\*\* PUBLIC DISCLOSURE COPY \*\*
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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 for instructions and the latest information.

A F	or the	2022 calendar year, or tax year beginning JU	љ 1, 2022 <b>and</b>	ending ਹ	UN 30, 2023						
	heck if oplicable	C Name of organization			D Employer	identific	eation number				
	Addres	VISITING NURSE SERVICES OF IOWA									
	Name change	D : EVEDVOMED			42-06	80446					
	Initial return	Number and street (or P.O. box if mail is not de	Room/suite	E Telephone	number						
	Final return/	3000 EASTON BLVD	,		·	274-340					
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts	\$	31,386,068.				
	Ameno		0 1		H(a) Is this a	group re	turn				
	Applic tion	F Name and address of principal officer: That	WADE		for subo	rdinates?	? Yes X No				
	pendir	SAME AS C ABOVE			H(b) Are all subc	ordinates inc	cluded? Yes No				
1 1	ax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	1		list. See instructions				
JV	Vebsit	e: WWW.EVERYSTEP.ORG			H(c) Group e	xemption	n number				
			sociation Other	<b>L</b> Year	of formation: 19	08 M	State of legal domicile: IA				
Pa	rt I	Summary									
an.	1	Briefly describe the organization's mission or most	significant activities: EVERYS	TEP IS A	FAMILY OF						
Governance		NON-PROFIT HEALTHCARE AND SUPPORT SER	ICES OFFERING COMPASSI	ON AND							
rna	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its	net ass	ets.				
ove.		Number of voting members of the governing body				3	18				
		Number of independent voting members of the gov					18				
es 9		Total number of individuals employed in calendar y				5	497				
ĭŧ	6	Total number of volunteers (estimate if necessary)		)		6	741				
Activities &		Total unrelated business revenue from Part VIII, co				<b>7</b> a	0.				
	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>		7b	0.				
					Prior Year		Current Year				
Revenue					13,537		9,235,411.				
		Program service revenue (Part VIII, line 2g)		21,415		21,477,692.					
Rev		Investment income (Part VIII, column (A), lines 3, 4,				,215.	50,237.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c				,526.	622,728. 31,386,068.				
		Total revenue - add lines 8 through 11 (must equal		35,339							
		Grants and similar amounts paid (Part IX, column (			33	0.	22,912.				
			fits paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), lines 5-10)  22,961,48								
ses					22,301	0.	23,619,653.				
Expenses		Professional fundraising fees (Part IX, column (A), li				0.	0.				
Ä		Total fundraising expenses (Part IX, column (D), line			10,631	993	12,513,846.				
		Other expenses (Part IX, column (A), lines 11a-11d,			33,627		36,156,411.				
		Total expenses. Add lines 13-17 (must equal Part I) Revenue less expenses. Subtract line 18 from line			1,712	-4,770,343.					
_ s		Revenue less expenses. Subtract line 16 from line	12	Be	ginning of Curre		End of Year				
its or	20	Total assets (Part X, line 16)			32,953		33,195,557.				
Asse Bala	21	Total liabilities (Part X, line 26)				,518.	9,131,240.				
Net Assets Fund Balanc	22	Net assets or fund balances. Subtract line 21 from	line 20		27,851		24,064,317.				
	rt II	Signature Block	IIII 20			, ,					
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule:	s and stateme	ents, and to the b	est of my	knowledge and belief, it is				
		t, and complete. Declaration of preparer (other than office				-	,				
		, ( (	.,			<u> </u>					
Sigr	,	Signature of officer			Date						
Her		TRAY WADE, PRESIDENT & CEO									
	_	Type or print name and title									
		Print/Type preparer's name	Preparer's signature	[1	Date	Check	PTIN				
Paid		KATHY FAIRCHILD	1	0	2/14/24	if self-employe	P00222608				
Prep		Firm's name RSM US LLP		L	Firm's		12-0714325				
Use		Firm's address 400 LOCUST ST, STE 640				-					
		DES MOINES, IA 50309-2354			Phone	no.515-	-558-6600				
May	the IF	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes No				

Pa	In III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х
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 🗓 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	JYes LX No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expe	nses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expens	ses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 14,495,156. including grants of \$ 11,607.) (Revenue \$ 1	0,647,714.
	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 \$6,131,686. including grants of \$4,910. ) (Revenue \$	4,505,796.
	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 OFLIFE. TOGETHER, THE TWO ORGANIZATIONS ARE	
	WELL-POSITIONED FOR LONG-TERM STABILITY AND STRENGTH IN THE FACE OF	
	CURRENT ECONOMIC REALITIES.	
		3 844 888
4c	(Code:) (Expenses \$4,532,240. including grants of \$3,629. ) (Revenue \$ FAMILY HEALTH SERVICES -	3,044,000.
	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.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 3,453,543. including grants of \$ 2,766.) (Revenue \$ 2,529,532.)	
4e	Total program service expenses 28,612,625.	000

# Form 990 (2022) VISITING NURSE SERVICES OF IOWA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			<sub>v</sub>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Λ	
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
<b>L</b>	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ı <del>-t</del> a		<u></u>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1.15		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>.</u> _		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x

	Part IV	Checklist of Required Schedules	(continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>                                     </del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		<del></del>
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<del> </del>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<del> </del>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥	v	
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		x
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	51		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	ı

022) VISITING NURSE SERVICES OF IOWA

Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2022) **Part V** Sta

		_		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	497							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	L	<b>2</b> b		Х				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	L	За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
b	, , , , , , , , , , , , , , , , , , , ,		5b 5c		Х				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soli								
	any contributions that were not tax deductible as charitable contributions?	·····	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
_	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).		_		v				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	· · · _	7a 		Х				
b	, , , , , , , , , , , , , , , , , , , ,	·····	7b						
С			7-		х				
	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d		7c		Λ				
d	,	_	7e		Х				
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	·····	7 <del>6</del> 7f		X				
g									
9 h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- L	7h						
Ū	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	·····	9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	L	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_							
	Section 501(c)(29) qualified nonprofit health insurance issuers.	- 1							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand	_			v				
	Did the organization receive any payments for indoor tanning services during the tax year?	Г	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	F	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		15		х				
	excess parachute payment(s) during the year?	······	15		Λ				
16	If "Yes," see the instructions and file Form 4720, Schedule N.		16		Х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	····	16		41				
17	If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes." complete Form 6069.	·····	.,						

Form 990 (2022) VISITING NURSE SERVICES OF IOWA 42-0680446 Page
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			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		l	
	tion 211 charge (This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
b		10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
l la b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	па		
		12a	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Α	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	TRAY WADE - (515) 333-4246			
	3000 EASTON BOULEVARD, DES MOINES, IA 50317-3124			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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

X

#### 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.

**Employees, and Independent Contractors** 

- 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, box 6 of 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, of

