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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

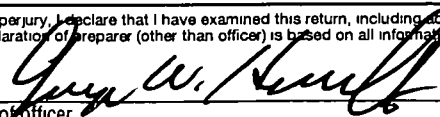
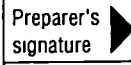
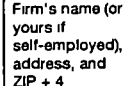
2009Open to Public
Inspection**A** For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization VISITING NURSE AND HEALTH SERVICES DBA HOLY REDEEMER HOME CARE-NJ NORTH Doing Business As		D Employer identification number 22-1501364
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite POST OFFICE BOX 250		E Telephone number 856-939-9000
		City or town, state or country, and ZIP + 4 RUNNEMEDE, NJ 08078		G Gross receipts \$ 19,543,548. H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
		F Name and address of principal officer: GEORGE HAMILTON 12265 TOWNSEND ROAD, SUITE 100, PHILADELPHIA		
I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ N/A				
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 1969 M State of legal domicile: NJ				

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO DELIVER ADVANCE CLINICAL CARE, OPTIMAL OUTCOMES AND INNOVATIVE SERVICES, WITH A COMPASSIONATE		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	4
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5	Total number of employees (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	78,703.	41,583.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,204,035.	19,469,020.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,959.	30,902.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,559.	2,043.
			19,316,256.	19,543,548.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,771,518.	14,171,376.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)		
	17	Other expenses (Part IX, column (A), lines 11a-d, 11f-24f)	5,980,926.	5,439,823.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	18,752,444.	19,611,199.
	19	Revenue less expenses - Subtract line 18 from line 12	563,812.	-67,651.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	3,876,707.	3,466,152.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,031,211.	2,666,272.
			845,496.	799,880.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer 	Date 5/10/11
Paid Preparer's Use Only	GEORGE HAMILTON, VICE PRESIDENT Type or print name and title	
	Preparer's signature 	Date Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4 	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶

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

☐ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

9016 7

SCANNED JUN 20 2010

VISITING NURSE AND HEALTH SERVICES

Form 990 (2009)

DBA HOLY REDEEMER HOME CARE-NJ NORTH

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TO DELIVER ADVANCE CLINICAL CARE, OPTIMAL OUTCOMES AND INNOVATIVE SERVICES, WITH A COMPASSIONATE APPROACH THAT ALWAYS PUTS THE NEED OF THE PATIENT FIRST.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 13385786. including grants of \$ 41,583.) (Revenue \$ 19469020.)

TO PROVIDE SKILLED NURSING SERVICES, INCLUDING IV AND INFUSION THERAPY, WOUND CARE, OSTOMY CARE, INCONTINENCE PROGRAM, CARDIAC REHABILITATION, DIABETES MANAGEMENT, PRE-HOSPICE CARE, HOSPICE CARE, AND MENTAL HEALTH. ALSO CERTIFIED HOME HEALTH AIDES, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY. AS WELL AS PASTORAL CARE/MEDICAL SOCIAL SERVICES AND 24 HOURS A DAY, SEVEN DAYS A WEEK AVAILABILITY. THE ORGANIZATION PROVIDES SERVICES TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY. ALTHOUGH ALL PATIENTS ARE ULTIMATELY RESPONSIBLE FOR THOSE SERVICES RENDERED THAT ARE NOT COVERED BY INSURANCE SOME PATIENTS QUALIFY FOR CHARITY CARE BASED ON GUIDELINES ESTABLISHED BY THE HEALTH SYSTEM. THESE GUIDELINES REQUIRE INDIGENCY STATUS BASED ON FEDERAL GUIDELINES. HOLY REDEEMER HOME CARE OFFERS COMPREHENSIVE,

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 13,385,786.

