

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2021

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization VISITING NURSE SERVICES OF IOWA		<b>D</b> Employer identification number 42-0680446
	Doing business as EVERYSTEP		<b>E</b> Telephone number (515)-274-3400
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	3000 EASTON BLVD		<b>G</b> Gross receipts \$ 35,503,887.
City or town, state or province, country, and ZIP or foreign postal code DES MOINES, IA 50317-3124		<b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>F</b> Name and address of principal officer: TRAY WADE SAME AS C ABOVE		<b>H(b)</b> Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: WWW.EVERYPSTEP.ORG		<b>L</b> Year of formation: 1908	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		<b>M</b> State of legal domicile: IA	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: EVERYSTEP IS A FAMILY OF NON-PROFIT HEALTHCARE AND SUPPORT SERVICES OFFERING COMPASSION AND		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	489
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	506
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	13,207,966.	13,537,361.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,024,426.	21,415,000.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,408.	-164,215.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	447,175.	551,526.
		34,681,975.	35,339,672.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,050.	33,948.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,771,200.	22,961,487.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	674,801.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,503,843.	10,631,993.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,305,093.	33,627,428.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,376,882.	1,712,244.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	37,159,104.	32,953,220.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	6,595,834.	5,101,518.
	30,563,270.	27,851,702.	

## 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.

<b>Sign Here</b>	Signature of officer		Date		
	LYNN MICHL, VICE PRESIDENT & CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KATHY FAIRCHILD	Preparer's signature	Date 01/03/23	Check if self-employed <input type="checkbox"/>	PTIN P00222608
	Firm's name RSM US LLP	Firm's address 400 LOCUST ST, STE 640 DES MOINES, IA 50309-2354	Firm's EIN 42-0714325	Phone no. 515-558-6600	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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: THE MISSION OF VISITING NURSE SERVICES OF IOWA, DBA EVERYSTEP, IS TO EMPOWER INDIVIDUALS, SUPPORT FAMILIES AND STRENGTHEN COMMUNITIES.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 14,183,396. including grants of \$ 18,060. ) (Revenue \$ 11,025,450. ) EVERYSTEP IS DEDICATED TO EMPOWERING INDIVIDUALS, SUPPORTING FAMILIES, AND STRENGTHENING COMMUNITIES THROUGH THE PROMOTION OF HEALTH AND HEALTH-RELATED SERVICES, INCLUDING A NUMBER OF COMMUNITY HEALTH PROGRAMS FOCUSED ON THE WELLBEING OF CHILDREN, MOTHERS, SENIORS AND INDIVIDUALS AND FAMILIES OF ALL TYPES, FROM BIRTH TO END OF LIFE. HOSPICE OF CENTRAL IOWA FOUNDATION, DBA EVERYSTEP FOUNDATION, PROVIDES SUPPORT FOR THE PROGRAMS OF EVERYSTEP.

4b (Code: ) (Expenses \$ 3,809,788. including grants of \$ 4,851. ) (Revenue \$ 3,110,568. ) FAMILY HEALTH SERVICES - FAMILY HEALTH SERVICES INCLUDE INTENSIVE CASE MANAGEMENT OF FAMILIES AT RISK FOR POOR OUTCOMES. SERVICES INCLUDE: WORKING WITH PREGNANT TEENS TO ACHIEVE HEALTHY BIRTH OUTCOMES; NURSE FAMILY PARTNERSHIP WITH FIRST-TIME LOW-INCOME PREGNANT AND PARENTING WOMEN; HOME VISITING TO ASSESS HEALTH AND HUMAN SERVICE NEEDS; PROVIDING PARENT EDUCATION; MAKING APPROPRIATE COMMUNITY REFERRALS FOR SERVICES; COMPLETING DEVELOPMENTAL SCREENINGS AND PROVIDING APPROPRIATE FOLLOW-UP; ASSISTING WITH A READING PROGRAM FOR INCARCERATED PARENTS; PROVIDING AND ASSISTING FAMILIES IN COMPLETING HEALTHY BEHAVIORS (FAMILY NEST) AND GRIEF & LOSS SUPPORT.

4c (Code: ) (Expenses \$ 5,180,139. including grants of \$ 6,596. ) (Revenue \$ 4,321,307. ) ADULT HEALTH SERVICES - THE PROMOTION OF HEALTH AND HEALTH-RELATED SERVICES, INCLUDING PALLIATIVE CARE, END OF LIFE CARE SERVICES, NURSE CASE MANAGEMENT SERVICES AND HOME VISITING FOR ADULTS WITH CHRONIC AND ACUTE HEALTH ISSUES; A VOLUNTEER PROGRAM PROVIDING COMPANIONSHIP AND ASSISTANCE WITH TRANSPORTATION FOR ADULTS; AND PROVIDING HOME HEALTH AIDE ASSISTANCE. THE PROVISION OF THESE SERVICES UNDER EVERYSTEP AND EVERYSTEP FOUNDATION ARE ABLE TO COMBINE EXPERTISE AND RESOURCES TO OPERATE EFFICIENTLY, ALLOWING THEM THE ABILITY TO OFFER A STRONGER CONTINUUM OF CARE, FROM BIRTH TO END OF LIFE. TOGETHER, THE TWO ORGANIZATIONS ARE WELL-POSITIONED FOR LONG-TERM STABILITY AND STRENGTH IN THE FACE OF CURRENT ECONOMIC REALITIES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,487,196. including grants of \$ 4,441. ) (Revenue \$ 3,009,673. )

4e Total program service expenses 26,660,519.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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

Table with 3 columns: Question ID, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with columns for line numbers (1a-9), descriptions of questions, and Yes/No columns. Includes questions about voting members, family relationships, management delegation, and organizational changes.

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

Table with columns for line numbers (10a-16b), descriptions of questions, and Yes/No columns. Includes questions about local chapters, written policies, conflict of interest, whistleblower, and document retention.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on 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

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) TRAY WADE PRESIDENT & CEO	34.00 6.00			X				350,760.	0.	11,013.
(2) THOMAS MOUSER CHIEF MEDICAL OFFICER	40.00				X			284,359.	0.	43,975.
(3) LYNN MICHL VICE PRESIDENT & CFO	34.00 6.00			X				223,616.	0.	7,513.
(4) JIM KNOEPFLER VICE PRESIDENT, ADMINISTRATION	34.00 6.00			X				157,513.	0.	39,063.
(5) TAMMY STAPP CHIEF COMPLIANCE OFFICER	40.00				X			150,696.	0.	16,501.
(6) LORI BAILEY ARNP	40.00					X		106,385.	0.	18,257.
(7) JULIE BRIGHT DIRECTOR OF ACCOUNTING	40.00					X		102,907.	0.	18,389.
(8) PAT BARRY BOARD CHAIR	1.00 2.00	X		X				0.	0.	0.
(9) DAVE BRIDGEWATER BOARD CHAIR ELECT	1.00 2.00	X		X				0.	0.	0.
(10) KATIE TURNER BOARD SECRETARY	1.00 2.00	X		X				0.	0.	0.
(11) JUDITH RALSTON-HANSEN DIRECTOR	1.00 2.00	X						0.	0.	0.
(12) CHRIS GUNNARE DIRECTOR	1.00 2.00	X						0.	0.	0.
(13) GRAHAM COOK DIRECTOR	1.00 2.00	X						0.	0.	0.
(14) JOHN PAULE DIRECTOR (TERM ENDED 10/2021)	1.00 2.00	X						0.	0.	0.
(15) JOHN PITTMAN DIRECTOR (TERM ENDED 10/2021)	1.00 2.00	X						0.	0.	0.
(16) KERRY ADAWAY DIRECTOR	1.00 2.00	X						0.	0.	0.
(17) NICK HENDERSON DIRECTOR	1.00 2.00	X						0.	0.	0.

