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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 private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016Open to Public
InspectionA For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

P.O. Box 250

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Runnemede, NJ 08078F Name and address of principal officer: **RUSSELL R. WAGNER****12265 Townsend Rd., Suite 100, PHILADELPHIA, PA 19154**

D Employer identification number

22-1501364

E Telephone number

856-939-9000G Gross receipts \$ **14,130,342.**H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ☐ (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: **N/A**K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ OtherL Year of formation: **1968** M State of legal domicile: **NJ****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Provide a full range of home care services administered by skilled professional nurses and		
	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)	8	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	7	
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)	0	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b		Net unrelated business taxable income from Form 990-T, line 34	0.	
Expenses	8	Contributions and grants (Part VIII, line 1h)	1,284,228.	1,025,697.
	9	Program service revenue (Part VIII, line 2g)	13,368,775.	13,101,215.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	584.	659.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-29,444.	2,771.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,624,143.	14,130,342.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,303,933.	9,658,841.
	16a	Professional fundraising fees (Part IX, column (A), line 11)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d)	5,367,425.	5,868,570.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	15,671,358.	15,527,411.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,047,215.	-1,397,069.
	20	Total assets (Part X, line 16)	5,387,036.	4,928,412.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	8,925,775.	9,803,648.
	22	Net assets or fund balances. Subtract line 21 from line 20	-3,538,739.	-4,875,236.

Part II Signature Block

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

Sign Here	Signature of officer	RUSSELL R. WAGNER	Date	4/30/18
	Type or print name and title	RUSSELL R. WAGNER, Exec VP/Treasurer		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Other ☐ self-employed PTIN
	Firm's name	Firm's EIN	Phone no.	

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

☐ Yes ☒ No

832001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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See Schedule O for Organization Mission Statement Continuation

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DBA HOLY REDEEMER HOME CARE-NJ NORTH 22-1501364 Page 2

Form 990 (2016)
Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒ X

- 1 Briefly describe the organization's mission.
As a catholic health system, rooted in the tradition of the Sisters of the Holy Redeemer, we care, comfort and heal, following the example of Jesus, proclaiming the hope God offers in the midst of human struggle. Our professional nurses and therapists offer expert care 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 \$ 13,447,221. including grants of \$) (Revenue \$ 13,104,645.)
HomeCare provides: 1. Specialized nursing care delivered by our highly-trained nursing staff with a compassionate approach; 2. Therapy services by our specialized rehabilitation therapists who offer a variety of therapies to meet the unique needs of each patient; 3. LifeAssess Program, a comprehensive assessment, education, support and rehabilitation program that identifies and treats older adults who are at risk for four of the most common geriatric syndromes - depression, dementia, falls risk and incontinence - allowing them to live safely at home; 4. HeartAssess Program, designed to improve quality of life for heart failure patients by helping them focus on the most important aspects of managing their heart failure at home. Patients are taught symptom and medication management and are assigned home health care

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 13,447,221.

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See Schedule O for Continuation(s)

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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)? If "Yes," complete Schedule A.	☒	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	☒	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		☒
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? If "Yes," complete Schedule C, Part II.		☒
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? If "Yes," complete Schedule C, Part III.		☒
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? If "Yes," complete Schedule D, Part I.	☒	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.		☒
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		☒
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? If "Yes," complete Schedule D, Part IV.		☒
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		☒
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? If "Yes," complete Schedule D, Part VI.	☒	
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? If "Yes," complete Schedule D, Part VII.	☒	
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? If "Yes," complete Schedule D, Part VIII.		☒
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? If "Yes," complete Schedule D, Part IX.		☒
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	☒	
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)? If "Yes," complete Schedule D, Part X.	☒	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.		☒
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	☒	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		☒
14a Did the organization maintain an office, employees, or agents outside of the United States?		☒
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? If "Yes," complete Schedule F, Parts I and IV.		☒
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? If "Yes," complete Schedule F, Parts II and IV.		☒
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? If "Yes," complete Schedule F, Parts III and IV.		☒
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? If "Yes," complete Schedule G, Part I.		☒
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		☒
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		☒

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Part IV Checklist of Required Schedules (continued).