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Pos (do not check				nne	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	la a a	recto	r/trus	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	eord	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trustee		yee	mper		1099-NEC)	1000 (120)	and related
	below	Individual trustee or director	Institutional t	ia.	Key employee	Highest compensated employee	Jer.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) TRAY WADE	36.00									
PRESIDENT & CEO	4.00			Х				383,593.	0.	16,873.
(2) THOMAS MOUSER	36.00							<i>y</i>		
CHIEF MEDICAL OFFICER	4.00				Х		)	305,487.	0.	26,816.
(3) LYNN MICHL	36.00			·						
VICE PRESIDENT & CFO	4.00			Х				231,424.	0.	16,903.
(4) JIM KNOEPFLER	36.00		,							
VICE PRESIDENT, ADMINISTRATION	4.00			Х				168,225.	0.	19,278.
(5) TAMMY STAPP	36.00									
CHIEF COMPLIANCE OFFICER	4.00				Х			157,279.	0.	11,509.
(6) JULIE MATTERNAS	0.00									
EXEC DIRECTOR OF FOUNDATION	40.00					Х		133,745.	0.	9,923.
(7) MISHA CURTIS	36.00									
HOSPICE ADVOCACY MARKETING LIAISON	4.00					Х		125,780.	0.	14,636.
(8) HEIDI COMLEY	36.00									
REGIONAL DIRECTOR	4.00					Х		110,598.	0.	9,240.
(9) MIRIAM PENDEGRAFT	36.00									
HOSPICE RN - COMMUNITY	4.00					Х		108,292.	0.	10,331.
(10) ERIN DYKES	36.00									
VP OF CLINICAL SERVICES	4.00					Х		103,177.	0.	14,555.
(11) DAVE BRIDGEWATER	1.00									
BOARD CHAIR	2.00	Х		Х				0.	0.	0.
(12) PAT BARRY	1.00									
PAST CHAIR	2.00	Х		Х				0.	0.	0.
(13) STEVE SCHAAF	1.00									
BOARD SECRETARY	2.00	Х		Х				0.	0.	0.
(14) LIL WATERS	1.00									
BOARD TREASURER	2.00	Х		Х				0.	0.	0.
(15) BRANDON FOLDES	1.00									
BOARD OF TRUSTEES CHAIR	2.00	Х		Х				0.	0.	0.
(16) KERRY ADAWAY	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(17) JUAN CARLOS CADENILLAS	1.00									
DIRECTOR	2.00	Х						0.	0.	0.

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101111 330 (2022)	SE SERVICES	Or	10	WA					42-068044	6 Page <b>8</b>
Part VII   Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	Hiç	ghes	t Co	ompensated Employee	s (continued)	
(A) (B)								(D)	(E)	(F)
Name and title	Average	(do		Position t check more than one lless person is both an and a director/trustee)			nne	Reportable	Reportable	Estimated
	hours per	box	, unles				an	compensation	compensation	amount of
	week (list any		Cer an		lecto	i / ii us	(66)	from	from related	other
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	96 Or (	stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		iyee	Highest compensated employee		1099-NEC)	,	and related
	below	/idual	tutior	Je.	Key employee	est c loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(18) GRAHAM COOK	1.00									
DIRECTOR (TERM ENDED 10/2022)	2.00	Х						0.	0.	0.
(19) ED COX	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(20) MIKE GEHRINGER	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(21) JEN GROOS, MD	1.00	ļ.							( ) '	
DIRECTOR (TERM ENDED 10/2022)	2.00	Х						0.	0.	0.
(22) CHRIS GUNNARE	1.00	ļ.							)	
DIRECTOR	2.00	Х						0.	0.	0.
(23) MARK HASEK	1.00	ļ								
DIRECTOR	2.00	Х						0.	0.	0.
(24) NICK HENDERSON	1.00									
DIRECTOR (TERM ENDED 10/2022)	2,00	Х						0.	0.	0.
(25) JON LEFRANDT	1.00									
DIRECTOR	2,00	Х						0.	0.	0.
(26) LINDSAY RACEY	1.00	l					-	_	_	_
DIRECTOR	2.00	Х		Щ		L)		0.	0.	0.
1b Subtotal								1,827,600.	0.	150,064.
c Total from continuation sheets to Part V			<b></b>		. <b></b>			0.	0.	0.
d Total (add lines 1b and 1c)		(	1	<u> </u>	····			1,827,600.	0.	150,064.

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

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

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

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

5 X

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
REHABVISIONS		
11623 ARBOR ST, OMAHA, NE 68144	CONTRACT THERAPIES	829,570.
QUALIS MANAGEMENT LLC		
3801 SUNSET AVE, ROCKY MOUNT, NC 27804	DME MANAGEMENT	536,603.
CAPITAL IDEAS		
227 GLENVIEW DR, DES MOINES, IA 50312	ADVERTISING	280,550.
SIMITREE HEALTHCARE		
4130 WHITNEY AVE, HAMDEN, CT 06518	HEALTHCARE CONSULTANT	249,642.
AZRIA HEALTH WINTERSET		
1015 WEST SUMMIT ST, WINTERSET, IA 50273	HEALTHCARE SERVICES	211,627.
2 Total number of independent contractors (including but not limited to		
\$100,000 of compensation from the organization	8	
GDD DADE VITE GDGDTON A GOVERNMANTON GUDDEG		- 000 ()

10

Form 990 VISITING NUR	SE SERVICES	OF	TO	WA					42-06804	146
Part VII   Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, aı	nd H	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
Tame and the	hours	(c			that		ly)	compensation	compensation	amount of
	per	(5)	T	T	1	<u> </u>	· <i>y,</i>	from	from related	other
	week					ee Ge		the	organizations	compensation
	(list any	ctor				l od u		organization	(W-2/1099-MISC)	from the
	hours for	rdire				ed en		(W-2/1099-MISC)	,	organization
	related	tee o	ustee			ensat				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	vidua	itutio	Je.	emp	nest o	Former			
	line)	Indi	Insti	Officer	Key	High	Form			
(27) JUDY RALSTON-HANSEN	1.00								4	
DIRECTOR	2.00	х						0.	0.	0.
(28) PAM SCHOFFNER	1.00									
DIRECTOR	2.00	х						0.	0.	0.
(29) PHIL STOVER	1.00	21						•••	0.	•
										•
DIRECTOR	2.00	Х						0.	0.	0.
(30) CORALYNN TREWET	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(31) KATIE TURNER	1.00									
DIRECTOR (TERM ENDED 10/2022)	2.00	Х						0.	0.	0.
(32) MISSY WALTER	1.00									
DIRECTOR	2.00	х						0.	0.	0.
(33) BILL WARNER	1.00							11		
DIRECTOR (TERM ENDED 2/2023)	2.00	х						0.	0.	0.
TRECTOR (TERM ENDED 2/2025)	2.00	Λ						<u> </u>	٠.	0.
							-			
				(						
		J								
	<del>\  \  \  \</del>									
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	1					_		1		
		_	-	-	_	-	_			
Total to Part VII, Section A, line 1c										
,,								•		_