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DBA HOLY REDEEMER HOME CARE-NJ NORTH

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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>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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>	X	
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>		X
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>		X
9 Did the organization report an amount in Part X, line 21; 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>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• 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>		
• 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>		
• 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>		
• 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>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes X	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
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</i>		X
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>		X
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>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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**VISITING NURSE AND HEALTH SERVICES
DBA HOLY REDEEMER HOME CARE-NJ NORTH**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II		X
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? If "Yes," complete Schedule J	X	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? If "Yes," complete Schedule L, Part I		X
25b 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? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
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):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

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**VISITING NURSE AND HEALTH SERVICES
DBA HOLY REDEEMER HOME CARE-NJ NORTH**

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	0	
b	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 this return (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
b	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
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?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that 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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
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?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 **NJ**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **HOLY REDEEMER CORPORATE FINANCE - 215-856-3726**
12265 TOWNSEND ROAD, SUITE 100, PHILADELPHIA, PA 19154

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

☒ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL B. LAIGN PRESIDENT/CEO	1.00	X		X				0.	737,794.	84,927.
WILLIAM J. CORBET, JR. BOARD MEMBER	1.00	X						0.	0.	0.
DONALD F. FRIEL EXEC VP/COO	1.00	X		X				0.	328,938.	66,798.
KULTAR SINGH CHAIR	1.00	X						0.	0.	0.
RUSSELL R. WAGNER SR. VP/TREASURER	1.00			X				0.	335,470.	64,971.
GEORGE HAMILTON VP/ASSISTANT TREASURER	1.00			X				0.	160,099.	29,293.
TONI HAGUE, RN SENIOR VP	1.00			X				0.	236,668.	45,471.
DOLORES TORSITANO SECRETARY	1.00			X				0.	85,892.	17,502.
JOHN GATTI PHYSICAL THERAPIST	40.00					X		132,095.	0.	29,880.
KANCHAN KAMRA OCCUPATIONAL THERAPIST	40.00					X		143,166.	0.	8,693.
SEE-WEE LAI PHYSICAL THERAPIST	40.00					X		136,806.	0.	10,018.
LAURENCE SEITZ PHYSICAL THERAPIST	40.00					X		122,625.	0.	22,133.
OLGA TRUJILLO OCCUPATIONAL THERAPIST	40.00					X		130,106.	0.	7,902.

VISITING NURSE AND HEALTH SERVICES

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								664,798.	1,884,861.	387,588.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **5**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		0

Form 990 (2009)

**VISITING NURSE AND HEALTH SERVICES
DBA HOLY REDEEMER HOME CARE-NJ NORTH**

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	31,069.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,514.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			41,583.			
Program Service Revenue	2 a <u>PATIENT SERVICES, NET</u>	Business Code	621610	19,469,020.	19,469,020.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			19,469,020.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			30,902.	30,902.	
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a 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				
11 a <u>OTHER MISCELLANEOUS</u>		900099	2,043.	2,043.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			2,043.				
12 Total revenue. See instructions.			19,543,548.	19,501,965.	0.	0.	

VISITING NURSE AND HEALTH SERVICES

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	11,393,868.	9,972,106.	1,421,762.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	395,304.	345,977.	49,327.	
9 Other employee benefits	1,461,305.	1,278,959.	182,346.	
10 Payroll taxes	920,899.	805,986.	114,913.	
11 Fees for services (non-employees).				
a Management				
b Legal	248.		248.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	2,634.	2,634.		
12 Advertising and promotion	3,932.		3,932.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	24,765.	24,765.		
17 Travel	320,701.	291,827.	28,874.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,174.		17,174.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	140,480.	122,948.	17,532.	
23 Insurance	167,587.		167,587.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>INTERCOMPANY CONTRACTED</u>	3,401,757.		3,401,757.	
b <u>DATA PROCESSING</u>	340,204.		340,204.	
c <u>SUPPLIES</u>	297,362.	237,799.	59,563.	
d <u>PURCHASED SERVICES OTHE</u>	230,269.	228,058.	2,211.	
e <u>GROUNDS EXPENSE</u>	141,773.		141,773.	
f All other expenses	350,937.	74,727.	276,210.	
25 Total functional expenses. Add lines 1 through 24f	19,611,199.	13,385,786.	6,225,413.	0.
26 Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**VISITING NURSE AND HEALTH SERVICES
DBA HOLY REDEEMER HOME CARE-NJ NORTH**

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	700.	1	700.	
	2 Savings and temporary cash investments	122,337.	2	347,359.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	1,767,637.	4	1,192,779.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	3,844.	9	13,266.	
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 3,368,614.			
	b Less: accumulated depreciation	10b 2,400,297.	1,080,098.	10c	968,317.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	488,032.	12	510,067.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	414,059.	15	433,664.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,876,707.	16	3,466,152.		
Liabilities	17 Accounts payable and accrued expenses	1,386,165.	17	1,433,486.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	1,645,046.	25	1,232,786.	
	26 Total liabilities. Add lines 17 through 25	3,031,211.	26	2,666,272.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	357,464.	27	289,813.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets	488,032.	29	510,067.	
	Organizations that do not follow SFAS 117, check here ☐ 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	845,496.	33	799,880.	
34 Total liabilities and net assets/fund balances	3,876,707.	34	3,466,152.		