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27? If "Yes," complete Schedule I, Parts I and III		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 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
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? If "Yes," complete Schedule L, Part I		X
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? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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? 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, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? If "Yes," complete Schedule R, Part V, line 2		
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 11b and 18?	X	

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Form 990 (2016) **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 1099. Enter -0- if not applicable	1a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	2a 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 (see instructions)	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
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?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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		
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?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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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.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.	8	
b Enter the number of voting members included in line 1a, above, who are independent	7	
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 governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
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?	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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 Did the organization have local chapters, branches, or affiliates?		X
b 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?	X	
b 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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did 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," 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 **NJ**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records. **HOLY REDEEMER CORPORATE FINANCE - 215-856-3726**
12265 Townsend Rd., Suite 100, Philadelphia, PA 19154

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

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

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
 - List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) MICHAEL B. LAIGN President/CEO	1.00 39.00	X		X				0.	864,609.	79,574.
(2) WILLIAM J. CORBET, JR. Board Member	1.00	X						0.	0.	0.
(3) KULTAR SINGH Chairman	1.00	X						0.	0.	0.
(4) SR. MARYANNE KING, CSR Board Member	1.00	X						0.	0.	0.
(5) A. CHRISTOPHER DEZZI Board Member	1.00	X						0.	0.	0.
(6) RONALD R. RABENA Board Member	1.00	X						0.	0.	0.
(7) MICHELE L. UROFSKY Board Member	1.00	X						0.	0.	0.
(8) JOSEPH P. CANUGO, ESQ Board Member	1.00	X						0.	0.	0.
(9) PATRICIA O'BRIEN Senior VP/CAO	8.00 32.00			X				0.	254,110.	39,696.
(10) RUSSELL R. WAGNER Exec VP/Treasurer	1.00 39.00			X				0.	488,399.	94,524.
(11) DONALD FRIEL Asst. Treasurer	1.00 39.00			X				0.	407,581.	83,764.
(12) DOLORES TORSITANO Corp Secretary	1.00 39.00			X				0.	85,284.	13,084.
(13) EILEEN SMITH Asst Secretary	1.00 39.00			X				0.	48,752.	16,814.
(14) KANCHAN KAMRA Occupational Therapist	40.00				X			143,275.	0.	32,085.
(15) JOHN D. GATTI Physical Therapist	40.00				X			142,186.	0.	33,849.
(16) RAED TAHA Physical Therapist	40.00				X			130,219.	0.	31,410.
(17) LANYEN A. SCHISSLER Occupational Therapist	40.00				X			133,927.	0.	17,472.

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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 (list any hours for related organizations below, time)	(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	Highest compensated employee	Partner				
(18) MICHAEL P. DALTON Occupational Therapist	40.00				X		129,938.	0.	34,675.	

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

13

		Yes	No
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		X
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	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FLAGSHIP MEDICAL INC 445 VEIT ROAD, HUNTINGDON VALLEY, PA 19006	MEDICAL SUPPLIES	168,506.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1		

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 20,277.			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e 1,003,470.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,950.			
	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f	1,025,697.			
Program Service Revenue	2 a PATIENT SERVICES, NET	Business Code 621610	13,101,215.	13,101,215.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	13,101,215.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		659.	659.	
	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 OTHER NON-OPERATING INCOME	900099	2,771.	2,771.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		2,771.			
12 Total revenue. See instructions		14,130,342.	13,104,645.	0.	0.

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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)