Form 990 (2022) VISITING NO Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII		·····	
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ants	1		Federated campaigns	1a 1b					sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts				1c					
			Fundraising events Related organizations	1d	1,682,846.				
			Government grants (contributions)	1e	7,551,565.				
Sir			All other contributions, gifts, grants, and	ie	7,331,303.				
ig ig		'	similar amounts not included above	1f	1,000.				
등		~	***	1g \$	2,000.			1	
Š		•	Total. Add lines 1a-1f	<b>Ι</b>		9,235,411.		7	
<u> </u>		<u>''</u>	Total: Add lines 1a 11		Business Code				
<b>о</b>	2	а	PATIENT & PROGRAM SERV		624100	21,458,085.	21,458,085	X	
ķ	_	b	PROVIDER RELIEF FUNDS		900099	19,607.	19,607.		
Program Service Revenue		c				,			
ME S		d					( )		
Bag		e							
Pro			All other program service revenue						
		g	Total. Add lines 2a-2f			21,477,692,			
	3		Investment income (including divider	nds, intere	st, and		<i></i>		
			other similar amounts)						
	4		Income from investment of tax-exem						
	5		Royalties						
			(i)	) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Se	ecurities	(ii) Other				
			assets other than inventory 7a		50,237.				
		b	Less: cost or other basis						
an			and sales expenses	$\leftarrow$	0.				
ě			Gain or (loss) 7c	$\overline{}$	50,237.	50.025	50.00		
æ			Net gain or (loss)	<u></u>		50,237.	50,237.		
Other Revenue	8	а	Gross income from fundraising events (n including \$	of of					
			contributions reported on line 1c). Se	ee					
			Part IV, line 18	8a					
			Less: direct expenses	8b					
			Net income or (loss) from fundraising						
	9	а	Gross income from gaming activities	I					
		_	Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming act						
	10	а	Gross sales of inventory, less returns	I	622 729				
			and allowances						
			Less: cost of goods sold		υ.	622,728.			622,728.
$\dashv$		С	Net income or (loss) from sales of inv	rentory	Business Code	022,720.			022,720.
sn	44	_			Duaniesa Code				
Jeo ue	11								
Miscellaneous Revenue		b							
isce Re			All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			31,386,068.	21,527,929.	0.	622,728.

### 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 respon		<b>(-)</b>	·····	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	22,912.	22,912.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,380,961.	1,126,067.	254,894.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			( ) *	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	18,590,065.	15,264,596.	3,325,469.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	586,753.	431,388.	155,365.	
9	Other employee benefits	1,581,910.	1,163,039.	418,871.	
10	Payroll taxes	1,479,964.	1,186,106.	293,858.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal		6		
С	Accounting	55,738.		55,738.	
d	Lobbying	15,000.	15,000.		
е	,				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	( 1 )			
	column (A), amount, list line 11g expenses on Sch 0.)	1,909,865.	1,319,442.	590,423.	
12	Advertising and promotion	796,621.		2,622.	793,999
13	Office expenses	632,794.	434,144.	198,650.	
14	Information technology				
15	Royalties	1 222 222		221 222	
16	Occupancy	1,000,080.	665,801.	334,279.	
17	Travel	1,324,074.	1,307,491.	16,583.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	210 004	140 400	60 204	
19	Conferences, conventions, and meetings	210,804.	142,420.	68,384.	
20	Interest	131,047.		131,047.	
21	Payments to affiliates	010 500	255 076	FEA 616	
22	Depreciation, depletion, and amortization	910,592.	355,976.	554,616.	
23	Insurance Other average by a covered				
24	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 (A).				
_	amount, list line 24e expenses on Schedule 0.) PHARMACY NURSING SUPPL	4,088,850.	4,066,406.	22,444.	
a b	CLIENT INSTRUCTIONAL RE	806,743.	780,818.	25,925.	
C	VOLUNTEER EXPENSES	144,266.	59,664.	84,602.	
d	CONTRACTED FOOD SERVICE	95,465.	95,465.	, •	
e	A.I	391,907.	175,890.	216,017.	
25	Total functional expenses. Add lines 1 through 24e	36,156,411.	28,612,625.	6,749,787.	793,999
<u>20</u> 26	Joint costs. Complete this line only if the organization	, ,	, ,	, ,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2022) Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X		 T	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,119,060.	1	681,553.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,337,747.	3	2,776,798.
	4	Accounts receivable, net			2,007,313.	4	2,087,883.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	ified per	sons (as defined			4
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6_	
<u>s</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			26,567.	8	642.
Ä	9	B ::			288,834.	9	389,708.
	10a	Land, buildings, and equipment: cost or other				) `	
		basis. Complete Part VI of Schedule D	10a	18,394,910.			
	b	Less: accumulated depreciation	10b	9,203,435.	9,771,005.	10c	9,191,475.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line			16,419,254.	13	17,399,387.
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			983,440.	15	668,111.
	16	Total assets. Add lines 1 through 15 (must equ			32,953,220.	16	33,195,557.
	17	Accounts payable and accrued expenses			4,988,791.	17	4,505,651.
	18	Grants payable				18	
	19	Deferred revenue			112,727.	19	227,160.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
iak		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X	0.	25	4.398.429.
	06	of Schedule D			5,101,518.	26	9,131,240.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, che	ok bor	e X	3,101,310.	20	3,131,210.
S		and complete lines 27, 28, 32, and 33.	eck ner	# <u> </u>			
nce	27				11,432,448.	27	6,664,930.
ala	27 28	Net assets with donor restrictions			16,419,254.	28	17,399,387.
d B	20	Organizations that do not follow FASB ASC 9			10,113,231.	20	21,033,001,
Fun		and complete lines 29 through 33.	, cne	ck liefe			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ea				30	
Assı	31	Retained earnings, endowment, accumulated in				31	
et/	32	Total net assets or fund balances			27,851,702.	32	24,064,317.
Ž	33				32,953,220.	33	33,195,557.
	00	Total nabilities and her assets/fully baldifices			- 2,500,220,	- 55	Form <b>990</b> (2022)

Form **990** (2022)

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		Х
1	Total revenue (must equal Part VIII, column (A), line 12)			<u> </u>	068.
2	Total expenses (must equal Part IX, column (A), line 25)			<u> </u>	411.
3	Revenue less expenses. Subtract line 2 from line 1				343.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		27,8	51,	702.
5	Net unrealized gains (losses) on investments 5				
6	Donated services and use of facilities 6				
7	Investment expenses 7				
8	Prior period adjustments 8				
9	Other changes in net assets or fund balances (explain on Schedule O)	4	9	82,9	958.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))		24,0	64,3	317.
Pai	rt XII Financial Statements and Reporting	<i>)</i>			
	Check if Schedule O contains a response or note to any line in this Part XII		<del></del>		
		_	`	es	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	1 , 1	2	2a		X
	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?		2b	Х	
	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 X Consolidated basis Both consolidated and separate basis				
С	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?	2	?c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule	Э.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		Ba	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		~	X	
		Fo	<sub>rm</sub> 9	90 (2	2022)
	PUBILIO				

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public

Inspection
Employer identification number

VISITING NURSE SERVICES OF IOWA 42-0680446 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

### 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,591,069.	9,021,503.	13,207,966.	13,537,361.	9,235,411.	50,593,310.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					4	_
	furnished by a governmental unit to					. \	
	the organization without charge						
4	Total. Add lines 1 through 3	5,591,069.	9,021,503.	13,207,966.	13,537,361.	9,235,411.	50,593,310.
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				( )		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						50,593,310.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	5,591,069.	9,021,503.	13,207,966.	13,537,361.	9,235,411.	50,593,310.
	Gross income from interest,						
	dividends, payments received on			10			
	securities loans, rents, royalties,						
	and income from similar sources	45,506.	101,707.	1.			147,214.
9	Net income from unrelated business						· · · · · · · · · · · · · · · · · · ·
	activities, whether or not the		$\sim$				
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	197.	1,463.				1,660.
11	<b>Total support.</b> Add lines 7 through 10						50,742,184.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	88,520,841.
	First 5 years. If the Form 990 is for the			ourth, or fifth tax y	ear as a section 50	D1(c)(3)	
	organization, check this box and stor						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	99.71 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	99.60 %
16a	33 1/3% support test - 2022. If the d	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the d	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- <b>2021.</b> If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	<b>op here.</b> Explain ir	Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	
							Farm 000\ 0000