Form **990** (2009)

VISITING NURSE AND HEALTH SERVICES

Form 990 (2009)

DBA HOLY REDEEMER HOME CARE-NJ NORTH

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Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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? 2a
- b Were the organization's financial statements audited by an independent accountant? 2b
- c 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? 2c
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 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? 3a
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2009)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐		

Schedule A (Form 990 or 990-EZ) 2009

VISITING NURSE AND HEALTH SERVICES

Schedule A (Form 990 or 990-EZ) 2009 DBA HOLY REDEEMER HOME CARE-NJ NORTH 22-1501364 Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	104,195.	88,929.	92,566.	78,703.	41,583.	405,976.
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	18,545,437.	18,027,139.	18,690,085.	19,204,035.	19,469,020.	93,935,716.
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	18,649,632.	18,116,068.	18,782,651.	19,282,738.	19,510,603.	94,341,692.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						94,341,692.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	18,649,632.	18,116,068.	18,782,651.	19,282,738.	19,510,603.	94,341,692.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,129.	35,164.	34,138.	30,959.	30,902.	161,292.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	30,129.	35,164.	34,138.	30,959.	30,902.	161,292.
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.)	174,107.	60,030.	3,614.	2,559.	2,043.	242,353.
13 Total support (Add lines 9, 10c, 11, and 12)	18,853,868.	18,211,262.	18,820,403.	19,316,256.	19,543,548.	94,745,337.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.57 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.17 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** 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 - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2009

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open to Public
InspectionName of the organization **VISITING NURSE AND HEALTH SERVICES
DBA HOLY REDEEMER HOME CARE-NJ NORTH**Employer identification number
22-1501364**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	3
2 Aggregate contributions to (during year)	3,000.	2,535.
3 Aggregate grants from (during year)	3,000.	0.
4 Aggregate value at end of year	510,067.	106,051.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	X Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	X Yes ☐ No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|---|--|
| ☐ Preservation of land for public use (e.g., recreation or pleasure) | ☐ Preservation of an historically important land area |
| ☐ Protection of natural habitat | ☐ Preservation of a certified historic structure |
| ☐ Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- | | |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X | ▶ \$ _____ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- | | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if 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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f 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 XIV.

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	56,246.			56,246.
b Buildings	1,707,312.		1,200,739.	506,573.
c Leasehold improvements	460,853.		259,965.	200,888.
d Equipment	372,786.		196,633.	176,153.
e Other	771,417.		742,960.	28,457.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				968,317.

Schedule D (Form 990) 2009

VISITING NURSE AND HEALTH SERVICES

Schedule D (Form 990) 2009

DBA HOLY REDEEMER HOME CARE-NJ NORTH

22-1501364 Page 3

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
OTHER INVESTMENTS	510,067.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	510,067.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		

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

(a) Description	(b) Book value
GRANTS	348,822.
DAYCARE	3,100.
OTHER NON-PATIENT RECEIVABLE	81,742.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	433,664.

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

1 (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO AFFILIATES	1,094,837.
ESTIMATED INSURANCE & PAT CARE LIABILITY	137,949.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,232,786.

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

932053
02-01-10

Schedule D (Form 990) 2009

VISITING NURSE AND HEALTH SERVICES

Schedule D (Form 990) 2009

DBA HOLY REDEEMER HOME CARE-NJ NORTH

22-1501364 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,543,548.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,611,199.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-67,651.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	22,035.
9	Total adjustments (net). Add lines 4 through 8	9	22,035.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-45,616.

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

1	Total revenue, gains, and other support per audited financial statements	1	19,543,548.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	19,543,548.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	19,543,548.