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	192,232.		192,232.	
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	8,004,052.	7,735,948.	268,104.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	277,008.	261,450.	15,558.	
9 Other employee benefits	551,672.	542,465.	9,207.	
10 Payroll taxes	633,877.	598,276.	35,601.	
11 Fees for services (non employees):				
a Management				
b Legal	459.		459.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	781.	781.		
12 Advertising and promotion				
13 Office expenses	12,727.		12,727.	
14 Information technology	175,479.	175,479.		
15 Royalties				
16 Occupancy	36,708.	36,708.		
17 Travel	5,429.	5,280.	149.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	4,540,379.	3,007,410.	1,532,969.	
22 Depreciation, depletion, and amortization	238,710.	237,889.	821.	
23 Insurance	71,317.	71,317.		
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 AUTO ALLOWANCE	246,537.	246,304.	233.	
b MEDICAL SUPPLIES	226,578.	226,578.		
c SERVICE CONTRACT-MAINT	109,815.	109,815.		
d PURCHASED SERVICES, OTH	86,635.	86,635.		
e All other expenses	117,016.	104,886.	12,130.	
25 Total functional expenses. Add lines 1 through 24e	15,527,411.	13,447,221.	2,080,190.	0.
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 ☐ if following SOP 98-2 (ASC 958-720)

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**VISITING NURSE AND HEALTH SERVICES
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Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,172.	1	2,453.
	2 Savings and temporary cash investments	40,335.	2	40,397.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,304,166.	4	2,087,505.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,899.	9	5,899.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 5,633,685.		
	b Less: accumulated depreciation	10b 3,488,858.	10c 2,387,995.	2,144,827.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	534,874.	12	595,446.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	111,595.	15	51,885.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,387,036.	16	4,928,412.	
Liabilities	17 Accounts payable and accrued expenses	1,373,474.	17	1,349,894.
	18 Grants payable		18	
	19 Deferred revenue	927,416.	19	832,088.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,624,885.	25	7,621,666.
	26 Total liabilities. Add lines 17 through 25	8,925,775.	26	9,803,648.
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	28 Unrestricted net assets	-4,096,610.	27	-5,493,679.
	29 Temporarily restricted net assets	22,997.	28	22,997.
	30 Permanently restricted net assets	534,874.	29	595,446.
	31 Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	32 Capital stock or trust principal, or current funds		30	
	33 Paid-in or capital surplus, or land, building, or equipment fund		31	
	34 Retained earnings, endowment, accumulated income, or other funds		32	
35 Total net assets or fund balances	-3,538,739.	33	-4,875,236.	
36 Total liabilities and net assets/fund balances	5,387,036.	34	4,928,412.	

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Part XI Reconciliation of Net AssetsCheck 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	14,130,342.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,527,411.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,397,069.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-3,538,739.
5	Net unrealized gains (losses) on investments	5	
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	60,572.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-4,875,236.

Part XII Financial Statements and ReportingCheck 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: ☐ 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? 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b	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: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?	X	
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	X	

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Schedule A (Form 990 or 990-EZ) 2016 DBA HOLY REDEEMER HOME CARE-NJ NORTH 22-1501364 Page 2

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.)						
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 2016 (line 6, column (f) divided by line 11, column (f)) 14 %
- 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 %
- 16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐
- b 10% -facts-and-circumstances test - 2015. 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 VI 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) 2016

VISITING NURSE AND HEALTH SERVICES

Schedule A (Form 990 or 990-EZ) 2016 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 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33,604.	1,261,963.	2,577,876.	1,284,238.	1,025,697.	6,183,368.
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	14,691,820.	12,886,520.	13,606,584.	13,368,775.	13,101,215.	67,654,914.
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	14,725,424.	14,148,483.	16,184,460.	14,653,003.	14,126,912.	73,838,282.
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. (Sum of line 6 and line 7c)						73,838,282.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	14,725,424.	14,148,483.	16,184,460.	14,653,003.	14,126,912.	73,838,282.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,938.	411.	691.	584.	659.	5,283.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,938.	411.	691.	584.	659.	5,283.
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 VI)	1,044.	13,389.	-30,915.	-29,444.	2,771.	-43,155.
13 Total support. (Add lines 9, 10c, 11 and 12.)	16,729,406.	14,162,283.	16,154,236.	14,624,143.	14,130,342.	73,800,410.