# Schedule A (Form 990) 2022 VISITING NURSE SERVICES OF IOWA 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 usalify under the tests listed below please complete Part II )

Sec	ction A. Public Support	elow, please comp	nete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(W) 2010	(3) 2013	(6) 2020	(4) 2021	(0) 2022	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose					_	
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-					7	
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	T		<u> </u>	T	T	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6					1	
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					1	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	activities not included on line 10b,						
	whether or not the business is	]					
12	regularly carried on Other income. Do not include gain	<u> </u>		+	1		
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L	rot accord third	fourth or fifth tox	voor oo o coction	501(a)(2) organizatio	
14	First 5 years. If the Form 990 is for the check this box and stop here	•		•	•	. , . ,	
Sec	etion C. Computation of Publi			•••••			
	Public support percentage for 2022 (l			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					1101	70
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and line 17	
	more than 33 1/3%, check this box as						
b	33 1/3% support tests - 2021. If the						nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

1		Yes	No
	1		
	•		
1	2		
1	2-		
	3a		
	3b		
	3c		
	4a		
	- 2.		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	,		
	8		
	9a		
	Ju		
	9b		
	9c		
	10a		
	10b		

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VISITING NURSE SERVICES OF IOWA

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c k	below, the governing body of a supported organization?	11a		
b		nily member of a person described on line 11a above?	11b		
		% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		il in Part VI.	11c		
Sect	tion	B. Type I Supporting Organizations			
		, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did tl	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			140
		e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	direc	stors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
		norted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  The organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sect	supe ion	rvised, or controlled the supporting organization.  C. Type II Supporting Organizations			
		or type it supporting organizations		V	NI.
4	Mara	a majority of the expeniention's divectors or tweetons during the tay year also a majority of the divectors		Yes	No
		e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	_		
Sect	the s	pupported organization(s). D. All Type III Supporting Organizations	1		
000		B. All Type III Supporting Siguinzations		V	NI.
_	D: -1 41			Yes	No
1		he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		organization maintained a close and continuous working relationship with the supported organization(s).	2		
		eason of the relationship described on line 2, above, did the organization's supported organizations have a			
		ficant voice in the organization's investment policies and in directing the use of the organization's			
		me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Sact	supp	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction		
2		rities Test. Answer lines 2a and 2b below.		Yes	No
		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	_		
		these activities constituted substantially all of its activities.	2a		
b		he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in	<i>a</i> -		
		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of ite	supported organizations? If "Vos " describe in Part VI the role played by the organization in this regard	3h		

Sche	dule A (Form 990) 2022 VISITING NURSE SERVICES OF IOWA			42-0680446	Page 6		
Pai		Orga	nizations		<b>.</b>		
1							
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona			
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		1			
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	on B - Minimum Asset Amount	•	(A) Prior Year	(B) Current (optiona			
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	</td <td></td> <td></td>				
	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):		Ť				
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	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	on C - Distributable Amount			Current Y	'ear		
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	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ated Type III supporting orga	anization (see			
	instructions).	-		•			

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continue	ed)	
Section	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	5	3	
	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	4
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	7	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
<u>b</u>	From 2018				
с	From 2019				
d	From 2020				
<u>e</u>	From 2021				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)			$\blacksquare$	
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years			_	
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4				
	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

# Schedule B

(Form 990)

**Schedule of Contributors** 

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization

V.	ISITING NURSE SERVICES OF IOWA	42-0680446
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	1
	527 political organization	0,
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	
	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 Rul	e. See instructions.
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1 contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and go the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Fig. 1. Complete Parts I and II.	d that received from any one
For an organization	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	any one
	ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, so	
	tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e (b) instead of the contributor name and address), II, and III.	ntering
TV/A III COIGITIII	is, instead of the contributor frame and address), if, and iii.	
year, contributior is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a seculusively for religious, charitable, etc., purposes, but no such contributions totaled me here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it ole, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, lir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo the 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, ang requirements of Schedule B (Form 990).	

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

VISITING NURSE SERVICES OF IOWA

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		\$1,682,846.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,217,796.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$3,258,932.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,701,374.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

VISITING NURSE SERVICES OF IOWA

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
7	Hame, address, and Zii + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, <u>an</u> d <b>Z</b> IP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

VISITING NURSE SERVICES OF IOWA

42-0680446

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) Description of noncash property given from Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

Name of o	rganization		Employer identification	n number			
VISTTING	NURSE SERVICES OF IOWA		42-0680446				
Part III		through <b>(e)</b> and the following line ent haritable, etc., contributions of <b>\$1,000 or l</b>	ction 501(c)(7), (8), or (10) that total more than \$1,000 for.	or the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	ld			
		(e) Transfer of gif	1				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
			<u> </u>				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	ld			
		(e) Transfer of gif					
	Transferee's name, address, ar	nd 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 he	ld			
	. (0	(e) Transfer of gif	t				
-	Transferee's name, address, ar	nd 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 he	ld			
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
l l							

## SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 Employer identification number 42-0680446 VISITING NURSE SERVICES OF IOWA 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 Volunteer hours for political campaign activities 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 Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 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, Did the filing organization file Form 1120-POL for this year? 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. (d) Amount paid from (a) Name (b) Address (c) EIN (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. 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) 2022	VISTTING	NURSE SERVI	CES OF TOWA		42-0	680446 Page <b>2</b>
Part II-	,				1 501(c)(3) and file		
A Chec	k if the filing organiza	ation belong	s to an affiliated	group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and sha	re of excess	lobbying exper	nditures).			
B Chec	k if the filing organiza	ation checke	ed box A and "lir	mited control" pro	visions apply.		
	Limi (The term "expen		ying Expenditu eans amounts p			(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Tot	al lobbying expenditures to influ	uence public	c opinion (grass	roots lobbying)			
<b>b</b> Tot	al lobbying expenditures to influ	uence a legi	slative body (dir	rect lobbying)			
<b>c</b> Tot	al lobbying expenditures (add li	ines 1a and	1b)				
<b>d</b> Oth	ner exempt purpose expenditur	es				4	
e Tot	al exempt purpose expenditure	es (add lines	1c and 1d)				
f_Lob	bying nontaxable amount. Ent	er the amou	nt from the follo	wing table in both	n columns.		
If th	ie amount on line 1e, column (a) c	or (b) is:	The lobbying	g nontaxable am	ount is:		· ·
Not	t over \$500,000		20% of the a	mount on line 1e.			
Ove	er \$500,000 but not over \$1,000	0,000	\$100,000 plu	is 15% of the exc	ess over \$500,000.	( ) Y	
Ove	er \$1,000,000 but not over \$1,5	500,000	\$175,000 plu	is 10% of the exc	ess over \$1,000,000.		
Ove	er \$1,500,000 but not over \$17	,000,000	\$225,000 plu	is 5% of the exces	ss over \$1,500,000.		
Ove	er \$17,000,000		\$1,000,000.				
<b>g</b> Gra	assroots nontaxable amount (er	nter 25% of I	ine 1f)				
<b>h</b> Sub	otract line 1g from line 1a. If zer	ro or less, er	nter -0-				
i Sub	otract line 1f from line 1c. If zero	o or less, en	ter -0				
j If th	nere is an amount other than ze	ero on either	line 1h or line 1	i, did the organiza	ation file Form 4720		
rep	orting section 4911 tax for this	year?					Yes No
				ng Period <b>Un</b> der			
	(Some organizations t					of the five columns be	elow.
					nes 2a through 2f.)		
		Lobby	ying Expenditu	res During 4-Yea	ar Averaging Period		
(or	Calendar year fiscal year beginning in)	<b>(a)</b> 2	019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total