**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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) PHIL STOVER DIRECTOR	1.00 2.00	X						0.	0.	0.
(19) SALLY REAVELY DIRECTOR (TERM ENDED 10/2021)	1.00 2.00	X						0.	0.	0.
(20) STEVE SCHAAF DIRECTOR	1.00 2.00	X						0.	0.	0.
(21) TOM TEMPLE DIRECTOR (RESIGNED 6/2022)	1.00 2.00	X						0.	0.	0.
(22) BILL WARNER DIRECTOR	1.00 2.00	X						0.	0.	0.
(23) LORI YOUNG DIRECTOR (RESIGNED 4/2022)	1.00 2.00	X						0.	0.	0.
(24) JEN GROOS, MD DIRECTOR	1.00 2.00	X						0.	0.	0.
(25) MARK HASEK DIRECTOR	1.00 2.00	X						0.	0.	0.
(26) PAM SCHOFFNER DIRECTOR	1.00 2.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,376,236.	0.	154,711.
<b>c Total from continuation sheets to Part VII, Section A</b>								552,119.	0.	60,195.
<b>d Total (add lines 1b and 1c)</b>								1,928,355.	0.	214,906.

**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 12

	Yes	No
<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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	
<b>5</b> 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
KEY REHABILITATION INC. 1335 NW BROAD STREET, MUFREESBORO, TN 37129	HOME CARE THERAPIES	334,163.
DBL EAGLE THERAPY SERVICES INC 1826 YALE AVE, WHAT CHEER, IA 50268	HOME CARE THERAPIES	201,885.
ORCHARD PLACE CHILD GUIDANCE CENTER 2116 GRAND AVE, DES MOINES, IA 50312	CASE MANAGEMENT	131,808.
OPEN SOURCE INFORMATION SYSTEMS 2669 260TH ST, MARSHALLTOWN, IA 50158	BUILDING SOFTWARE	125,000.
QCI, 4300 WESTOWN PKWY, SUITE 150, WEST DES MOINES, IA 50266	IT MANAGEMENT	107,387.

**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 5

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>	5,175,984.				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	8,361,377.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....			13,537,361.			
Program Service Revenue	<b>2 a</b>	PATIENT & PROGRAM SERV	<b>Business Code</b>	624100	21,415,000.	21,415,000.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			21,415,000.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....						
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	(i) Real	(ii) Personal				
			<b>6a</b>					
			<b>6b</b>					
	<b>c</b>	Rental income or (loss) .....	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
			<b>7a</b>					
			<b>7b</b>		164,215.			
			<b>7c</b>		-164,215.			
	<b>d</b>	Net gain or (loss) .....			-164,215.	-164,215.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....							
		<b>8a</b>						
		<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....							
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....							
		<b>9a</b>						
		<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....							
		<b>10a</b>		499,528.				
		<b>10b</b>		0.				
<b>c</b>	Net income or (loss) from sales of inventory .....			499,528.		499,528.		
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS INCOME	<b>Business Code</b>	624100	51,998.	51,998.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			51,998.			
<b>12</b>	<b>Total revenue.</b> See instructions .....			35,339,672.	21,302,783.	0.	499,528.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	33,948.	33,948.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,477,695.	1,184,740.	292,955.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	18,408,387.	14,764,893.	3,643,494.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	621,648.	495,233.	126,415.	
<b>9</b> Other employee benefits .....	1,057,832.	842,717.	215,115.	
<b>10</b> Payroll taxes .....	1,395,925.	1,147,746.	248,179.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	40,688.		40,688.	
<b>d</b> Lobbying .....	15,250.	15,250.		
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	1,639,315.	1,062,620.	576,695.	
<b>12</b> Advertising and promotion .....	453,519.		-3,902.	457,421.
<b>13</b> Office expenses .....	589,039.	400,769.	188,270.	
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,031,461.	607,324.	424,137.	
<b>17</b> Travel .....	935,213.	921,687.	13,526.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	80,875.	70,654.	10,221.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	853,531.	466,172.	387,359.	
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> PHARMACY, NURSING SUPPL	3,627,738.	3,612,255.	15,483.	
<b>b</b> CLIENT INSTRUCTIONAL RE	757,600.	761,291.	-3,691.	
<b>c</b> VOLUNTEER EXPENSES	117,584.	40,784.	22,898.	53,902.
<b>d</b> CONTRACTED FOOD SERVICE	88,301.	88,301.		
<b>e</b> All other expenses	401,879.	144,135.	94,266.	163,478.
<b>25</b> Total functional expenses. Add lines 1 through 24e	33,627,428.	26,660,519.	6,292,108.	674,801.
<b>26</b> 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)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,275,534.	<b>1</b>	2,119,060.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	1,373,280.	<b>3</b>	1,337,747.
	<b>4</b> Accounts receivable, net .....	2,972,384.	<b>4</b>	2,007,313.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	22,883.	<b>8</b>	26,567.
	<b>9</b> Prepaid expenses and deferred charges .....	317,543.	<b>9</b>	288,834.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 18,063,849.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 8,292,844.	7,590,323.	<b>10c</b> 9,771,005.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	20,858,511.	<b>13</b>	16,419,254.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	748,646.	<b>15</b>	983,440.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	37,159,104.	<b>16</b>	32,953,220.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,469,339.	<b>17</b>	4,988,791.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	126,495.	<b>19</b>	112,727.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,595,834.	<b>26</b>	5,101,518.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	9,646,027.	<b>27</b>	11,432,448.
	<b>28</b> Net assets with donor restrictions .....	20,917,243.	<b>28</b>	16,419,254.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	30,563,270.	<b>32</b>	27,851,702.
<b>33</b> Total liabilities and net assets/fund balances .....	37,159,104.	<b>33</b>	32,953,220.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	35,339,672.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	33,627,428.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,712,244.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	30,563,270.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-4,423,812.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	27,851,702.

**Part XII Financial Statements and Reporting**

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

- 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 on 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
- 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
- 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 on Schedule O.
- 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? \_\_\_\_\_
- 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 on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	



**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,604,299.	5,591,069.	9,021,503.	13,207,966.	13,537,361.	46,962,198.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5,604,299.	5,591,069.	9,021,503.	13,207,966.	13,537,361.	46,962,198.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						46,962,198.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	5,604,299.	5,591,069.	9,021,503.	13,207,966.	13,537,361.	46,962,198.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	38,731.	45,506.	101,707.	1.	0.	185,945.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1,635.	197.				1,832.
<b>11 Total support.</b> Add lines 7 through 10						47,149,975.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.60 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	99.43 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

**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.)

PUBLIC DISCLOSURE COPY

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990 or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