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 2016 (line 8, column (f) divided by line 13, column (f)).	15	100.05 %
16 Public support percentage for 2015 Schedule A, Part III, line 15	16	100.01 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)).	17	.01 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	.04 %

19a 33 1/3% support tests - 2016. 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 - 2015. 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. ☐

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Schedule A (Form 990 or 990-EZ) 2016

VISITING NURSE AND HEALTH SERVICES

Schedule A (Form 990 or 990-EZ) 2016 DBA HOLY REDEEMER HOME CARE-NJ NORTH

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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Schedule A (Form 990 or 990-EZ) 2016

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VISITING NURSE AND HEALTH SERVICES

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Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

b A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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Schedule A (Form 990 or 990-EZ) 2016

VISITING NURSE AND HEALTH SERVICES

Schedule A (Form 990 or 990-EZ) 2016 DBA HOLY REDEEMER HOME CARE-NJ NORTH 22-1501364 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2016

VISITING NURSE AND HEALTH SERVICES

Schedule A (Form 990 or 990-EZ) 2016 DBA HOLY REDEEMER HOME CARE-NJ NORTH 22-1501364 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions**

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required; explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

VISITING NURSE AND HEALTH SERVICES

Schedule A (Form 990 or 990-EZ) 2016 DBA HOLY REDEEMER HOME CARE-NJ NORTH 22-1501364 Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b; 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	2	3
2 Aggregate value of contributions to (during year)		9,735.
3 Aggregate value of grants from (during year)		9,182.
4 Aggregate value at end of year	618,343.	12,605.

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? ☒ 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? ☒ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 education) ☐ Preservation of a 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, and not on a historic structure listed in the National Register	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, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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" on Form 990, Part IV, line 8:

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items.

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2016

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VISITING NURSE AND HEALTH SERVICES

Schedule D (Form 990) 2016

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
- b Permanent endowment ☐ %
- c Temporarily restricted endowment ☐ %

The percentages on 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)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 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" on 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		56,246.		56,246.
b Buildings		1,709,576.	1,407,861.	301,715.
c Leasehold improvements		2,371,384.	846,408.	1,524,976.
d Equipment		717,249.	461,588.	255,661.
e Other		779,230.	773,001.	6,229.

Total: Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **2,144,827.**

Schedule D (Form 990) 2016

VISITING NURSE AND HEALTH SERVICES

Schedule D (Form 990) 2016

DBA HOLY REDEEMER HOME CARE-NJ NORTH

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) OTHER INVESTMENTS	595,446.	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	595,446.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	7,324,669.
(3) ESTIMATED INSURANCE & PAT CARE	
(4) LIABILITY	296,997.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,621,666.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2016

VISITING NURSE AND HEALTH SERVICES

Schedule D (Form 990) 2016

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

Complete if the organization answered "Yes" on 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 (losses) 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" on 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.

Part X, Line 2:

Holy Redeemer Health System follows the guidance in the accounting standards regarding the recognition and measurement of uncertain tax positions. The guidance clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statements. The guidance further prescribes recognition and measurement of tax provisions taken or expected to be taken on a tax return that are not certain to be realized. The application of this standard has no impact on Holy Redeemer's consolidated financial statements. Holy Redeemer's tax returns are subject to review and examination by federal, state and local authorities. The tax returns for the years 2014 through 2016 are open to examination by federal, state and local authorities.

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Schedule D (Form 990) 2016

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VISITING NURSE AND HEALTH SERVICES

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DBA HOLY REDEEMER HOME CARE-NJ NORTH

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Part XIII Supplemental Information (continued)

With the exception of the Holy Redeemer Ambulatory Surgery Center (ASC) and Holy Redeemer Active and Retirement Living (HRARL, Inc.), all entities are not-for-profit corporations as described in section 501(c)(3) of the internal revenue code. In conformity with the internal revenue code and applicable state and local tax statutes, taxable income or loss of the ASC is required to be reported in the tax returns of the owners and, accordingly, no provision has been made in the accompanying consolidated financial statements for any federal, state, or local income taxes.

**SCHEDULE J
(Form 990)****Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName 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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel☐ Travel for companions☐ Tax indemnification and gross up payments☐ Discretionary spending account☐ Housing allowance or residence for personal use☐ Payments for business use of personal residence☐ Health or social club dues or initiation fees☐ Personal services (such as, 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on 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.