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

1	Total expenses and losses per audited financial statements	1	19,611,199.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	19,611,199.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	19,611,199.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

CHANGE IN PERMANENTLY RESTRICTED FUND

Schedule D (Form 990) 2009

932054
02-01-10

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **VISITING NURSE AND HEALTH SERVICES
DBA HOLY REDEEMER HOME CARE-NJ NORTH**

Employer identification number
22-1501364

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.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ 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 section 501(c)(3) and 501(c)(4) organizations 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 Regs. 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

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III Supplemental Information

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

THE ORGANIZATION DO NOT PROVIDE ANY OF THE LISTED ITEMS IN

PART I, LINE 1A, TO ANY OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND STAFFS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

VISITING NURSE AND HEALTH SERVICES
DBA HOLY REDEEMER HOME CARE-NJ NORTH

Employer identification number
22-1501364

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

APPROACH THAT ALWAYS PUTS THE NEED OF THE PATIENT FIRST.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COMPASSIONATE HOME HEALTH AND HOSPICE. HOLY REDEEMER HOME CARE NURSES
AND THERAPISTS DELIVER OPTIMAL OUTCOMES, INNOVATIVE SERVICES AND
ADVANCED CLINICAL CARE SOLUTIONS. HR HOME CARE IS ALSO RECOGNIZED FOR
ITS UNIQUE PROGRAMS FOR SENIORS, LIKE FALLS RISK ASSESSMENTS AND
LIFEASSESS, THE FIRST AND ONLY DISEASE SPECIFIC PROGRAM IN THE NATION
TO BE CERTIFIED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE
ORGANIZATION FOR THE TREATMENT OF THE FRAIL ELDERLY.

FORM 990, PART VI, SECTION A, LINE 6: HOLY REDEEMER HEALTH CARE CORP. AND
FOUNDATION, A RELATED ORGANIZATION, IS A MEMBER THAT HAS RESERVE POWERS ON
THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A: HOLY REDEEMER HEALTH CARE CORP. AND
FOUNDATION IS A MEMBER AND HAS RESERVE POWERS ON THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7B: HOLY REDEEMER HEALTH CARE CORP. &
FOUNDATION HAS RESERVE POWERS ON THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS PUBLISHED IN
A SECURE INTERNAL WEBSITE. THE GOVERNING BODY IS NOTIFIED AND EACH BOARD
MEMBER ARE ISSUED AN INDIVIDUAL ACCESS CODE TO RETRIEVE AND REVIEW THE FORM
990. THESE ARE ALL DONE PRIOR TO FILING THE FORM 990.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

VISITING NURSE AND HEALTH SERVICES
DBA HOLY REDEEMER HOME CARE-NJ NORTH

Employer identification number
22-1501364

FORM 990, PART VI, SECTION B, LINE 12C: A CONFLICT OF INTEREST STATEMENT
IS REVIEWED, ACKNOWLEDGED AND SIGNED BY EACH KEY EMPLOYEES, OFFICERS AND
TRUSTEES OF THE ORGANIZATION ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: HOLY REDEEMER HEALTH SYSTEM BOARD
OF TRUSTEES THROUGH THE COMMITTEE THAT OVERSEES EXECUTIVE AND PHYSICIAN
COMPENSATION PERIODICALLY ENGAGES THE SERVICES OF INTEGRATED HEALTHCARE
STRATEGIES, A CONSULTING FIRM WITH EXPERTISE IN HEALTH CARE EXECUTIVE
COMPENSATION, TO REVIEW THE EXTERNAL MARKET DATA. THE MARKET DATA PROVIDES
COMPARABLE COMPENSATION LEVELS BASED ON GEOGRAPHY, REVENUE SIZE AND OTHER
FACTORS TO DETERMINE A MARKET RANGE FOR EACH EXECUTIVE. THE RESULTS OF
THEIR FINDINGS ARE SHARED DIRECTLY WITH THE GOVERNANCE AND LEADERSHIP
COMMITTEE OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS ARE
AVAILABLE ON DAC BONDS QUARTERLY REPORT. THE ORGANIZATION'S FORM 990,
CONFLICTS OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE MADE AVAILABLE TO
THE PUBLIC UPON REQUEST. THESE ARE MADE AVAILABLE TO INDIVIDUALS THAT
MAKES A REQUEST IN PERSON IMMEDIATELY AFTER COMPLETING AND SIGNING A FORMAL
REQUEST FORM IDENTIFYING THEMSELVES AND PROVIDING THEIR ADDRESSES. ALL
OTHER WRITTEN REQUESTS FROM INDIVIDUALS, FOUNDATIONS OR GOVERNMENT AGENCIES
ARE HONORED WITHIN 30 DAYS OF RECEIPT. NOTICE OF ANNUAL PUBLIC MEETING OF
THE CORPORATION IS ADVERTISED IN LOCAL NEWSPAPERS.