Calendar year (or fiscal year beginning in)

(a) 2019
(b) 2020
(c) 2021
(d) 2022
(e) Total

2a Lobbying nontaxable amount
(150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amount
(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2022

# 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		(a)		(b)	
	e lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
	Volunteers?		Х		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X X		
	Media advertisements?		x		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
n :	0.11	X	,	15,000.	
		A		15,000.	
	Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х	13,000.	
D	If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A   Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5), or sec	tion	
	501(c)(6).				
				Yes No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No" OR	(b) Part I	II-A, line 3, is	
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	al			
_	expenses for which the section 527(f) tax was paid).		00		
	Current year		2a		
	Carryover from last year		2b		
c	Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		ا ا		
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the e		3		
4					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	Dillicai	4		
5	expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions		5	_	
Par			5		
	de 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 a	nd 2 (See	
	active descriptions required for array, line 1, 1 array, line 4, 1 array, line 3, 1 array (animated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	iist, i ait ii	Α, 11103 1 α	102 (000	
	II-B, LINE 1, LOBBYING ACTIVITIES:				
	, ,				
THE	ORGANIZATION CONTRACTS WITH ADVOCACY STRATEGIES, LLC TO PROVIDE				
	·				
GOVE	RNMENT RELATIONS SERVICES RELATED TO INTERACTIONS WITH IOWA STATE				
GOVE	RNMENT, LEGISLATIVE AND/OR REGULATORY AGENCIES WITH RESPECT TO				
FUND	ING FOR GENERAL HEALTH AND APPROPRIATIONS ISSUES AS REQUESTED BY				
VNS	INCLUDING, BUT NOT LIMITED TO MEDICAID, NON-PROFIT ORGANIZATION				

#### 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.

2022
Open to Public

Name of the organization

**Employer identification number** 

VISITING NURSE SERVICES OF IOWA 42-0680446 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? , In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

Assets included in Form 990, Part X

the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

Pai	rt III	Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or	Other S	imilar Asset	S (conti	nued)	
3	Usin	ng the organization's acquisition, accession	on, and other records	s, check any of the f	following that r	make signi	ficant use of its			
	colle	ection items (check all that apply):								
а		Public exhibition	d	Loan or exc	hange prograr	n				
b		Scholarly research	е	Other						
С		Preservation for future generations								
4	Prov	ride a description of the organization's co	llections and explain	n how they further th	ne organization	i's exempt	purpose in Par	XIII.		
5	Duri	ng the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other	similar ass	sets			_
		e sold to raise funds rather than to be ma	intained as part of th	ne organization's co	llection?			Yes		No
Pai	rt IV			ete if the organizatio	n answered "Y	es" on Fo	rm 990, Part IV,	line 9, or		
		reported an amount on Form 990, Par	t X, line 21.							
1a		e organization an agent, trustee, custodi					uded	_		,
		Form 990, Part X?						Yes		No
b	If "Y	es," explain the arrangement in Part XIII	and complete the fol	lowing table:					_	
								Amour	ıt	
С	-	inning balance					10			
d		itions during the year					1d			
е		ributions during the year					1e			
f		ing balance					1f	<b>-</b>		1
		the organization include an amount on Fo				-	'∟	Yes		No
	If "Y r <b>t V</b>	es," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on P	art XIII				
rai	LV	Endowment Funds. Complete i			(c) Two years		Thron years back	(a) Four	r voore	hack
4.	D	tente e et complete e e	(a) Current year 7,970,639.	(b) Prior year 8,940,239.		. ,	Three years back		,665,	
1a		inning of year balance		17,917.	-					
b		tributions	135,851. 833,787.	-948,813.		505.	276,730.	+	115,	
С		investment earnings, gains, and losses	633,767.	-340,013.	1,875,	, 803.	285,904.	•	418,	090.
d		nts or scholarships								
е		er expenditures for facilities	410,602.	38,704.			627,402.		288,	260
		programs	410,002.	30,704.			027, 402,	•	200,	200.
f ~		ninistrative expenses	8,529,675.	7,970,639.	8,940,	239	6,845,931.	6	,910,	699
y		of year balance			<u> </u>	200.	0,013,331,	<u> </u>	,,,,,	• • • • • • • • • • • • • • • • • • • •
2		• •	94.8000	%	)) Helu as.					
a b		rd designated or quasi-endowment manent endowment 5.2000	%							
C		n endowment	70							
·		percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
32		there endowment funds not in the posses		tion that are held ar	nd administere	d for the				
ou		anization by:		atori triat are riola ar	ia dariii iistore	a 101 ti 10			Yes	No
		Unrelated organizations						3a(i)		Х
		Related organizations							х	
b		es" on line 3a(ii), are the related organiza							х	
4		cribe in Part XIII the intended uses of the								
Pai	rt VI	Land, Buildings, and Equipm								
		Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X, line	e 10.			
		Description of property	(a) Cost or o	` ,	or other (other)		ımulated ciation	(d) Boo	k value	Э
	100	4	<del>- '</del>	,	,068,532.	асрів	S.GLIOTT	1	,068,	532
ıa b		dings			,094,543.	4	,374,351.		,720,	
		dingssehold improvementssehold improvements		12	6,766.		6,766.		, . 2 , .	0.
c d				3	,784,837.	3	,355,761.		429,	
		ipment er			,440,232.		,466,557.		-26,	
		d lines 1a through 1e. <i>(Column (d) must e</i>						9	,191,	
. 5.0	, \uc	z milos ra amoagir ro. įColumnių jaj must e	<u>quai ruiiii 990, Fäll /</u>	A, COIUITIII (D), IIIIE T	<i><u> </u></i>				, -,	

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)		4
(G)		
(H)		
Total. (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		
(A) UELD DA EMEDAGMED EVINDYMIVM	17 300 307	END_OE_VEAD MADVEM VALUE

(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	17,399,387.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)	17,399,387.	

#### 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)	. 6	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
T-1-1 (2		

## Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

#### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LINE OF CREDIT	4,139,000.
(3)	RIGHT OF USE LIABILITY	259,429.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,398,429.

