efile	e GF	RAPHIC	print	Submission Da	te - 2022-1	1-14				DL	.N: 9	3493318175532		
	0	90	Re	eturn of Or	ganizat	ion	Exem	ot Fro	om Inc	ome Tax	<u> </u>	OMB No. 1545-0047		
Form	3	90		r section 501(c), 527	-		-				ns)	2021		
				Do not enter	,	2021								
Depa Treas		ent of the		► Go to <u>www.ir</u>	<u>rs.gov/Form9</u>	<u>90</u> for	instructions	and the	latest info	rmation.		Open to Public Inspection		
Interr Aervit	a <u>al</u> R	ne 2021	l calendar	year, or tax year b	eginning 01-0	01-202	21 , and end	ding 12-3	31-2021					
		applicable:	C Name	of organization ORPORATION	D Employer i	dentifi	ication number							
		s change hange		/ERLY HELLWIG						43-133710	43-1337104			
		5		business as NG NURSE ASSOCIATION						_				
□ An	nende	rn/terminated ed return	Numbe	er and street (or P.O. box MEADOW LAKE PARKWAY		vered to	o street address)	Room/su	uite	E Telephone n				
Gpend	plicat ling	lion	City or	r town, state or province,	country, and ZIP	or forei	gn postal code			(816) 531-	1200			
			KAŃSA	AS CITY, MO 64114		G Gross rece	ipts \$ 1	4,650,777						
				ne and address of prir ORD EVANS	ncipal officer:				H(a) Is t	his a group return	ו for			
			1500 N	IEADOW LAKE PARKW	VAY					oordinates? all subordinates		🗌 Yes 🗹 No		
Тах	(-exer	mpt status		<u>S CITY, MO 64114</u>		\square			inc	luded?		□ Yes □No		
·		•	V 501((insert no.)	□ 494	47(a)(1) or 🛛	527		No," attach a list. oup exemption nu				
JVV	ebsi	te: 🕨 🗤	WW.VNAK	C.ORG							IIIDEI I			
K Forn	n of o	organizatio	a. 🔽 Corr	poration 🗆 Trust 🗆 ,	Association 🗌 (Other 🕨	,		L Year of for			of legal domicile:		
		- gamzatio								M	5			
Pa	rt l		nmary											
				e organization's missi N DBA VISITING NURS				, IS THE LA	ARGEST HOI	MECARE AGENCY	IN THE	GREATER KC		
Ce		METRO A	REA PRO	VIDING OVER 64,700	VISITS ANNUAL	LY.								
nan														
ver														
Activities & Governance				if the organization				posed of n		5% of its net asset	ts. 3	12		
×ð	4		ber of voting members of the governing body (Part VI, line 1a)									12		
ttles			-	r of individuals employed in calendar year 2021 (Part V, line 2a)								171		
ЦМ	6			olunteers (estimate if							6	11		
Ac	7a			usiness revenue from			line 12				7a	0		
		Net unre	elated bus	siness taxable income	e from Form 99	0-T, Pai	rt I, line 11 .				7b	0		
	b									Prior Year		Current Year		
g	8	8 Contributions and grants (Part VIII, line 1h)						621,705	ò	2,379,380				
Revenue	9	Program	rogram service revenue (Part VIII, line 2g)							11,181,745	i	11,740,212		
Rev	10	Investm	ent incom	ne (Part VIII, column ((A), lines 3, 4, a	and 7d)	•		137,455	i	79,125		
_	11	Other re	evenue (Pa	art VIII, column (A), li	nes 5, 6d, 8c, 9	9c, 10c	, and 11e)			187,146		328,212		
	12			dd lines 8 through 11						12,128,051		14,526,929		
	13			r amounts paid (Part						(0		
			•	or for members (Part I						12 262 845	1	12 780 845		
Ses				mpensation, employe Iraising fees (Part IX,						12,262,845		12,789,845		
Exp enses				penses (Part IX, column		e IIe)		•••				0		
ă				Part IX, column (A), li		L1f-24e	e)			2,613,133	3	2,808,861		
			•	dd lines 13-17 (must						14,875,978	-	15,598,706		
	19	Revenue	e less exp	enses. Subtract line 1	L8 from line 12					-2,747,927	,	-1,071,777		
or									Beginni	ing of Current Yea	r	End of Year		
Net Assets or Fund Balances		Tetal	nata (De d	V line 10						7 000 0 11	<u></u>	F 007 007		
Ass Ba				X, line 16)		• •	• • • •	•		7,893,240	-	5,927,823		
Vet.				art X, line 26) d balances. Subtract l				•••		5,520,361 2,372,879	-	2,232,599 3,695,224		
_	rt II		nature E			e 20 .		•		2,372,073	1	5,095,224		
Under	r pen	nalties of	perjury, l	declare that I have ex										
		e and bel ledge.	ief, it is tr	ue, correct, and comp	olete. Declarati	on of p	reparer (other	than offic	cer) is based	on all information	n of wl	nich preparer has		
<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>												
		Signa	ture of offic	cer						2022-11-15 Date				
Sign Here														
nere	-			NS PRESIDENT/CEO me and title										
		1		preparer's name	Preparer'	s signat	ture	r I	Date		1			
Pai	Ч		-, -, Pol				-		2022-11-15		559426	\$		
		rer	Firm's nam	e 🕨 FORVIS LLP	I			i		Firm's EIN				
	-		Firm's addr	ress 🕨 1201 Walnut Suite	e 1700					Phone no. (816) 221	-6300			
		y												