Name of the organization

VISITING NURSE SERVICES OF IOWA

Employer identification number

42-0680446

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

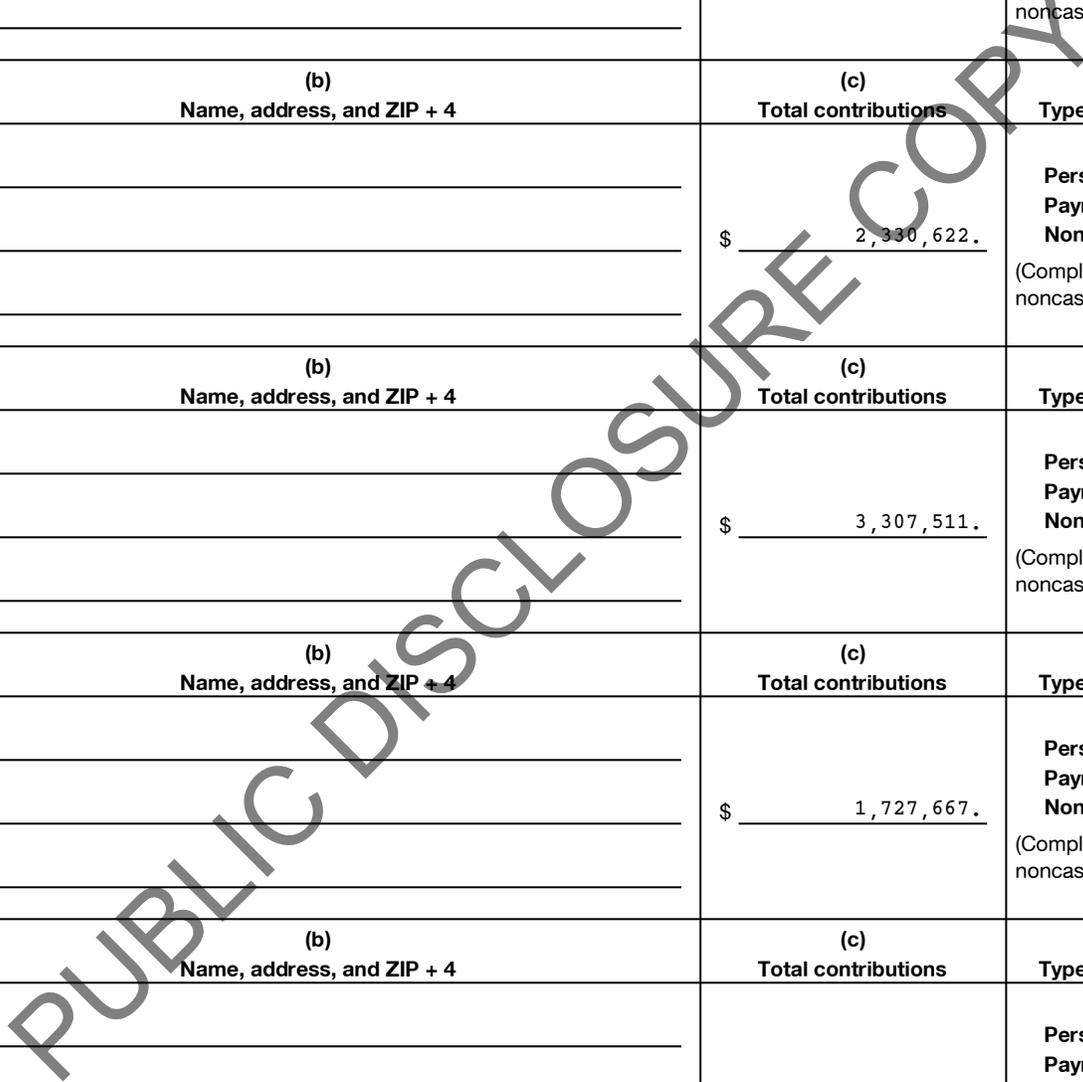
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  VISITING NURSE SERVICES OF IOWA	Employer identification number  42-0680446
---	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 5,175,984.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,330,622.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 3,307,511.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,727,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 301,440.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  VISITING NURSE SERVICES OF IOWA	Employer identification number  42-0680446
---	--

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

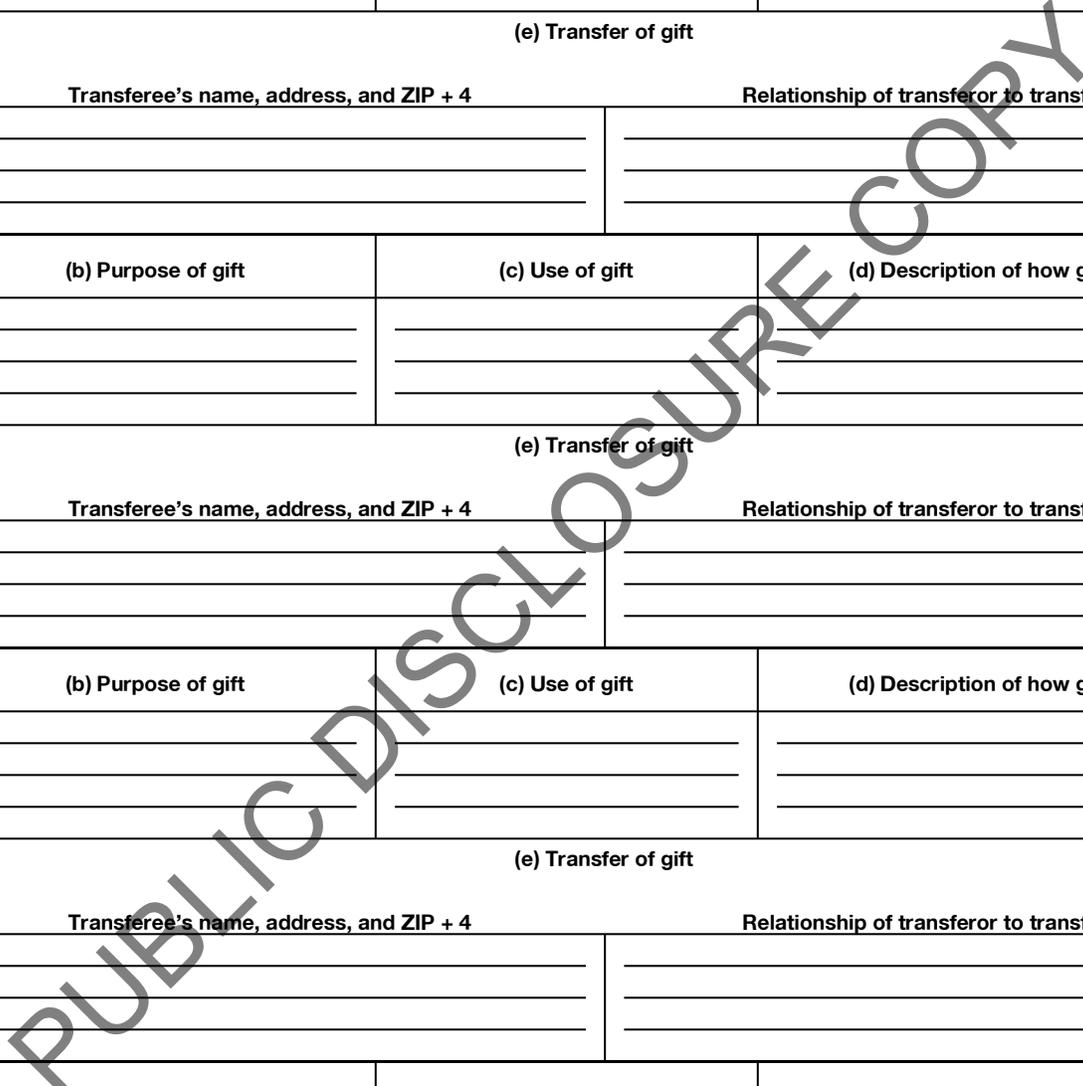
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

PUBLIC DISCLOSURE COPY

Name of organization  VISITING NURSE SERVICES OF IOWA	Employer identification number  42-0680446
---	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

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

Name of organization VISITING NURSE SERVICES OF IOWA	Employer identification number 42-0680446
---	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2021

LHA

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		15,250.
<b>j</b> Total. Add lines 1c through 1i			15,250.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ORGANIZATION CONTRACTS WITH ADVOCACY STRATEGIES, LLC TO PROVIDE

GOVERNMENT RELATIONS SERVICES RELATED TO INTERACTIONS WITH IOWA STATE

GOVERNMENT, LEGISLATIVE AND/OR REGULATORY AGENCIES WITH RESPECT TO

FUNDING FOR GENERAL HEALTH AND APPROPRIATIONS ISSUES AS REQUESTED BY

VNS INCLUDING, BUT NOT LIMITED TO MEDICAID, NON-PROFIT ORGANIZATION

**Part IV** Supplemental Information *(continued)*

ISSUES AND OTHER ISSUES THAT IMPACT THE ORGANIZATION.

