 4681 Mission St San Francisco, CA 94112	45-4128737	501(c)(3)	5,000				ContributionContribution

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
Jewish Community Council of Pelham Parkway Inc 2157 Holland Ave Bronx, NY 10462	13-3099520	501(c)(3)	10,000				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
New York Hospital Medical Center of Queens 56-45 Main St Flushing, NY 11355	11-1839362	501(c)(3)	25,000				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
New York Methodist Hospital 506 6th St Brooklyn, NY 11215	11-1631796	501(c)(3)	7,500				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
NYU Hospitals Center 1 Park Ave 17th Fl New York, NY 10016	13-3971298	501(c)(3)	12,500				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
St Luke's and Roosevelt Hospitals 1111 Amsterdam Ave New York, NY 10025	13-2997301	501(c)(3)	7,500				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
United Hospital Fund 1411 Broadway 12th Fl New York, NY 100183496	13-1562656	501(c)(3)	25,000				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
Weill Cornell Medical College of Cornell University 525 E 68th St Box 158 New York, NY 10065	15-0532082	501(c)(3)	6,000				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
New York Society for the Relief of Ruptured and Crippled Maintaining 535 E 70th St New York, NY 10021	13-1624135	501(c)(3)	12,500				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
Jamaica Hospital Medical Center 8900 Van Wyck Expwy Jamaica, NY 11418	11-1631788	501(c)(3)	5,000				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)	7,500				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
Mount Sinai Hospital 1 Gustave L Levy Place New York, NY 10029	13-1624096	501(c)(3)	10,000				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
AIDS Service Center of Lower Manhattan 41 E 11th St 5th Fl New York, NY 10003	13-3562071	501(c)(3)	5,000				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
The Brooklyn Hospital Foundation Inc 121 Dekalb Ave Brooklyn, NY 11201	11-2936410	501(c)(3)	6,000				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
American Red Cross in Greater New York 520 w 49 St New York, NY 10019	53-0196605	501(c)(3)	5,000				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
Bronx Lebanon Hospital New Directions Fund Inc 1276 Fulton Ave Bronx, NY 10456	13-3183084	501(c)(3)	5,000				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
Community Health Care Network Inc 60 Madison Ave New York, NY 10010	13-3083068	501(c)(3)	5,000				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
Home Care Association of New York State 388 Broadway 4th Fl Albany, NY 12210	90-0437163	501(c)(6)	5,500				ContributionContribution

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
Isabella Foundation Inc 515 Audubon Ave New York, NY 10040	13-3725701	501(c)(3)	7,500				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
Jewish Association for Services for the Aged 247 W 37 St New York, NY 10018	13-2620896	501(c)(3)	5,000				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
Kingsbrook Jewish Medical Center 585 Schenectady Ave Brooklyn, NY 11203	13-1631759	501(c)(3)	6,500				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
Latino Commission on AIDS 24 W 25 St 9th Fl New York, NY 10010	13-3629466	501(c)(3)	7,500				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
Memorial Sloan-Kettering Cancer Center 1233 York Ave New York, NY 10065	13-1924236	501(c)(3)	9,000				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
New York Presbyterian Hospital 525 E 68th St New York, NY 10065	13-3792361	501(c)(3)	15,000				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
New York University 105 E 17th St 4th Fl New York, NY 10003	13-5562308	501(c)(3)	15,000				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
White Plains Hospital Center 41 East Post Rd White Plains, NY 10601	13-1740130	501(c)(3)	5,000				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
Centro Cultural Santa Lucia Corp 1703 Jerome Ave 2nd Fl Bronx, NY 10453	20-4544690	501(c)(3)	10,000				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
Guyanese and American Business and Professional Council 172-17 Grand Central Pkwy Jamaica Estates, NY 11432	26-2395209	501(c)(6)	5,000				Contribution

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

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, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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 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 idemnification 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 directors, trustees, officers, including 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		
2	Yes	
4a	Yes	
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

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

Return Reference	Explanation
Part I, Lines 4a-b	Question 4(a) Joan Marren VNSNY agreed to pay Joan Marren 18 months of salary at the time of separation from VNSNY 10 months were paid in 2013 and 8 months to be paid in 2014 Total amount paid in 2013 was \$359,358 Charles Blum VNSNY agreed to pay Charles Blum 24 months of salary at the time of separation from VNSNY 9 25 months were paid in 2013, 12 months to be paid in 2014 and 2 75 months to be paid in 2015 Total amount paid in 2013 was \$310,820 Nicholas Ventresca VNSNY agreed to pay Nicholas Ventresca 6 months of salary at the time of separation from VNSNY The total severance amount of \$260,651 was paid in 2013 Question 4 (b) Blum, Charles - \$7,446, Davin, Denise - \$45,009, Feldman, Penny - \$16,540, Heller, Samuel - \$51,175, Marren, Joan - \$140,026, Bernstein, Michael - \$23,471
Payments to Carol Raphael	Ms Raphael terminated her employment with VNSNY on December 31, 2011 The payouts reported on Schedule J represent earnings for consulting services Ms Raphael provided to VNSNY in 2013 as a non-employee