☒ Compensation committee☒ Independent compensation consultant☒ Form 990 of other organizations☐ Written employment contract☒ Compensation survey or study☒ Approval by the board or compensation committee

4 During the year, did any person listed on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on 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" on line 5a or 5b, describe in Part III.

6 For persons listed on 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" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2016

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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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
(1) MICHAEL B. LATON President/CEO	(i) 0. (ii) 646,124. (iii) 0. (iv) 0.	0. 0. 0. 0.	0. 218,485. 0. 0.	0. 0. 0. 0.	0. 72,772. 0. 0.	0. 6,802. 0. 0.	0. 944,183. 0. 0.	0. 0. 0. 0.
(2) PATRICIA O'BRIEN Senior VP/COO	(i) 233,269. (ii) 16,800. (iii) 0. (iv) 0.	0. 0. 0. 0.	4,041. 0. 0. 0.	0. 0. 0. 0.	34,990. 0. 0. 0.	4,706. 0. 0. 0.	293,806. 0. 0. 0.	0. 0. 0. 0.
(3) RUSSELL R. WAGNER Exec VP/Treasurer	(i) 359,305. (ii) 70,078. (iii) 0. (iv) 0.	0. 0. 0. 0.	59,016. 0. 0. 0.	0. 0. 0. 0.	88,503. 0. 0. 0.	6,021. 0. 0. 0.	582,923. 0. 0. 0.	0. 0. 0. 0.
(4) DONALD FRIEL Asst. Treasurer	(i) 291,325. (ii) 142,975. (iii) 0. (iv) 0.	63,164. 300. 0. 0.	53,092. 0. 0. 0.	0. 0. 0. 0.	76,349. 8,890. 0. 0.	7,415. 23,195. 0. 0.	491,345. 175,360. 0. 0.	0. 0. 0. 0.
(5) KANCHAN KAMRA Occupational Therapist	(i) 141,886. (ii) 129,919. (iii) 0. (iv) 0.	300. 300. 0. 0.	0. 0. 0. 0.	0. 0. 0. 0.	10,696. 8,091. 0. 0.	23,153. 23,319. 0. 0.	176,035. 161,629. 0. 0.	0. 0. 0. 0.
(6) JOHN D. GATTI Physical Therapist	(i) 133,627. (ii) 129,638. (iii) 0. (iv) 0.	300. 300. 0. 0.	0. 0. 0. 0.	0. 0. 0. 0.	9,945. 11,335. 0. 0.	7,527. 23,340. 0. 0.	151,399. 164,613. 0. 0.	0. 0. 0. 0.
(7) RAED TAMA Physical Therapist	(i) 0. (ii) 0. (iii) 0. (iv) 0.	0. 0. 0. 0.	0. 0. 0. 0.	0. 0. 0. 0.	0. 0. 0. 0.	0. 0. 0. 0.	0. 0. 0. 0.	0. 0. 0. 0.
(8) LAMVEN A. SCHISSLER Occupational Therapist	(i) 0. (ii) 0. (iii) 0. (iv) 0.	0. 0. 0. 0.	0. 0. 0. 0.	0. 0. 0. 0.	0. 0. 0. 0.	0. 0. 0. 0.	0. 0. 0. 0.	0. 0. 0. 0.
(9) MICHAEL P. CAUTON Occupational Therapist	(i) 0. (ii) 0. (iii) 0. (iv) 0.	0. 0. 0. 0.	0. 0. 0. 0.	0. 0. 0. 0.	0. 0. 0. 0.	0. 0. 0. 0.	0. 0. 0. 0.	0. 0. 0. 0.
(10) 0. (11) 0. (12) 0. (13) 0. (14) 0. (15) 0. (16) 0. (17) 0. (18) 0. (19) 0. (20) 0.	(i) 0. (ii) 0. (iii) 0. (iv) 0. (v) 0. (vi) 0. (vii) 0. (viii) 0. (ix) 0. (x) 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.

Schedule J (Form 990) 2018

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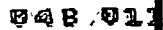
VISITING NURSE AND HEALTH SERVICES
DBA HOLY REDEEMER HOME CARE-NJ NORTH

Schedule J (Form 990) 2018

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.