THE LOBBYING ACTIVITIES INCLUDE: ASSISTANCE IN PREPARING AN ANNUAL

LEGISLATIVE AGENDA FOR THE ORGANIZATION; SCHEDULING PRE-SESSION

MEETINGS WITH LEGISLATORS TO DISCUSS THE ORGANIZATION'S PRIORITIES;

DAILY CONTACT DURING THE LEGISLATIVE SESSION WITH UPDATES ON BILLS AND

DECLARING THE ORGANIZATION'S POSITION; SCHEDULING MEETINGS WITH STATE

GOVERNMENTAL ORGANIZATIONS, AND; PROVIDING WEEKLY WRITTEN REPORTS

DURING THE LEGISLATIVE SESSION.

PUBLIC DISCLOSURE COPY

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization VISITING NURSE SERVICES OF IOWA Employer identification number 42-0680446

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding collections of art and historical treasures, including checkboxes and dollar amount fields for revenue and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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  No
- b 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	8,940,239.	6,845,931.	6,910,699.	6,665,147.	6,068,159.
b Contributions	17,917.	218,505.	276,730.	115,716.	
c Net investment earnings, gains, and losses	-948,813.	1,875,803.	285,904.	418,096.	596,988.
d Grants or scholarships					
e Other expenditures for facilities and programs	38,704.		627,402.	288,260.	
f Administrative expenses					
g End of year balance	7,970,639.	8,940,239.	6,845,931.	6,910,699.	6,665,147.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  94.9600 %
  - b Permanent endowment  5.0400 %
  - c Term 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   |     | X  |
| (ii) Related organizations  | X   |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | X   |    |
- 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		1,068,532.		1,068,532.
b Buildings		11,969,124.	3,974,346.	7,994,778.
c Leasehold improvements		6,766.	6,766.	0.
d Equipment		3,579,195.	2,909,354.	669,841.
e Other		1,440,232.	1,402,378.	37,854.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,771,005.

**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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**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) BENEFICIAL INTEREST IN NET ASSETS		
(2) HELD BY EVERystep FOUNDATION	16,419,254.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	16,419,254.	

**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)	
<b>Total.</b> (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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 V, LINE 4:

HCI FOUNDATION HOLDS ENDOWMENT FUNDS FOR THE BENEFIT OF THE ORGANIZATION.

THESE ENDOWMENT FUNDS ARE USED TO SUPPORT AND FUND THE ORGANIZATION'S

MISSION.

PART X, LINE 2:

THE ORGANIZATION AND ITS AFFILIATES ARE EXEMPT FROM INCOME TAXES ON INCOME

FROM RELATED ACTIVITIES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL

REVENUE CODE AND CORRESPONDING STATE TAX LAW. ACCORDINGLY, NO PROVISION

HAS BEEN MADE FOR FEDERAL OR STATE INCOME TAXES.

U.S. GAAP REQUIRES THAT A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF

IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A

**Part XIII** Supplemental Information (continued)

TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED.

THE ORGANIZATION'S FORMS 990 HAVE NOT BEEN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE OR THE STATE OF IOWA FOR THE LAST THREE YEARS.

THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. THE ORGANIZATION RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. THE ORGANIZATION DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT JUNE 30, 2021 OR 2020.

PUBLIC DISCLOSURE COPY

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization VISITING NURSE SERVICES OF IOWA Employer identification number 42-0680446

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

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

Schedule I (Form 990) 2021

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
QUALITY OF LIFE GRANTS	420	0.	33,948.	COST	MISCELLANEOUS NON-CARE ITEMS

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

PART I, LINE 2:

VISITING NURSE SERVICES OF IOWA ("EVERYSTEP") MAINTAINS A QUALITY OF LIFE

FUND TO PROVIDE SERVICES AND/OR ITEMS NOT COVERED UNDER PER DIEM

REIMBURSEMENTS FOR HOSPICE CARE TO PATIENTS IN NEED AND TO PROVIDE

OCCASIONAL SMALL LIFE AMENITIES THAT ENHANCE PATIENTS' AND FAMILIES'

QUALITY OF LIFE. ALL EVERYSTEP PATIENTS ARE ELIGIBLE FOR QUALITY OF LIFE

FUND BENEFITS, AND ALL ATTEMPTS ARE MADE TO UTILIZE COMMUNITY RESOURCES

PRIOR TO USING THE QUALITY OF LIFE FUND. BEST EFFORTS ARE USED TO ENSURE

THAT THE ASSISTANCE IS PROVIDED FOR PATIENTS IN NEED AND WITHOUT OTHER

**Part IV Supplemental Information**

MEANS OF ASSISTANCE OR ACCESS TO OTHER BENEFACTORS, AND THAT THE USE AND

CIRCUMSTANCES FOR THE FUNDS ARE CONSISTENT.

THE AMOUNT OF FUNDS PROVIDED IS DETERMINED BY THE HOSPICE OF CENTRAL IOWA

FOUNDATION BOARD OF TRUSTEES WITHIN ITS ANNUAL BUDGET. REPORTS OF FUND

EXPENDITURES ARE SUBMITTED TO THE BOARD OF TRUSTEES ON THE STATEMENT OF

REVENUES AND EXPENSES. ANY STAFF MEMBER MAY SUBMIT A WRITTEN OR VERBAL

REQUEST FOR UTILIZATION OF QUALITY OF LIFE FUNDS. REQUESTS FOR LESS THAN

\$100 ARE APPROVED BY THE PATIENT'S TEAM DIRECTOR. REQUESTS FOR MORE THAN

\$100 ARE APPROVED BY A MEMBER OF THE EXECUTIVE TEAM, WHO ALSO ENSURES THAT

APPROPRIATE OVERSIGHT AND REVIEW ARE CONDUCTED.

PUBLIC DISCLOSURE COPY

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: VISITING NURSE SERVICES OF IOWA  
 Employer identification number: 42-0680446

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (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 organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed 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)?