FORM 990, PART VII, SECTION A

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

VISITING NURSE AND HEALTH SERVICES
DBA HOLY REDEEMER HOME CARE-NJ NORTH

Employer identification number
22-1501364

COMPENSATION

COMPENSATION INFORMATION OF ALL LISTED COMPENSATED PERSONS IN THIS
SECTION, DUE TO "COMMON PAYMASTER" AGREEMENT WITH THE INTERNAL REVENUE
SERVICE, WERE REPORTED UNDER THE HOLY REDEEMER HEALTH SYSTEM TAX ID
#23-1534300.

FORM 990, PART VII, SECTION B

INDEPENDENT CONTRACTORS

BECAUSE OF A CENTRALIZED AND "CONSOLIDATED" ACCOUNTS PAYABLE PROCESSING
FOR ALL RELATED ORGANIZATIONS IN THE HOLY REDEEMER HEALTH SYSTEM,
PAYMENTS FOR SERVICES AND MATERIALS RENDERED TO ALL THE RELATED
ORGANIZATIONS, WERE CONSOLIDATED AND REPORTED IN FORM 1099 TO THE
INTERNAL REVENUE SERVICE UNDER THE HOLY REDEEMER HEALTH SYSTEM TAX ID
#23-1534300.

FORM 990, PART XI, LINE 2C

THE PROCESS AND RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, REVIEW AND
COMPILATION OF THE FINANCIAL STATEMENTS AND SELECTION OF INDEPENDENT
ACCOUNTANT REMAIN THE SAME FROM THE PREVIOUS YEAR.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
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Name of the organization **VISITING NURSE AND HEALTH SERVICES**
DBA HOLY REDEEMER HOME CARE-NJ NORTH

Employer identification number
22-1501364

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
REDEEMER HEALTH NETWORK, LLC - 23-2876526 667 WELSH ROAD HUNTINGDON VALLEY, PA 19006	INACTIVE ORGANIZATION	PENNSYLVANIA	43,121.	43,121.	HOLY REDEEMER HEALTH SYSTEM
SOUTHPOINT HEALTH NETWORK, LLC - 22-3376863 1801 N. ROUTE 9 SWAINTON, NJ 08210	INACTIVE ORGANIZATION	PENNSYLVANIA	129.	129.	HOLY REDEEMER HEALTH SYSTEM
REDEEMER AMBULATORY SURGERY CENTER, LLC - 23-1534300, 667 WELSH ROAD, HUNTINGDON VALLEY, PA 19006	INACTIVE ORGANIZATION	PENNSYLVANIA	0.	0.	HOLY REDEEMER HEALTH SYSTEM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
HOLY REDEEMER HEALTH CARE CORPORATION AND FOUNDATION - 23-7454932, 1602 HUNTINGDON PIKE, MEADOWBROOK, PA 19046	UMBRELLA CORP FOR THE HOLY REDEEMER HEALTH SYSTEM	PENNSYLVANIA	501(C)(3)		
HOLY REDEEMER HEALTH SYSTEM - 23-1534300 1648 HUNTINGDON PIKE MEADOWBROOK, PA 19046	SERVICES IN HOSPITAL, LTC AND HOMECARE	PENNSYLVANIA	501(C)(3)		
HRH MANAGEMENT CORPORATION - 23-2127559 667 WELSH RD HUNTINGDON VALLEY, PA 19006	LEASE MEDICAL OFFICES IN CLOSE PROXIMITY TO THE HOSPITAL SUPPORTED	PENNSYLVANIA	501(C)(3)		
HOLY REDEEMER PHYSICIAN AND AMBULATORY SERVICES - 23-2696460, 667 WELSH RD, HUNTINGDON VALLEY, PA 19006	PHYSICIAN PRACTICE	PENNSYLVANIA	501(C)(3)		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

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

[illegible]

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

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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 other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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