Schedule J (Form 990) 2018



SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016Open to Public
InspectionEmployer identification number
22-1501364VISITING NURSE AND HEALTH SERVICES
DBA HOLY REDEEMER HOME CARE-NJ NORTHForm 990, Part I, Line 1, Description of Organization Mission:

therapists in conjunction with a physician's plan of treatment. In the
comfort of their home, patients receive personalized care designed to
improve their quality of life, restore health, promote independence and
reduce hospitalization.

Form 990, Part III, Line 1, Description of Organization Mission:

including wound care, pain and disease management as well as
rehabilitative therapy services such as physical, occupational and
speech therapies.

Form 990, Part III, Line 4a, Program Service Accomplishments:

nurses to help with medications, diet, disease management and assisting
with lifestyle changes; 5. Breathe Easy Program, allows patients who
suffer from chronic obstructive pulmonary disease (COPD) to better
manage their condition at home, improving their overall quality of
life; and, 6. Telemonitoring, an advanced system available to remotely
monitor vital information, such as blood pressure, heart rate, weight
and blood oxygen levels for cardiac patients or any patients who need
additional supervision. Results are automatically transmitted to a
HomeCare nurse who will perform triage to determine an appropriate plan
of action.

Form 990, Part VI, Section A, line 6:

HOLY REDEEMER HEALTH SYSTEM, a related organization, is a member with
reserve powers, holding 90.1% of the organization.

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

Page 2

Name of the organization	VISITING NURSE AND HEALTH SERVICES DBA HOLY REDEEMER HOME CARE-NJ NORTH	Employer identification number 22-1501364
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SAINT PETER'S UNIVERSITY HOSPITAL is the other member holding 9.9% of the organization.

Form 990, Part VI, Section A, line 7a:

HOLY REDEEMER HEALTH SYSTEM, a related organization, is a member which had the power to elect or appoint one or more members of the governing body.

Form 990, Part VI, Section A, line 7b:

HOLY REDEEMER HEALTH SYSTEM, a related organization, is a member with reserve powers over governance decisions of the organization.

Form 990, Part VI, Section B, line 11b:

A copy of Form 990 (pdf format) is published in a secure internal website prior to filing. Members and officers of the governing body are notified by email, and each are issued an individual access code to retrieve the Form 990. They are given two weeks to review, question, and comment on the Form 990.

Form 990, Part VI, Section B, Line 12c:

The organization regularly and consistently monitors, and enforces compliance to our conflict of interest policy. All officers, directors, and key employees reviews, acknowledge and sign annually, the organization's Conflict of Interest Policy statement. All are required to disclose annually any interests that could give rise to conflicts.

Form 990, Part VI, Section B, Line 15:

The Holy Redeemer Health System Board of Trustees through the committee that oversees executive and physician compensation periodically engages the

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Schedule O (Form 990 or 990-EZ) (2016)

048,011

Schedule O (Form 990 or 990-EZ) (2016)

Page 2

Name of the organization	VISITING NURSE AND HEALTH SERVICES DBA HOLY REDEEMER HOME CARE-NJ NORTH	Employer identification number	22-1501364
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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 Holy Redeemer Health System's consolidated financial statements are available on DAC Bonds quarterly report. The organization's Form 990, financial statements, 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, providing their addresses and signing the form. All other written requests via mail or email 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

All compensation informations to 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's tax id #23-1534300 (also a related non-profit organization).

FORM 990, PART VII, SECTION B

The Holy Redeemer Health System has a centralized and consolidated accounts payable processing for all related organizations listed in Schedule R. Payments for services and materials rendered to all the

632212 08-28-16

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)

Page 2

Name of the organization	VISITING NURSE AND HEALTH SERVICES DBA HOLY REDEEMER HOME CARE-NJ NORTH	Employer identification number	22-1501364
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related organizations, including Holy Redeemer Homecare NJ-North, 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 9, Changes in Net Assets:

CHANGE IN PERMANENTLY RESTRICTED FUNDS - CHANGE IN INVESTMENT VALUE	60,572.
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Form 990, Part XII, line 2c

The process and responsibility for oversight of the audit of financial statements and selection of independent accountant remain with the Legal and Audit Committee of the Board of Holy Redeemer Health System, and remains the same as in the previous year.