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

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

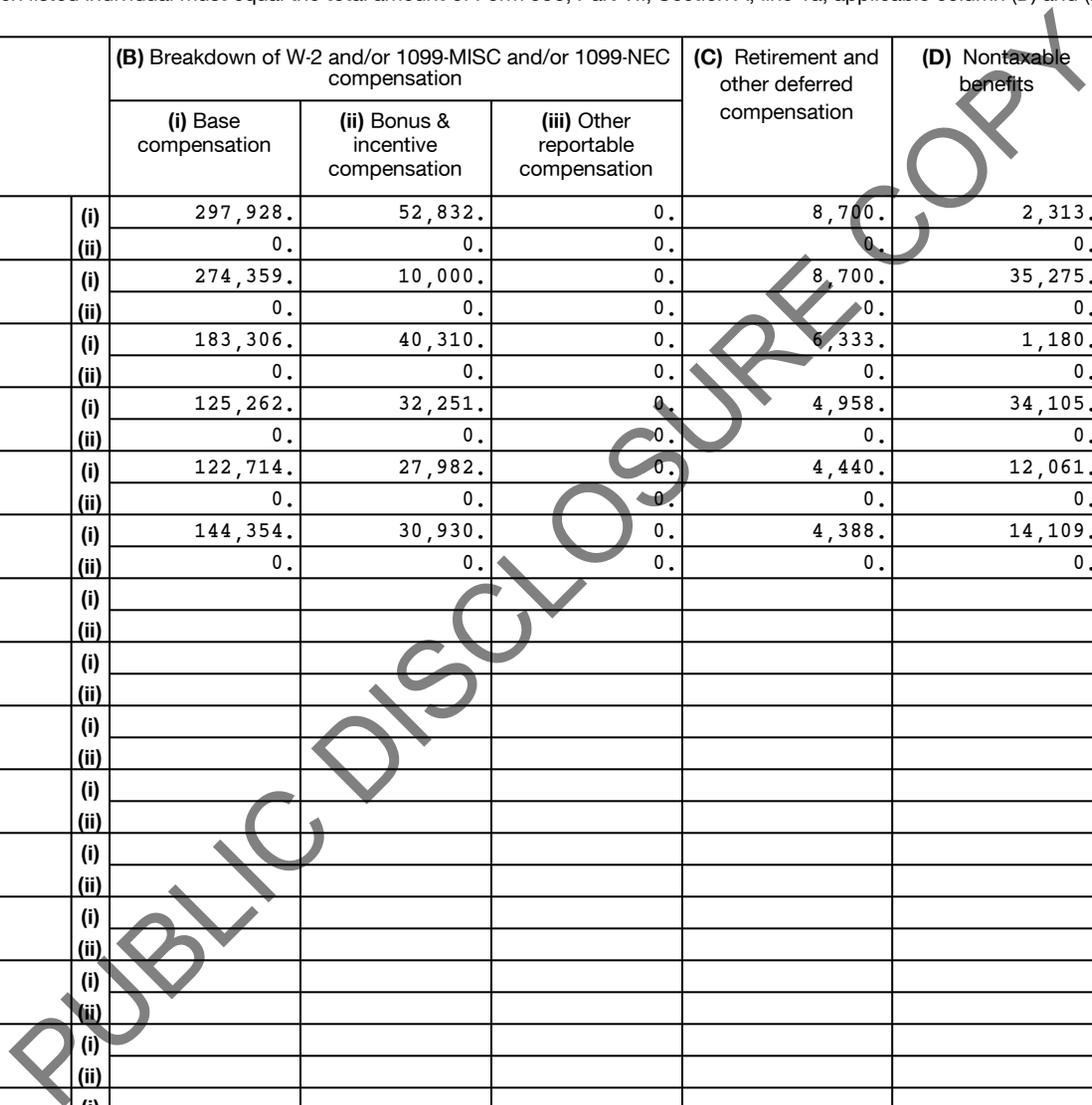
Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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				
(1) TRAY WADE PRESIDENT & CEO	(i)	297,928.	52,832.	0.	8,700.	2,313.	361,773.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) THOMAS MOUSER CHIEF MEDICAL OFFICER	(i)	274,359.	10,000.	0.	8,700.	35,275.	328,334.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LYNN MICHL VICE PRESIDENT & CFO	(i)	183,306.	40,310.	0.	6,333.	1,180.	231,129.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JIM KNOEPFLER VICE PRESIDENT, ADMINISTRATION	(i)	125,262.	32,251.	0.	4,958.	34,105.	196,576.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TAMMY STAPP CHIEF COMPLIANCE OFFICER	(i)	122,714.	27,982.	0.	4,440.	12,061.	167,197.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LEANN THRAPP VP OF CLINICAL SERVICES	(i)	144,354.	30,930.	0.	4,388.	14,109.	193,781.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

VISITING NURSE SERVICES OF IOWA

Employer identification number

42-0680446

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

GUIDANCE DURING LIFE'S MOST CHALLENGING MOMENTS.

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

EVERYSTEP IS A NON-PROFIT, COMMUNITY-BASED ORGANIZATION OFFERING A WIDE

RANGE OF HEALTH CARE AND SOCIAL SUPPORT SERVICES. THE MISSION OF

EVERYSTEP IS: WE EMPOWER INDIVIDUALS, SUPPORT FAMILIES AND STRENGTHEN

COMMUNITIES. FOR THE FISCAL YEAR ENDED JUNE 30, 2022, EVERYSTEP'S

NON-PROFIT PROGRAMS SERVED NEARLY 70,000 PATIENTS, CLIENTS AND THEIR

FAMILY MEMBERS ACROSS THE STATE OF IOWA AND BEYOND.

DURING LIFE'S MOST CHALLENGING MOMENTS, EVERYSTEP'S FAMILY OF

COMMUNITY-BASED HEALTH CARE AND SUPPORT SERVICES OFFER EDUCATION TO

MOTHERS AND INFANTS; CONNECT GROWING OR STRUGGLING FAMILIES WITH THE

RESOURCES THEY NEED; BRING CARE TO THOSE WHO ARE INJURED, ILL OR FACING

THE END OF LIFE, AND; OFFER GRIEF SUPPORT TO THOSE LIVING WITH LOSS.

THESE SERVICES ARE CARRIED OUT THROUGH HOME VISITS, FAMILY SUPPORT,

ONLINE OUTREACH AND TELEHEALTH SERVICES, DEVELOPMENTAL SCREENINGS,

NURSE EDUCATIONAL VISITS TO PREGNANT AND PARENTING INDIVIDUALS,

TRANSPORTATION SERVICES, DENTAL SCREENINGS AND MUCH MORE. EVERYSTEP

ALSO OFFERS HOME HEALTH CARE SERVICES, HOSPICE CARE, INTERPRETATION AND

TRANSLATION SERVICES, FREE GRIEF SUPPORT, AND COMMUNITY HEALTH

PROGRAMS.

DONOR SUPPORT HELPS ENSURE ALL WHO NEED EVERYSTEP'S SERVICES ARE ABLE

TO RECEIVE IT. FROM JULY 1, 2021 THROUGH JUNE 30, 2022, THANKS TO GIFTS

TO EVERYSTEP FOUNDATION, THE ORGANIZATION PROVIDED OVER \$1,743,099 OF

SUPPORT TO PATIENTS AND CLIENTS TO ENSURE QUALITY CARE FOR ALL TO HELP

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

Schedule O (Form 990) 2021

Name of the organization VISITING NURSE SERVICES OF IOWA	Employer identification number 42-0680446
---	--

THOSE WITHOUT MEANS TO PAY FOR THEIR SERVICES, TO SUPPORT END-OF-LIFE

WISHES AND BASIC NEEDS, FOR OPERATIONS SUPPORT, AS WELL AS A VARIETY OF

OTHER ITEMS. 506 VOLUNTEERS GAVE 62,297 HOURS OF THEIR TIME TO THE

ORGANIZATION'S HOSPICE, THRIFT STORE, SENIOR COMPANION AND AMANDA THE

PANDA PROGRAMS, EQUAL TO \$1,865,795 IN VALUE TO THE ENTIRE

ORGANIZATION.

IN 2021-2022, EVERystep WAS NAMED AS A TOP WORKPLACE BY THE DES MOINES

REGISTER, THE 10TH TIME THE ORGANIZATION HAS RECEIVED THE AWARD, WHICH

IS DETERMINED THROUGH A THIRD-PARTY SURVEY OF EMPLOYEES. EVERystep WAS

ALSO NAMED AS "RUNNER-UP: BEST NON-PROFIT" AND ITS CEO WAS NAMED

"RUNNER-UP: BEST CEO" BY THE DES MOINES BUSINESS RECORD. THE EVERystep

HOSPICE AND EVERystep HOME CARE PROGRAMS ARE MEDICARE CERTIFIED AND

CHAP ACCREDITED (COMMUNITY HEALTH ACCREDITATION PARTNER).

EVERystep IS COMMITTED TO HELPING PEOPLE BRIDGE BARRIERS AND ACCESS

NEEDED CARE AND SUPPORT DURING CRITICAL LIFE MOMENTS. EVERystep IS

PARTICULARLY INVOLVED WITH PROGRAMMING AND OUTCOMES THAT FOCUS ON

HEALTH PROMOTION; EQUITY AND ACCESS TO CARE; DISEASE PREVENTION;

REDUCTION OF INFANT MORTALITY; ENHANCING SCHOOL READINESS; PROMOTING

MENTAL HEALTH, QUALITY OF LIFE AND SELF-SUFFICIENCY; AND THE PREVENTION

OF CHILD ABUSE.