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 ... X

Pai	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per R	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ła.			
1	Total revenue, gains, and other support per audited financial statements		. 1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	***	□. \		
С	Add lines 4a and 4b		4c		
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 12.)		5		
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses per	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ea.	<b>)</b> •		
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
c	Other losses				
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d		2e		
3	Subtract line <b>2e</b> from line <b>1</b>		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	)   4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4s and 4h		4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)				
Pa	rt XIII Supplemental Information.		•		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, line	e 4; Part X, line 2; Part	XI,	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad		, , , , , ,	,	
PART	Y V, LINE 4:				
HCI	FOUNDATION HOLDS ENDOWMENT FUNDS FOR THE BENEFIT OF THE ORGA	NIZATION.			
THES	SE ENDOWMENT FUNDS ARE USED TO SUPPORT AND FUND THE ORGANIZAT	ION'S			
MISS	SION.				
PART	YX, 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. INTE	RNAL			
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 BENEFI	T ONLY IF			
י חד	S "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUST.	AINDD IN A			
	TO MOULD LINEAU MOL THAT THE TAX FUBILION WOULD BE SUST.	TIN CI			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

VISITING NURSE SERVIO	CES OF IOWA				42-0680446			
Part I General Information on Grants and Assist	ance				•			
Does the organization maintain records to substar	ntiate the amount of the grants	or assistance, the	grantees' eligibility for the	grants or assistance, and the selec	tion			
	criteria used to award the grants or assistance?							
2 Describe in Part IV the organization's procedures f	for monitoring the use of grant	funds in the United	d States.					
Part II Grants and Other Assistance to Domestic				answered "Yes" on Form 990, Pa	rt IV, line 21, for any			
recipient that received more than \$5,000. Pa		<del> </del>			_			
1 (a) Name and address of organization or government (b)	EIN (c) IRC section (if applicable)	(d) Amount of cash grant	noncash FMV	Method of tion (book, appraisal, other)  (g) Description of noncash assistance				
	3)							
<ul> <li>Enter total number of section 501(c)(3) and govern</li> <li>Enter total number of other organizations listed in</li> </ul>								

Schedule I (Form 990) 2022 VISITING NURSE SERVICE	S OF IOWA				42-0680446	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(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 noncas	h assistance
OVAN TIME OF A THE GRANTE	400		22.012	2	WEGGEL I NIBONG WOLL GAD	DE TERMS
QUALITY OF LIFE GRANTS	40	0.	22,912.	COST	MISCELLANEOUS NON-CAR	E ITEMS
			0			
			S			
		C)	)			
Part IV Supplemental Information. Provide the information red	uired in Part I, lir	ne 2; Part III, column	(b); and any other ac	dditional information.	'	
PART I, LINE 2:		9				
VISITING NURSE SERVICES OF IOWA ("EVERYSTEP") MAIN	TAINS A QUAL:	ITY OF LIFE				
FUND TO PROVIDE SERVICES AND/OR ITEMS NOT COVERED	UNDER PER DI	ЕМ				
REIMBURSEMENTS FOR HOSPICE CARE TO PATIENTS IN NEE	D AND TO PRO	VIDE				
OCCASIONAL SMALL LIFE AMENITIES THAT ENHANCE PATIE	NTS' AND FAM	ILIES'				
QUALITY OF LIFE. ALL EVERYSTEP PATIENTS ARE ELIGIB	LE FOR QUALI	TY OF LIFE				
FUND BENEFITS, AND ALL ATTEMPTS ARE MADE TO UTILIZ	E COMMUNITY I	RESOURCES				
PRIOR TO USING THE QUALITY OF LIFE FUND. BEST EFFO	RTS ARE USED	TO ENSURE				
THAT THE ASSISTANCE IS PROVIDED FOR PATTENTS IN NE	ED AND WITHOU	TT 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.

## SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

VISITING NURSE SERVICES OF IOWA

Employer identification number

42-0680446

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (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 1b 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? 2 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. Written employment contract Compensation committee X Compensation survey or study X Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee 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: Х a Receive a severance payment or change-of-control payment? 4a **b** Participate in or receive payment from a supplemental nonqualified retirement plan? Х 4b Х **c** Participate in or receive payment from an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: a The organization? Х 5a Х **b** Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 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 Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 Х 7 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 Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2022

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.

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	OX		reported as deferred on prior Form 990	
(1) TRAY WADE	(i)	309,090.	73,675.	828.	9,150.	7,723.	400,466.	0,	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0,	0,	
(2) THOMAS MOUSER	(i)	294,947.	10,000.	540.	9,150.	17,666.	332,303.	0,	
CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) LYNN MICHL	(i)	184,398.	44,650.	2,376.	6,706.	10,197.	248,327.	0,	
VICE PRESIDENT & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) JIM KNOEPFLER	(i)	137,724.	28,500.	2,001.	5,294.	13,984.	187,503.	0.	
VICE PRESIDENT, ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) TAMMY STAPP	(i)	125,582.	30,597.	1,100.	4,594.	6,915.	168,788.	0,	
CHIEF COMPLIANCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)			\					
	(i)								
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	(י) (ii)						1		
	(i)								
	(י) (ii)								

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

# SCHEDULE O (Form 990)

# 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 for the latest information.

2022 Open to Pub

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 42-0680446

VISITING NURSE SERVICES OF IOWA 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, 2023, EVERYSTEP'S NON-PROFIT PROGRAMS SERVED NEARLY 60,000 PATIENTS, CLIENTS AND THEIR FAMILY MEMBERS ACROSS THE STATE OF IOWA AND BEYOND DURING LIFE'S MOST CHALLENGING MOMENTS, EVERYSTEP'S FAMIL 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. OFFER SUPPORT TO HOMEBOUND ADULTS; AND OFFER GRIEF SUPPORT TO THOSE LIVING WITH LOSS OUT THROUGH HOME VISITS, FAMILY SUPPORT THESE SERVICES ARE CARRIED 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 SERVICES, FREE GRIEF SUPPORT, AND COMMUNITY HEALTH PROGRAMS,

Name of the organization  VISITING NURSE SERVICES OF IOWA	Employer identification number
TO RECEIVE IT. FROM JULY 1, 2022 THROUGH JUNE 30, 2023, OVER \$2,300,000	
IN GIFTS TO EVERYSTEP FOUNDATION FUNDED VITAL SERVICES PROVIDED TO THE	
COMMUNITY, PATIENTS AND CLIENTS TO ENSURE QUALITY CARE FOR ALL; TO HELP	
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. 741 VOLUNTEERS GAVE 10,391 HOURS OF THEIR TIME TO THE	
ORGANIZATION'S HOSPICE, THRIFT STORE, SENIOR COMPANION AND AMANDA THE	
PANDA PROGRAMS, EQUAL TO \$330,434 IN VALUE TO THE ENTIRE ORGANIZATION.	<u>O</u>
	)
IN 2022-2023, EVERYSTEP WAS NAMED AS A TOP WORKPLACE BY THE DES MOINES	
REGISTER, THE 11TH TIME THE ORGANIZATION HAS RECEIVED THE AWARD, WHICH	
IS DETERMINED THROUGH A THIRD-PARTY SURVEY OF EMPLOYEES. EVERYSTEP WAS	
ALSO WAS NAMED "RUNNER-UP: BEST NONPROFIT" 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, DOULA SERVICES,	
PROVIDING DEVELOPMENTAL SCREENINGS AND APPROPRIATE FOLLOW-UP, ACCESS TO	
DENTAL SERVICES AND TO A MEDICAL HOME, REFERRALS TO SERVICES IN THE	
232212 10-28-22	Schedule O (Form 990) 2022