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Schedule O (Form 990 or 990-EZ) (2016)

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SCHEDULE R
(Form 990)
Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ▶ Attach to Form 990.

OMB No. 1545-0047

2016

 Open to Public
 Inspection

 Department of the Treasury
 Internal Revenue Service

Name of the organization:

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

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

 Employer identification number:
22-1501364
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
REDEEMER HEALTH NETWORK, LLC - 23-2876526 667 WELSH ROAD HUNTINGDON VALLEY, PA 19006	INACTIVE ORGANIZATION	Pennsylvania			HOLY REDEEMER HEALTH SYSTEM
SOUTHPPOINT HEALTH NETWORK, LLC - 22-3376663 1801 N. ROUTE 9 SWAINTON, NJ 08210	INACTIVE ORGANIZATION	Pennsylvania			HOLY REDEEMER HEALTH SYSTEM
REDEEMER AMBULATORY SURGERY CENTER, LLC - 23-1534300 667 WELSH ROAD, HUNTINGDON VALLEY, PA 19006	INACTIVE ORGANIZATION	Pennsylvania			HOLY REDEEMER HEALTH SYSTEM

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 520(e)(3) controlled entity?	
						Yes	No
HOLY REDEEMER MINISTRIES - 23-7454922 1602 HUNTINGDON PIKE MEADOWBROOK, PA 19046	UMBRELLA CORP FOR THE HOLY REDEEMER HEALTH SYSTEM	Pennsylvania	501(C)(3)	Line 3			X
HOLY REDEEMER HEALTH SYSTEM - 23-1534300 1648 HUNTINGDON PIKE MEADOWBROOK, PA 19046	SERVICES IN HOSPITAL, LTC AND HOME CARE	Pennsylvania	501(C)(3)	Line 3			X
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)	Line 3b, II			X
HOLY REDEEMER PHYSICIAN AND AMBULATORY SERVICES - 23-2696460 667 WELSH RD, HUNTINGDON VALLEY, PA 19006	PHYSICIAN PRACTICE	Pennsylvania	501(C)(3)	Line 3			X

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

Schedule R (Form 990) 2016

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22-1501364

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

Schedule A (Form 990)

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	(g) Section 513(b)(3) controlled organization?	
						Yes	No
REDEEMER VILLAGE - 23-2091414							
1551 HUNTINGDON PIKE	RENTAL HOUSING FOR LOW	Pennsylvania	501(C)(3)	Line 10			X
HUNTINGDON VALLEY, PA 19006	INCOME ELDERLY/DISABLED						
REDEEMER VILLAGE, II - 22-2282223							
1551 HUNTINGDON PIKE	RENTAL HOUSING FOR LOW	Pennsylvania	501(C)(3)	Line 10			X
HUNTINGDON VALLEY, PA 19006	INCOME ELDERLY/DISABLED						
DRUGGING CENTER - 23-1532883	SUPPORT SERVICES FOR						
413 W. MASTER STREET	HOMELSS WOMEN & THEIR						
PHILADELPHIA, PA 19122	CHILDREN	Pennsylvania	501(C)(3)	Line 7			X
HOLY REDEEMER VISITING NURSE AGENCY, INC. -							
22-242423 1801 N. ROUTE 2, SWAINTON, NJ	PROVIDE HEALTH CARE IN	New Jersey	501(C)(3)	Line 10			X
08210	PATIENTS' HOME						
HOLY REDEEMER HOMECARE-NJ SOUTH - 21-0634582							
P.O. BOX 250	PROVIDE HEALTH CARE IN	New Jersey	501(C)(3)	Line 10			X
RUNNEDEE, NJ 08078	PATIENTS' HOME						
VISITING NURSE SERVICE SYSTEM, INC. -							
22-2676688 P.O. BOX 250, RUNNEDEE, NJ	PROVIDE ADMIN SUPPORT TO	New Jersey	501(C)(3)	Line 12a, I			X
08078	AFFILIATES						
HOLY REDEEMER HOSPICE, INC. - 22-3166974							
P.O. BOX 250	CARE FOR PATIENTS W/ LIFE	New Jersey	501(C)(3)	Line 10			X
RUNNEDEE, NJ 08078	THREATENING ILLNESS						
VISITING NURSE CUSTOM SERVICES - 22-3808046							
P.O. BOX 250	PROVIDE HEALTH CARE	New Jersey	501(C)(3)	Line 10			X
RUNNEDEE, NJ 08078	SERVICES						
HOLY REDEEMER ACTIVE AND RETIREMENT LIVING							
COMMUNITIES - 23-2695245 667 WELSH RD.	CCRC PROVIDER WITH ACCESS	Pennsylvania	501(C)(3)	Line 12a, I			X
HUNTINGDON VALLEY, PA 19006	TO MEDICAL CARE						
WHS FOUNDATION, INC. - 22-3043177							
P.O. BOX 250	PROVIDE ADMIN SUPPORT TO	New Jersey	501(C)(3)	Line 12a, I			X
RUNNEDEE, NJ 08078	AFFILIATES						
HOLY REDEEMER HOSPITAL & MEDICAL CENTER							
DISABILITY TRUST - 23-2501530 1648	DISABILITY BENEFITS TO	Pennsylvania	501(C)(3)	Line 12a, I			X
HUNTINGDON PIKE, MEADOWBROOK, PA 19046	BENEFICIARIES						
D'YOUNVILLE MANOR - 23-2564327							
1750 QUARRY RD	PROVIDE LONG TERM CARE	Pennsylvania	501(C)(3)	Line 10			X
YARDELY, PA 19047	SERVICES TO ITS RESIDENTS						