ACTIVITIES INCLUDE HOME VISITING AND PARENT EDUCATION, PROVIDING

DEVELOPMENTAL SCREENINGS AND APPROPRIATE FOLLOW-UP, ACCESS TO DENTAL

SERVICES AND TO A MEDICAL HOME, REFERRALS TO SERVICES IN THE COMMUNITY,

CONNECTION TO EARLY ACCESS SERVICES ACROSS THE STATE OF IOWA, ASSISTING

CHILD CARE PROVIDERS WITH THE QUALITY RATING SYSTEM, COMPLETING

IMMUNIZATION AUDITS, ACCESS TO HEALTHY BEHAVIOR PROGRAMS, AND

PARTICIPATION IN STUDIES THAT EXAMINE THE ENVIRONMENTAL INFLUENCES ON

THE HEALTH AND DEVELOPMENT OF CHILDREN.

Name of the organization VISITING NURSE SERVICES OF IOWA	Employer identification number 42-0680446
---	--

EVERYSTEP'S INTAKE AND REFERRAL SPECIALISTS PROCESSED 1,157 REFERRALS

OR REQUESTS FOR SUPPORT. SOME OF THE MORE THAN 30 PROGRAMS EVERYSTEP

OFFERED OR WAS CONTRACTED TO PROVIDE IN 2021-2022 INCLUDE: HEALTHY

START & EMPOWERMENT PROJECT, I-SMILE, CONNECTIONS PROGRAM AT BLANK

CHILDREN'S CENTER, IOWA FAMILY SUPPORT NETWORK, REFUGEE AND IMMIGRANT

GUIDE, STORYBOOK PROJECT OF IOWA, 1ST FIVE HEALTHY MENTAL DEVELOPMENT

INITIATIVE, CHILDREN AT HOME, EPSDT CARE FOR KIDS PROGRAM, NURSE-FAMILY

PARTNERSHIP PROGRAM, MATERNAL CHILD HEALTH OUTREACH, STORK'S NEST &

FAMILY NEST, 5- 2-1-0 HEALTHY CHOICES COUNT! PROGRAM, CHILD CARE NURSE

CONSULTANTS PROGRAM, SENIOR COMPANION PROGRAM, HEALTHY HOMES DES

MOINES, NINE2THRIVE, DRAKE UNIVERSITY HEAD START NURSE CONSULTATION,

FATHERSMATTER, AND MANY OTHER PROGRAMS AND SERVICES.

IN 2021-2022, EVERYSTEP PROVIDED SUPPORT TO MORE THAN 2,000 WOMEN AND

CHILDREN THROUGH ITS PRE- AND POSTNATAL HOME VISIT PROGRAMS AND VIRTUAL

SERVICES, WITH 90 PERCENT OF THE MOTHERS IN ITS PROGRAMS DELIVERING

FULL-TERM BABIES. IN ADDITION, 2,208 CHILDREN AND PREGNANT WOMEN

RECEIVED DENTAL SCREENINGS, FLUORIDE VARNISH APPLICATIONS, ORAL HEALTH

EDUCATION AND REFERRALS TO DENTAL PROVIDERS EVERYSTEP ENSURED

THOUSANDS OF CHILDREN AND FAMILIES RECEIVED GUIDANCE AND SUPPORT

THROUGH THE ORGANIZATION'S MANY SERVICES.

MATERNAL/CHILD PREVENTATIVE CARE AND SCREENING PROGRAMS FOR WOMEN AND

CHILDREN. THROUGH EVERYSTEP'S STORK'S NEST AND FAMILY NEST PROGRAMS,

NEARLY 1,336 PARTICIPANTS WERE PROVIDED WITH VITAL SUPPLIES, INCLUDING

DIAPERS, CAR SEATS, LAUNDRY DETERGENT AND INFANT CLOTHING. PARTICIPANTS

EARNED POINTS FOR HEALTHY BEHAVIORS (SUCH AS ATTENDING MEDICAL

APPOINTMENTS, WIC PARTICIPATION, BREASTFEEDING AND SCHOOL ATTENDANCE)

TO REDEEM THROUGH THE PROGRAM AT THE STORK'S NEST STORE. EVERYSTEP

Name of the organization VISITING NURSE SERVICES OF IOWA	Employer identification number 42-0680446
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HELPED PROCESS 302 PREGNANT WOMEN AND CHILDREN FOR PRESUMPTIVE MEDICAID

ELIGIBILITY AND FOR THE DENTAL VOUCHER ASSISTANCE PROGRAM.

EVERYSTEP'S CHILDREN AT HOME PROGRAM PROVIDED \$532,675 IN SUPPORT TO

494 FAMILIES, HELPING CHILDREN WITH DISABILITIES TO LIVE SUCCESSFULLY

AT HOME.

THROUGH EVERYSTEP, 24 INCARCERATED FATHERS READ AND RECORDED 30 BOOKS

TO SEND TO THEIR CHILDREN AND GRANDCHILDREN, WITH HELP FROM EVERYSTEP'S

VOLUNTEERS ENCOURAGING CONNECTION BETWEEN FAMILY MEMBERS AND A LOVE OF

READING.

EVERYSTEP COMMUNITY HEALTH PROVIDED 11,673 FLU VACCINATIONS AND 850

BIOMETRIC SCREENINGS ACROSS IOWA, AS WELL AS BLOOD PRESSURE CHECKS,

FOOT CARE AND HEALTH EDUCATION TO 1,028 CLIENTS IN THE GREATER DES

MOINES AREA.

IN 2021-2022, EVERYSTEP HOME CARE OFFERED HOME HEALTH CARE SERVICES TO

1,158 PATIENTS IN 24 COUNTIES FROM ITS TEAMS BASED IN DES MOINES,

CENTERVILLE, KNOXVILLE AND CRESTON. EVERYSTEP HOSPICE SERVED 1,445

PATIENTS THROUGHOUT 44 IOWA COUNTIES FROM ITS OFFICES IN CENTERVILLE,

COUNCIL BLUFFS, DES MOINES, KNOXVILLE, MOUNT AYR, MT. PLEASANT,

OSCEOLA, PERRY AND WINTERSSET; AND AT ITS HOSPICE HOUSES: KAVANAGH

HOUSE ON 56TH STREET IN DES MOINES AND GREATER REGIONAL HOSPICE HOME IN

CRESTON. EVERYSTEP HOSPICE IS A LEVEL 4 PARTICIPANT IN THE NATIONALLY

RECOGNIZED WE HONOR VETERANS PROGRAM, AND IN 2021-2022 EVERYSTEP HELD

12 HONORARY CEREMONIES FOR VETERANS IN ITS CARE. THE EVERYSTEP

PALLIATIVE CARE PROGRAM OFFERED RELIEF FROM SYMPTOMS AND STRESS OF

SERIOUS ILLNESS TO 120 PATIENTS SERVED BY PROVIDERS IN MADISON AND

UNION COUNTIES IN IOWA.