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.  EVERYSTEP'S INTAKE AND REFERRAL SPECIALISTS PROCESSED 824 REFERRALS  OR REQUESTS FOR SUPPORT. SOME OF THE MORE THAN 30 PROGRAMS EVERYSTEP  OFFERED OR WAS CONTRACTED TO PROVIDE IN 2022-2023 INCLUDE: HEALTHY  START & EMPOWERMENT PROJECTS, I-SMILE, CONNECTIONS PROGRAM AT BLANK  CHILDREN'S CENTER, IOWA FAMILY SUPPORT NETWORK, REFUGEE AND IMMIGRANT	42-0680446
COMPLETING IMMUNIZATION AUDITS, ACCESS TO HEALTHY BEHAVIOR PROGRAMS,  AND PARTICIPATION IN STUDIES THAT EXAMINE THE ENVIRONMENTAL INFLUENCES  ON THE HEALTH AND DEVELOPMENT OF CHILDREN.  EVERYSTEP'S INTAKE AND REFERRAL SPECIALISTS PROCESSED 824 REFERRALS  OR REQUESTS FOR SUPPORT. SOME OF THE MORE THAN 30 PROGRAMS EVERYSTEP  OFFERED OR WAS CONTRACTED TO PROVIDE IN 2022-2023 INCLUDE: HEALTHY  START & EMPOWERMENT PROJECTS, I-SMILE, CONNECTIONS PROGRAM AT BLANK	
AND PARTICIPATION IN STUDIES THAT EXAMINE THE ENVIRONMENTAL INFLUENCES  ON THE HEALTH AND DEVELOPMENT OF CHILDREN.  EVERYSTEP'S INTAKE AND REFERRAL SPECIALISTS PROCESSED 824 REFERRALS  OR REQUESTS FOR SUPPORT. SOME OF THE MORE THAN 30 PROGRAMS EVERYSTEP  OFFERED OR WAS CONTRACTED TO PROVIDE IN 2022-2023 INCLUDE: HEALTHY  START & EMPOWERMENT PROJECTS, I-SMILE, CONNECTIONS PROGRAM AT BLANK	
ON THE HEALTH AND DEVELOPMENT OF CHILDREN.  EVERYSTEP'S INTAKE AND REFERRAL SPECIALISTS PROCESSED 824 REFERRALS  OR REQUESTS FOR SUPPORT. SOME OF THE MORE THAN 30 PROGRAMS EVERYSTEP  OFFERED OR WAS CONTRACTED TO PROVIDE IN 2022-2023 INCLUDE: HEALTHY  START & EMPOWERMENT PROJECTS, I-SMILE, CONNECTIONS PROGRAM AT BLANK	
EVERYSTEP'S INTAKE AND REFERRAL SPECIALISTS PROCESSED 824 REFERRALS  OR REQUESTS FOR SUPPORT. SOME OF THE MORE THAN 30 PROGRAMS EVERYSTEP  OFFERED OR WAS CONTRACTED TO PROVIDE IN 2022-2023 INCLUDE: HEALTHY  START & EMPOWERMENT PROJECTS, I-SMILE, CONNECTIONS PROGRAM AT BLANK	
OR REQUESTS FOR SUPPORT. SOME OF THE MORE THAN 30 PROGRAMS EVERYSTEP  OFFERED OR WAS CONTRACTED TO PROVIDE IN 2022-2023 INCLUDE: HEALTHY  START & EMPOWERMENT PROJECTS, I-SMILE, CONNECTIONS PROGRAM AT BLANK	1
OR REQUESTS FOR SUPPORT. SOME OF THE MORE THAN 30 PROGRAMS EVERYSTEP  OFFERED OR WAS CONTRACTED TO PROVIDE IN 2022-2023 INCLUDE: HEALTHY  START & EMPOWERMENT PROJECTS, I-SMILE, CONNECTIONS PROGRAM AT BLANK	7
OFFERED OR WAS CONTRACTED TO PROVIDE IN 2022-2023 INCLUDE: HEALTHY  START & EMPOWERMENT PROJECTS, I-SMILE, CONNECTIONS PROGRAM AT BLANK	
START & EMPOWERMENT PROJECTS, 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, TITLE V DOULA	
PROJECT, STORK'S NEST & FAMILY NEST, 5- 2-1-0 HEALTHY CHOICES COUNT!	
PROGRAM, CHILD CARE NURSE CONSULTANTS PROGRAM, AMERICORPS SENIORS	
SENIOR COMPANION PROGRAM, HEALTHY HOMES IOWA, NINE2THRIVE, DRAKE	
UNIVERSITY HEAD START NURSE CONSULTATION, FATHERSMATTER, AND MANY OTHER	
PROGRAMS AND SERVICES.	
IN 2022-2023, EVERYSTEP PROVIDED SUPPORT TO MORE THAN 2,000 WOMEN AND	
CHILDREN THROUGH ITS PRE- AND POSTNATAL HOME VISIT PROGRAMS AND VIRTUAL	
SERVICES, WITH 100 PERCENT OF THE MOTHERS IN ITS COMMUNITY HOME	
VISITATION PROGRAM DELIVERING BABIES AT A HEALTHY BIRTH WEIGHT. IN	
ADDITION, 1,317 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.	

Name of the organization **Employer identification number** VISITING NURSE SERVICES OF IOWA 42-0680446 MATERNAL/CHILD PREVENTATIVE CARE AND SCREENING PROGRAMS FOR WOMEN AND CHILDREN. THROUGH EVERYSTEP'S STORK'S NEST AND FAMILY NEST PROGRAMS 1,426 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 HELPED PROCESS 211 PREGNANT WOMEN AND CHILDREN FOR PRESUMPTIVE MEDICAID ELIGIBILITY AND FOR THE DENTAL VOUCHER ASSISTANCE PROGRAM. EVERYSTEP'S CHILDREN AT HOME PROGRAM PROVIDED \$589,467 IN SUPPORT TO 498 FAMILIES, HELPING CHILDREN WITH DISABILITIES TO LIVE SUCCESSFULL AT HOME. EVERYSTEP COMMUNITY HEALTH PROVIDED 11,068 FLU VACCINATIONS ACROSS IOWA, AS WELL AS 2,418 BLOOD PRESSURE CHECKS, 1,166 FOOT CARE TREATMENTS AND 965 HEALTH TALKS TO CLIENTS IN THE GREATER DES MOINES AREA. IN 2022-2023. EVERYSTEP HOME CARE OFFERED HOME HEALTH CARE SERVICES TO 262 PATIENTS IN 24 COUNTIES FROM ITS TEAMS BASED IN DES MOINES CENTERVILLE, KNOXVILLE AND CRESTON. EVERYSTEP HOSPICE SERVED 1,352 PATIENTS THROUGHOUT 44 IOWA COUNTIES FROM ITS OFFICES IN CENTERVILLE, COUNCIL BLUFFS, DES MOINES, KNOXVILLE, MOUNT AYR, MT. PLEASANT, OSCEOLA, PERRY AND WINTERSET; 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 2022-2023 EVERYSTEP HELD