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

**VISITING NURSE AND HEALTH SERVICES
DBA HOLY REDEEMER HOME CARE-NJ NORTH**

22-1501364 Page 2

Part II Continuation of 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
REDEEMER VILLAGE - 23-2091414					
1551 HUNTINGDON PIKE	RENTAL HOUSING FOR LOW				
HUNTINGDON VALLEY, PA 19006	INCOME ELDERLY/DISABLED	PENNSYLVANIA	501(C)(3)		
REDEEMER VILLAGE II - 22-2282223					
1551 HUNTINGDON PIKE	RENTAL HOUSING FOR LOW				
HUNTINGDON VALLEY, PA 19006	INCOME ELDERLY/DISABLED	PENNSYLVANIA	501(C)(3)		
DRUDDING CENTER - 23-1532883	SUPPORT SERVICES FOR				
413 W. MASTER STREET	HOMELESS WOMEN & THEIR				
PHILADELPHIA, PA 19122	CHILDREN	PENNSYLVANIA	501(C)(3)		
HOLY REDEEMER VISITING NURSE AGENCY, INC. -					
22-2424253, 1801 N. ROUTE 9, SWAINTON, NJ	PROVIDE HEALTH CARE IN				
08210	PATIENTS' HOME	NEW JERSEY	501(C)(3)		
HOLY REDEEMER HOMECARE-NJ NORTH - 22-1501364					
P.O. BOX 250	PROVIDE HEALTH CARE IN				
RUNNEMEDE, NJ 08078	PATIENTS' HOME	NEW JERSEY	501(C)(3)		
HOLY REDEEMER HOMECARE-NJ SOUTH - 21-0634582					
P.O. BOX 250	PROVIDE HEALTH CARE IN				
RUNNEMEDE, NJ 08078	PATIENTS' HOME	NEW JERSEY	501(C)(3)		
VISITING NURSE SERVICE SYSTEM, INC. -					
22-2676688, P.O. BOX 250, RUNNEMEDE, NJ	PROVIDE ADMIN SUPPORT TO				
08078	AFFILIATES	NEW JERSEY	501(C)(3)		
HOLY REDEEMER HOSPICE, INC. - 22-3166974					
P.O. BOX 250	CARE FOR PATIENTS W/ LIFE				
RUNNEMEDE, NJ 08078	LIMITING ILLNESS	NEW JERSEY	501(C)(3)		
VISITING NURSE CUSTOM SERVICES - 22-3808046					
P.O. BOX 250	PROVIDE HEALTH CARE				
RUNNEMEDE, NJ 08078	SERVICES	NEW JERSEY	501(C)(3)		
HOLY REDEEMER ACTIVE AND RETIREMENT LIVING					
COMMUNITIES (FORMER MCO) - 23-269, 667 WELSH	CCRC PROVIDER WITH ACCESS				
RD, HUNTINGDON VALLEY, PA 19006	TO MEDICAL CARE	PENNSYLVANIA	501(C)(3)		
FRIENDS OF HOLY REDEEMER AND VNA OF SOUTHERN					
NEW JERSEY, INC. - 22-3043177, P.O. BOX 250,	PROVIDE ADMIN SUPPORT TO				
RUNNEMEDE, NJ 08078	AFFILIATES	NEW JERSEY	501(C)(3)		
HOLY REDEEMER HOSPITAL & MEDICAL CENTER					
DISABILITY TRUST - 23-2501530, 1648	DISABILITY BENEFITS TO				
HUNTINGDON PIKE, MEADOWBROOK, PA 19046	BENEFICIARIES	PENNSYLVANIA	501(C)(3)		

Schedule R-1 (Form 990) 2009

Part II

Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization VISITING NURSE AND HEALTH SERVICES DBA HOLY REDEEMER HOME CARE-NJ NORTH	Employer identification number 22-1501364
	Number, street, and room or suite no. If a P.O. box, see instructions POST OFFICE BOX 250	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RUNNEMEDE, NJ 08078	

Enter the Return code for the return that this application is for (file a separate application for each return) ... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **SEE STATEMENT 1**
Telephone No. **215-856-3726** FAX No.
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **MAY 15, 2011**.
- 5 For calendar year , or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED IN ORDER TO FILE AN ACCURATE RETURN AND ONE THAT IS COMPLIANT TO THE NEW FORM 990 REGULATIONS.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **VICE PRESIDENT** Date

Form 8868 (Rev. 1-2011)

EXTENSION

STATEMENT 1

HOLY REDEEMER CORPORATE FINANCE - 12265 TOWNSEND ROAD, SUITE 100 -
PHILADELPHIA, PA 19154