Additional Data

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				
Mary Ann Christopher President/CEO	(i) (ii)	712,024 0	108,750 0	20,484 0	142,041 0	1,540 0	984,839 0	0 0
Joan Marren President HC/COO VNSNY	(i) (ii)	68,646 0	29,131 0	511,923 0	11,499 0	2,667 0	623,866 0	0 0
Samuel Heller SVP/CFO & Corp Mgmt Srvc	(i) (ii)	450,216 0	49,939 0	51,433 0	43,630 0	17,543 0	612,761 0	0 0
Denise M Davin SVP/CHRO & Labor Counsel V	(i) (ii)	397,916 0	42,448 0	61,097 0	47,688 0	17,543 0	566,692 0	0 0
Penny H Feldman SVP, Research & Evaluation	(i) (ii)	249,062 0	30,398 0	17,302 0	39,409 0	20,043 0	356,214 0	0 0
Michael Bernstein SVP & Chief Marketing Offi	(i) (ii)	349,216 0	42,000 0	28,126 0	15,768 0	19,343 0	454,453 0	0 0
Charles Blum SVP & General Counsel	(i) (ii)	82,093 0	42,448 0	365,829 0	6,891 0	4,001 0	501,262 0	0 0
Kevin Rogers SVP, Chief Admin Officer	(i) (ii)	443,443 0	0 0	138 0	64,861 0	22,483 0	530,925 0	0 0
Kerry Parker SVP, General Counsel & CRO	(i) (ii)	420,743 0	0 0	258 0	65,168 0	24,183 0	510,352 0	0 0
Nicholas Ventresca SVP, Chief Information Officer	(i) (ii)	123,194 0	0 0	278,140 0	0 0	4,736 0	406,070 0	0 0
Carol Raphael Former President/CEO VNSNY	(i) (ii)	0 0	0 0	110,000 0	4,903 0	0 0	114,903 0	0 0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

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.

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

Department of the Treasury Internal Revenue Service

Name of the organization Visting 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 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 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 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

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

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

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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, Boats, Intellectual property, Securities, Real estate, 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 II Supplemental Information. 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.

Return Reference	Explanation
Part I, Column (b)	<p>Line 25 In 2013, 31 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 a variety of volunteer events. The approximate aggregate value of these contributions was \$7,856. 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 6,300 people benefited from these charitable donations in 2013. In 2013, in-kind gifts for this purpose were made by 29 contributors - individuals, organizations, and corporations - in an approximate aggregate value of \$38,164. 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.

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

2013

Open to Public Inspection

Name of the organization
Visiting Nurse Service of New York

Employer identification number

13-3189926

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	
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.
Form 990, Part VI, Section C, line 19	Documents are available upon request.
Form 990, Part IX, line 11g	Consulting services: Program service expenses 515,855; Management and general expenses 3,540,166; Fundraising expenses 3,101; Total expenses 4,059,122. Other service fees: Program service expenses 151,595; Management and general expenses 0; Fundraising expenses 0; Total expenses 151,595. Temporary help: Program service expenses 3,332; Management and general expenses 46,488; Fundraising expenses 0; Total expenses 49,820.
Form 990, Part XI, line 9	Pension related changes other than net periodic pension cost 76,748,130
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

2013

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

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" on 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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**

Additional Data

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 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	
(1) 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	
(2) 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	
(3) 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	
(4) 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	
(5) 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	
(6) 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	3,904,603	cash
Visiting Nurse Service of New York Hospice Care	B	1,113,836	cash
Visiting Nurse Service of New York Hospice Care	L	1,962,087	alloc of overhead expenses
New Partners Inc	L	1,848,849	alloc of overhead expenses
Visiting Nurse Service of New York Hospice Care	N	1,276,299	alloc of overhead expenses
New Partners Inc	N	2,318,933	alloc of overhead expenses
Visiting Nurse Service of New York Home Care II	R	683,965,513	cash
Visiting Nurse Service of New York Home Care II	L	14,472,828	alloc of overhead expenses
Visiting Nurse Service of New York Home Care II	N	19,628,944	alloc of overhead expenses
VNS CHOICE	N	4,156,450	alloc of overhead expenses
Visiting Nurse Service of New York Hospice Care	Q	59,190,438	cash
New Partners Inc	Q	18,000,000	cash
Family Care Services Inc	Q	5,514,304	cash
Visiting Nurse Service of New York Hospice Care	D	1,700,000	cash
New Partners Inc	O	297,378	alloc of overhead expenses
Visiting Nurse Service of New York Hospice Care	O	189,715	alloc of overhead expenses
VNS CHOICE Community Care	N	5,386,342	alloc of overhead expenses
VNS CHOICE Community Care	Q	474,046,089	cash
Visiting Nurse Service of New York Home Care II	O	1,982,021	alloc of overhead expenses
VNS CHOICE	L	30,147,082	alloc of overhead expenses
VNS CHOICE	Q	349,799,238	cash
Family Care Services Inc	L	377,839	alloc of overhead expenses