DLN: 93493318129439 OMB No. 1545-0047 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 Open to Public Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable THE VISITIÑG NURSE ASSOCIATION □ Address change OF STATEN ISLAND INC 13-3272923 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (718) 816-3510 City or town, state or province, country, and ZIP or foreign postal code STATEN ISLAND, NY $\,$ 10303 $\,$ G Gross receipts \$ 7,640,797 Name and address of principal officer H(a) Is this a group return for MARYBETH KENNEY ☐Yes ☑No subordinates? 400 LAKE AVENUE H(b) Are all subordinates STATEN ISLAND, NY 10303 ☐ Yes ☐No ıncluded? **✓** 501(c)(3) 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW VNASI ORG L Year of formation 1985 M State of legal domicile NY Summary 1 Briefly describe the organization's mission or most significant activities TO SUPPORT THE ACTIVITIES OF VNA HEALTH CARE SERVICES, INC Activities & Governance 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) . 15 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 60 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 90,825 37,404 Ravenua 240,000 240,000 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 944,496 948,218 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -1,691 -1,676 1,273,630 1,223,946 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 7,500 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 444,353 543,838 451,853 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 551,338 821,777 Revenue less expenses Subtract line 18 from line 12 . 672,608 Assets or d Balances Beginning of Current Year End of Year 9,320,509 6,780,006 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 358,351 786,940 22 Net assets or fund balances Subtract line 21 from line 20 . 8,962,158 5,993,066 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 Signature of officer Sign Here MARYBETH KENNEY ADMINISTRATOR Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-11-12 P00543209 Paid self-employed Firm's name ► PKF O'CONNOR DAVIES LLP Firm's EIN ► 27-1728945 Preparer Use Only Firm's address ► 500 MAMARONECK AVENUE Phone no (914) 381-8900 HARRISON, NY 105281633 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)