THROUGH EVERYSTEP GRIEF & LOSS SERVICES AND ITS AMANDA THE PANDA

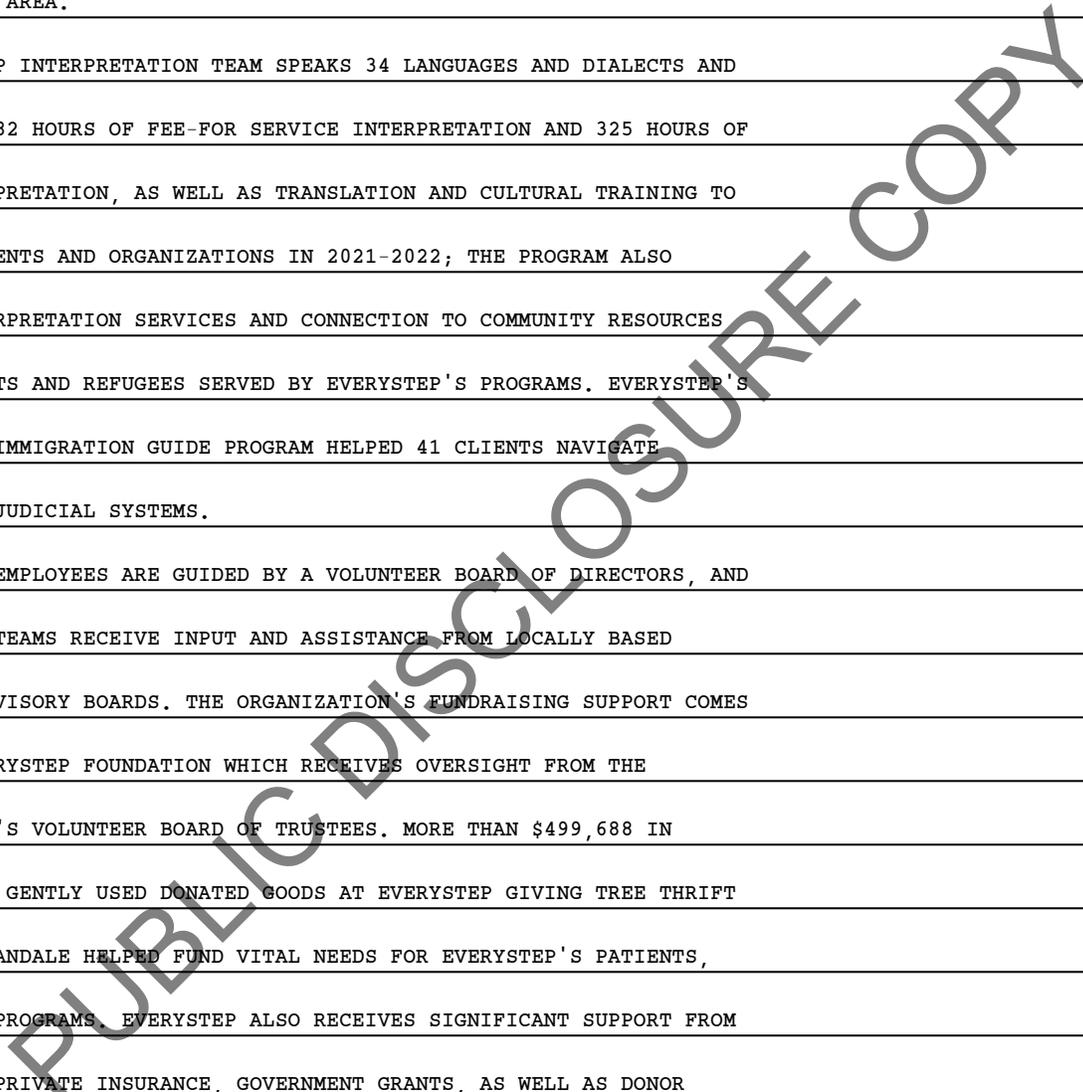
PROGRAM, THERE WERE 2,030 TOUCHPOINTS AND 1,500 PARTICIPANTS SERVED VIA

Name of the organization VISITING NURSE SERVICES OF IOWA	Employer identification number 42-0680446
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VIRTUAL AND IN-PERSON SUPPORT GROUPS, CAMPS, SCHOOL VISITS, FAMILY NIGHTS AND FUN DAYS. DURING THE HOLIDAY SEASON, CHEER BOXES WERE DELIVERED TO 686 GRIEVING INDIVIDUALS AND FAMILIES ACROSS 19 STATES. GRIEF SUPPORT WAS ALSO PROVIDED TO STUDENTS IN 24 SCHOOLS IN THE DES MOINES METRO AREA.

THE EVERYSTEP INTERPRETATION TEAM SPEAKS 34 LANGUAGES AND DIALECTS AND PROVIDED 2,182 HOURS OF FEE-FOR SERVICE INTERPRETATION AND 325 HOURS OF REMOTE INTERPRETATION, AS WELL AS TRANSLATION AND CULTURAL TRAINING TO EXTERNAL CLIENTS AND ORGANIZATIONS IN 2021-2022; THE PROGRAM ALSO OFFERED INTERPRETATION SERVICES AND CONNECTION TO COMMUNITY RESOURCES FOR IMMIGRANTS AND REFUGEES SERVED BY EVERYSTEP'S PROGRAMS. EVERYSTEP'S REFUGEE AND IMMIGRATION GUIDE PROGRAM HELPED 41 CLIENTS NAVIGATE WELFARE AND JUDICIAL SYSTEMS.

EVERYSTEP'S EMPLOYEES ARE GUIDED BY A VOLUNTEER BOARD OF DIRECTORS, AND ITS HOSPICE TEAMS RECEIVE INPUT AND ASSISTANCE FROM LOCALLY BASED VOLUNTEER ADVISORY BOARDS. THE ORGANIZATION'S FUNDRAISING SUPPORT COMES FROM THE EVERYSTEP FOUNDATION WHICH RECEIVES OVERSIGHT FROM THE ORGANIZATION'S VOLUNTEER BOARD OF TRUSTEES. MORE THAN \$499,688 IN PURCHASES OF GENTLY USED DONATED GOODS AT EVERYSTEP GIVING TREE THRIFT STORE IN URBANDALE HELPED FUND VITAL NEEDS FOR EVERYSTEP'S PATIENTS, CLIENTS AND PROGRAMS. EVERYSTEP ALSO RECEIVES SIGNIFICANT SUPPORT FROM UNITED WAY, PRIVATE INSURANCE, GOVERNMENT GRANTS, AS WELL AS DONOR CONTRIBUTIONS, BEQUESTS, GRANTS AND FUNDRAISING ACTIVITIES CONDUCTED THROUGH THE EVERYSTEP FOUNDATION. DONORS MAY DESIGNATE THEIR GIFTS TO SPECIFIC AREAS SERVED BY EVERYSTEP, WHICH REFLECTS THE ORGANIZATION'S COMMITMENT TO COMMUNITY-BASED CARE.



Name of the organization VISITING NURSE SERVICES OF IOWA	Employer identification number 42-0680446
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MATERNAL AND CHILD HEALTH SERVICES - MATERNAL AND CHILD HEALTH SERVICES

INCLUDE THE PROVISION OF SERVICES FOR WOMEN, INFANTS, CHILDREN AND

FAMILIES FOCUSING ON HEALTH PROMOTION, DISEASE PREVENTION, THE

REDUCTION OF INFANT MORTALITY; ENHANCING SCHOOL READINESS; PROMOTION OF

SELF SUFFICIENCY; AND ON THE PREVENTION OF CHILD ABUSE. ACTIVITIES

INCLUDE HOME VISITING AND PARENT EDUCATION, PROVIDING DEVELOPMENTAL

SCREENINGS AND APPROPRIATE FOLLOWUP; ACCESS TO DENTAL SERVICES; ACCESS

TO A MEDICAL HOME; REFERRALS TO SERVICES IN THE COMMUNITY; CONNECTION

TO EARLY ACCESS SERVICES ACROSS THE STATE OF IOWA; ACCESS TO

WRAP-AROUND SERVICES FOR SEVERE EMOTIONALLY DISTURBED CHILDREN; ACCESS

TO MENTAL HEALTH SERVICES; ASSISTING CHILD CARE PROVIDERS WITH THE

QUALITY RATING SYSTEM; COMPLETING IMMUNIZATION AUDITS; ACCESS TO A

HEALTHY BEHAVIOR'S PROGRAM(STORK'S NEST); AND PARTICIPATION IN A

RESEARCH STUDY THAT EXAMINES THE EFFECTS OF ENVIRONMENTAL INFLUENCES ON

THE HEALTH AND DEVELOPMENT OF CHILDREN.