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DBA HOLY REDEEMER HOME CARE-NJ NORTH

22-1501364

Part II Continuation of Identification of Related Tax-Exempt Organizations[illegible]

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VISITING NURSE AND HEALTH SERVICES
Schedule R (Form 990) 2016 DBA HOLY REDEEMER HOME CARE-NJ NORTH 22-1501364 Page 2

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 total end-of-year assets	(h) Dependent assets?		(i) Code VUBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
HOLY REDEEMER AMBULATORY SURGERY CENTER, LLC - 23-3020527 821 HUNTINGDON PIKE, MEADOWBROOK, PA 19046 INNOVATIVE WELLNESS ALLIANCE, LLC, - 46-4781400, 667 Welsh Road, 3rd Floor, Huntingdon Valley, PA 19006 COMMUNITY CARE COLLABORATIVE OF PA AND NJ - 81-2682767 535 West State Street Doverstown, PA 18901 PCC ACQUISITIONS LLC - 81-4767076, 667 Welsh Road, Huntingdon Valley, PA 19006	SURGERY CENTER Develop a Clinically Integrated network.	PA	HOLY REDEEMER PHYSICIAN SERVICES HOLY REDEEMER HEALTH SYSTEM HOLY REDEEMER HEALTH SYSTEM HR PHYSICIAN SERVICES						N/A	X	
		PA					X		N/A	X	
		PA					X		N/A	X	
		PA									
		PA					X		N/A	X	
		PA					X		N/A	X	

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 513(b)(13) controlled entity?	
								Yes	No
VISITING NURSE MANAGEMENT CO., INC. - 22-2651995 P.O. BOX 250 RUNNEMEDE, NJ 08078 HOLY REDEEMER ACTIVE AND RETIREMENT LIVING COMMUNITIES, INC. - 02-0726139 667 WELSH RD, HUNTINGDON VALLEY, PA 19006 THR INSURANCE COMPANY LTD - 98-0461500 2ND FLOOR STRATHVALE HOUSE, N. CHURCH ST DOVERSTOWN, PA 19006	OFFICE ADMINISTRATION SERVICES CCRC PROPERTY MANAGERS INSURANCE	PA PA Cayman Islands		C CORP C CORP					X
									X
									X
									X

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Schedule R (Form 990) 2016

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Part III **Continuation of Identification of Related Organizations Taxable as a Partnership**

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