Name of the organization **Employer identification number** 42-0680446 VISITING NURSE SERVICES OF IOWA 56 HONORARY CEREMONIES FOR VETERANS IN ITS CARE. THE EVERYSTEP PALLIATIVE CARE PROGRAM OFFERED RELIEF FROM SYMPTOMS AND STRESS OF SERIOUS ILLNESS TO 55 PATIENTS SERVED BY PROVIDERS IN MADISON AND UNION COUNTIES IN IOWA. THROUGH EVERYSTEP GRIEF & LOSS SERVICES AND ITS AMANDA THE PANDA PROGRAM, THERE WERE 2,035 TOUCHPOINTS AND 2,090 PARTICIPANTS SERVED VIA VIRTUAL AND IN-PERSON SUPPORT GROUPS, CAMPS, SCHOOL VISITS AND WORKSHOPS, DURING THE HOLIDAY SEASON, CHEER BOXES WERE DELIVERED TO 775 GRIEVING INDIVIDUALS AND FAMILIES. GRIEF SUPPORT WAS ALSO PROVIDED TO STUDENTS IN 38 IOWA SCHOOLS. THE EVERYSTEP INTERPRETATION TEAM SPEAKS 25 LANGUAGES AND DIALECTS AND PROVIDED 2,382 HOURS OF FEE-FOR SERVICE IN-PERSON AND VIRTUAL INTERPRETATION. AS WELL CULTURAL TRAINING TO EXTERNAL CLIENTS AND ORGANIZATIONS IN 2022-2023; 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 43 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 \$620,000 IN PURCHASES OF GENTLY USED DONATED GOODS AT EVERYSTEP GIVING TREE THRIFT STORE IN URBANDALE HELPED FUND VITAL NEEDS FOR EVERYSTEP'S PATIENTS

<u>Schedule O (Form 990) 2022</u> Page **2** 

Schedule O (Form 990) 2022	Page 2
Name of the organization  VISITING NURSE SERVICES OF IOWA	Employer identification number 42-0680446
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	1
COMMITMENT TO COMMUNITY-BASED CARE.	7
	$\sim$
	$\mathcal{O}$
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	<u></u>
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,	
DOULA SERVICES, 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; CONNECTION TO MENTAL HEALTH	
RESOURCES; ASSISTING CHILD CARE PROVIDERS WITH THE QUALITY RATING	
SYSTEM; COMPLETING IMMUNIZATION AUDITS; ACCESS TO A HEALTHY BEHAVIORS	
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,	

Name of the organization **Employer identification number** VISITING NURSE SERVICES OF IOWA 42-0680446 COMMUNITY WELLNESS CLINICS, HEALTH RISK ASSESSMENT ACTIVITIES, PROVISION OF PHYSICAL EXAMS, AND OTHER ACTIVITIES GEARED TOWARD WELLNESS PROMOTION AND ILLNESS PREVENTION. EXPENSES \$ 3,453,543. INCLUDING GRANTS OF \$ 2,766. REVENUE \$ 2,529,532. 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 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 EXECUTI 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 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

Name of the organization **Employer identification number** VISITING NURSE SERVICES OF IOWA 42-0680446 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 JUNE 2022 BY NEWPORT RETIREMENT SERVICES 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.

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** VISITING NURSE SERVICES OF IOWA 42-0680446 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 980,133. IN KIND DONATIONS 2,825 TOTAL TO FORM 990, PART XI, LINE 9

### **SCHEDULE R** (Form 990)

Name of the organization

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

VISITING NURSE SERVIC	CES OF IOWA					42-0680446		
Part I Identification of Disregarded Entities. Complet	te if the organization answered "Yes"	on Form 990, Part IV, line 33	3.	7				
(a)  Name, address, and EIN (if applicable)  of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	or (d)	ne End-of-yea	I .	ssets Direct control entity		9
		R						
		S						
		0						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990	), Part IV, line 34, b	ecause it had one	or more r	related tax-exen	npt	
(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	1	(f) t controlling entity		<b>g)</b> 512(b)(13) rolled ity?
		, ,		501(c)(3))			Yes	No
HOSPICE OF CENTRAL IOWA DBA EVERYSTEP; HCI CARE SERVICES - 42-1093718, 3000 EASTON	.0				HCI VNS	S CARE		
BOULEVARD, DES MOINES, IA 50317	HOSPICE/HEALTH CARE	IOWA	501(C)(3)	LINE 10	SERVICE	ES		Х
HCI VNS CARE SERVICES, DBA EVERYSTEP - 45-5189289, 3000 EASTON BOULEVARD, DES	ADMINISTRATIVE &							
MOINES, IA 50317	H))	IOWA	501(C)(3)	LINE 12B, II	N/A			х
HOSPICE OF CENTRAL IOWA FOUNDATION DBA	FUNDRAISING FOR HOSPICE OF							
EVERYSTEP FOUNDATION; HCI FOUNDATION , 3000	CENTRAL IOWA & VISITING					NG NURSE		
EASTON BOULEVARD, DES MOINES, IA 50317	NURSE SERVICES OF IOWA	IOWA	501(C)(3)	LINE 7	SERVICE	ES OF IOWA	Х	
			1		1		l	

Page 2

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	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
Part III	raditation of reduced of gameations randors as a randictionpr	complete in the organization and real		, , ,		
ar t III	organizations treated as a partnership during the tax year.					
	organizations treated as a partitership during the tax year.					

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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(H	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General or	Percentage ownership
of related organization		(state or	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	tions?	20 of Schedule	partner?	ownership
		foreign country)		sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes No	
						_ ( ) `					
						)					
					( )_ V						
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				5							

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	Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(n) Percentage ownership	Sect 512(b contr enti	tion (13) olled ty?
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	country)		or tracty				Yes	No
	\C \ \								

Conca	die 11 (1 61111 666) E6EE						ugc
Part \	Transactions With Related Organizations. Complete if the organization a	nswered "Yes" on Forr	m 990, Part IV, line 34, 35b	o, or 36.			
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 [	During the tax year, did the organization engage in any of the following transaction	ons with one or more re	elated organizations listed	in Parts II-IV?			
a F	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled en	tity		1	1a		Х
				~ \	1b		Х
С (	Gift, grant, or capital contribution from related organization(s)			$\sim$	1c	Х	
					1d	Х	
e l	oans or loan guarantees by related organization(s)				1e		Х
<b>f</b> [	Dividends from related organization(s)				1f		Х
g S	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i E	Exchange of assets with related organization(s)				1i		Х
j l	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k l	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I F	Performance of services or membership or fundraising solicitations for related or	ganization(s)			1I		Х
m F	Performance of services or membership or fundraising solicitations by related org	ganization(s)			1m		Х
n S	Sharing of facilities, equipment, mailing lists, or other assets with related organiz	ation(s)			1n		Х
0 8	Sharing of paid employees with related organization(s)				<b>1</b> 0		Х
рF	Reimbursement paid to related organization(s) for expenses				1p		X
q F	Reimbursement paid by related organization(s) for expenses				1q	Х	
r (	Other transfer of cash or property to related organization(s)				1r		Х
s (	Other transfer of cash or property from related organization(s)				1s		X
2	f the answer to any of the above is "Yes," see the instructions for information on	who must complete the	nis line, including covered	relationships and transaction thresholds.			
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount involved		
(1) HO	SPICE OF CENTRAL IOWA FOUNDATION	С	1,682,846.	FMV			
(2) HO	SPICE OF CENTRAL IOWA FOUNDATION	D	77,235.	FMV			
(3) HO	SPICE OF CENTRAL IOWA FOUNDATION	Q	120,000.	FMV			
<u>(4)</u>	X						
(5)							

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

nat was not a related organization. See instructions regarding exclusion for certain investment partnerships.							(1-)	(1)		(1.)
(a)	(b)	(c)	(d)	Are all partners sec. 501(c)(3) orgs.?	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec.	Share of	Share of	Dispropo	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o managing	Percentage
of entity		(state or foreign	excluded from tax under	orgs.?	total	end-of-year	allocation	of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes N	(Form 1065)	Yes No	
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