OCCUPATIONAL HEALTH SERVICES - OCCUPATIONAL HEALTH SERVICES INCLUDE THE

PROVISION OF FLU AND IMMUNIZATION CLINICS, BLOOD PRESSURE CLINICS,

COMMUNITY WELLNESS CLINICS, HEALTH RISK ASSESSMENT ACTIVITIES,

PROVISION OF PHYSICAL EXAMS, AND OTHER ACTIVITIES GEARED TOWARD

WELLNESS PROMOTION AND ILLNESS PREVENTION.

EXPENSES \$ 3,487,196. INCLUDING GRANTS OF \$ 4,441. REVENUE \$ 3,009,673.

FORM 990, PART VI, SECTION A, LINE 1A:

THE BOARD OF DIRECTORS MAY ESTABLISH ONE OR MORE COMMITTEES OF THE BOARD,

INCLUDING AN EXECUTIVE COMMITTEE, AND APPOINT MEMBERS OF THE BOARD TO SERVE

ON THEM. EACH COMMITTEE SHALL HAVE THE POWERS AND DUTIES DELEGATED TO IT BY

Name of the organization

VISITING NURSE SERVICES OF IOWA

Employer identification number

42-0680446

THE BOARD OF DIRECTORS. EACH COMMITTEE SHALL HAVE A SEPARATE CHARTER

ESTABLISHED BY THE BOARD OF DIRECTORS SPECIFYING THE SCOPE OF THE

COMMITTEE'S AUTHORITY. THE CURRENT COMMITTEES CONSIST OF AN EXECUTIVE,

FINANCE, AUDIT, AND QUALITY AND COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PROVIDED TO THE ORGANIZATION'S PRESIDENT, CFO AND AUDIT

COMMITTEE FOR INITIAL REVIEW. AFTER THEIR REVIEW AND EDITS, THE

ORGANIZATION'S TAX ADVISERS PRESENT A FINAL DRAFT OF THE FORM 990 TO THE

BOARD OF DIRECTORS FOR FINAL REVIEW AND APPROVAL. ONCE APPROVED BY THE

BOARD OF DIRECTORS, THE FORM 990 IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO PROMPTLY

REPORT ANY ONGOING OR INCIDENTAL MATERIAL INTERESTS OR AFFILIATIONS WHICH

COULD RESULT IN A POTENTIAL CONFLICT OF INTEREST. BOARD MEMBERS ARE ALSO

REQUIRED TO SIGN A CONFLICT OF INTEREST DECLARATION ANNUALLY, AND ALSO

COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. ANY CONFLICTS ARE

REPORTED TO THE BOARD CHAIR, CEO AND CFO TO DETERMINE IF ANY POTENTIAL OR

ACTUAL CONFLICTS EXIST. ANY BOARD MEMBER DETERMINED TO HAVE A CONFLICT OF

INTEREST IS REQUIRED TO ABSTAIN FROM ANY DECISION OR VOTING PROCESS

RELATING TO THE CONFLICTING ISSUE.

FORM 990, PART VI, SECTION B, LINE 15:

EVERY TWO YEARS, THE ORGANIZATION'S BOARD OF DIRECTORS ENGAGES AN

INDEPENDENT COMPENSATION CONSULTANT TO PERFORM A COMPENSATION ANALYSIS

USING COMPARABILITY DATA FOR THE ORGANIZATION'S SENIOR OFFICERS. THE LAST

SUCH STUDY WAS COMPLETED IN MAY 2020 BY NEWPORT RETIREMENT SERVICES -

Name of the organization VISITING NURSE SERVICES OF IOWA	Employer identification number 42-0680446
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CHICAGO. THE FINDINGS OF THE ANALYSIS ARE PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE MEMBERS USE THE ANALYSIS TO REVIEW AND ESTABLISH THE AMOUNT OF COMPENSATION FOR THE PRESIDENT & CEO. THE REVIEW PROCESS IS DOCUMENTED IN THE EXECUTIVE COMMITTEE MEETING MINUTES.

THE PRESIDENT AND CEO USE THE ANALYSIS TO REVIEW AND ESTABLISH COMPENSATION FOR THE FOLLOWING OFFICERS AND KEY EMPLOYEES: VICE PRESIDENT & CFO, VICE PRESIDENT OF ADMINISTRATION, AND THE CHIEF MEDICAL OFFICER. THE BOARD OF DIRECTORS HAS OVERSIGHT TO THE COMPENSATION SET BY THE PRESIDENT AND CEO.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON REQUEST.

FORM 990, PART VII, SECTION B, LINE 1 - INDEPENDENT CONTRACTORS

VISITING NURSE SERVICES OF IOWA (EIN: 42-0680446) IS THE COMMON PAYMASTER FOR HOSPICE OF CENTRAL IOWA FOUNDATION; THEREFORE ALL VENDORS, INCLUDING INDEPENDENT CONTRACTORS, ARE PAID AND REPORTED BY VISITING NURSE SERVICES OF IOWA ON BEHALF OF THESE NAMED ENTITIES.

INDEPENDENT CONTRACTOR INFORMATION IS ENTERED IN PART VII, SECTION B, AT THE ORGANIZATIONAL LEVEL AS THE PAYMENTS RELATE TO EACH ENTITY'S BUSINESS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF HOSPICE OF CENTRAL IOWA FDN	-4,439,257.
IN KIND DONATIONS	15,445.

Name of the organization VISITING NURSE SERVICES OF IOWA	Employer identification number 42-0680446
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TOTAL TO FORM 990, PART XI, LINE 9 -4,423,812.

PUBLIC DISCLOSURE COPY

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization: VISITING NURSE SERVICES OF IOWA  
Employer identification number: 42-0680446

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HOSPICE OF CENTRAL IOWA DBA EVERYSTEP; HCI CARE SERVICES - 42-1093718, 3000 EASTON BOULEVARD, DES MOINES, IA 50317	HOSPICE/HEALTH CARE	IOWA	501(C)(3)	LINE 10	HCI VNS CARE SERVICES		X
HCI VNS CARE SERVICES, DBA EVERYSTEP - 45-5189289, 3000 EASTON BOULEVARD, DES MOINES, IA 50317	ADMINISTRATIVE & MANAGEMENT SERVICES (MSO)	IOWA	501(C)(3)	LINE 12B, II	N/A		X
HOSPICE OF CENTRAL IOWA FOUNDATION DBA EVERYSTEP FOUNDATION; HCI FOUNDATION, 3000 EASTON BOULEVARD, DES MOINES, IA 50317	FUNDRAISING FOR HOSPICE OF CENTRAL IOWA & VISITING NURSE SERVICES OF IOWA	IOWA	501(C)(3)	LINE 7	VISITING NURSE SERVICES OF IOWA	X	

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

Schedule R (Form 990) 2021

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

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

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

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

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

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

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

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HOSPICE OF CENTRAL IOWA FOUNDATION	C	5,175,984. FMV	
(2) HOSPICE OF CENTRAL IOWA FOUNDATION	D	578,892. FMV	
(3) HOSPICE OF CENTRAL IOWA FOUNDATION	Q	115,000. FMV	
(4)			
(5)			
(6)			





# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  VISITING NURSE SERVICES OF IOWA	Taxpayer identification number (TIN)  42-0680446
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3000 EASTON BLVD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DES MOINES, IA 50317-3124	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

LYNN MICHL

• The books are in the care of ▶ 3000 EASTON BOULEVARD - DES MOINES, IA 50317-3124

Telephone No. ▶ (515) 333-4246 Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until MAY 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning JUL 1, 2021, and ending JUN 30, 2022.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.