Use Only	Firm's address 🕨 1201 Walnut Suite 1700	Phone no. (816) 221-6300					
	Kansas City, MO 641062246						
May the IRS discus	s this return with the preparer shown above? (see instructions)	🗹 Yes 🗌 No					
For Paperwork R	eduction Act Notice, see the separate instructions. Cat	. No. 11282Y Form 990 (2021)					

Form	990 (2	021)					Page 2							
Pa	rt III	Statement	t of Program Servi	ce Accompli	shments									
		Check if Sche	edule O contains a resp	onse or note to	any line in this Part III		🗹							
1	Briefly	v describe the	organization's mission:											
SEE S	SCHEDU	ILE O												
2	Did th	e organization	undertake any signific	ant program sei	vices during the year w	hich were not listed on								
	the pr	ior Form 990 c	or 990-EZ?				🗹 Yes 🛛 No							
	lf "Yes	," describe the	ese new services on Sch	nedule O.										
3	Did th	Did the organization cease conducting, or make significant changes in how it conducts, any program												
	servic	es?					🗌 Yes 🛛 No							
	lf "Yes	If "Yes," describe these changes on Schedule O.												
4		Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.												
		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.												
	and re	evenue, il any,	for each program servi	ce reported.										
4a	(Code:) (Expenses \$	12,235,395	including grants of \$	0) (Revenue \$	11,689,758)							
	SEE SC	HEDULE O												
4b	(Code:) (Expenses \$	230,688	including grants of \$	0) (Revenue \$	50,454)							
	SEE SC	HEDULE O												
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)							
4d	Other	program serv	ices (Describe in Sched	ule O.)										
	(Expe	nses \$	inc	luding grants of	\$) (Revenue \$)							
4e	Total	program ser	vice expenses 🕨	12,466,	083									
							Form 990 (2021)							

Par	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Yes	
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		No
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	Yes	
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 .			Na
		5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D</i> ,Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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			No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	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		No

Par	t IV Checklist of Required Schedules (continued)							
			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		No				
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? <i>If "Yes," complete Schedule J</i>	23	Yes					
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		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No				
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? <i>If</i> "Yes," <i>complete Schedule L</i> , Part I	25b		No				
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L, Part II</i>	26		No				
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? <i>If "Yes," complete Schedule L</i> ,Part III							
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 "Yes," complete Schedule L, Part IV							
b	b A family member of any individual described in line 28a? <i>If</i> "Yes," complete Schedule L, Part IV							
-		28b		No				
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV							
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		No				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
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		No				
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	Yes					
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							
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes					
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes					
36								
37	7 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI							
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes					
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>				
	Check if Schedule O contains a response or note to any line in this Part V	•	 Yes	No				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 49		165	140				
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0							

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Yes

1c

Page **4**

Form 990 (2021)	Form	990	(2021)
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_	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Fage J
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
24	Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 171			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
~	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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
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).			
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 payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
12	Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?			
a	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $~$.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	o" resp	onse to	lines					
	Check if Schedule O contains a response or note to any line in this Part VI			<					
Se	ction A. Governing Body and Management								
			Yes	No					
1 a	Enter the number of voting members of the governing body at the end of the tax year 12								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 11								
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		No					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No					
6	Did the organization have members or stockholders?	6		No					
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		No					
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
	The governing body?	8a	Yes	·					
	Each committee with authority to act on behalf of the governing body?	8b	Yes						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O								
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	1						
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		No					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	·					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
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?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
b	Other officers or key employees of the organization	15b	Yes						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
	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		No					
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?	1.6							
		16b							
<u>5e</u> 17	List the states with which a copy of this Form 990 is required to be filed								
1/	List the states with which a copy of this form 990 is required to be filed MO								
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.								

(📙 Own website	Another's website	\checkmark	Upon request	Other	(explain in Schedule C

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►BEVERLY HELLWIG 1500 MEADOW LAKE PARKWAY KANSAS CITY, MO 64114 (816) 531-1200

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

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

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

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

	any related of	Janizaci		inhe	=1150	ateu a	iiy c	unen oncer, une	tor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for		ne bo	א, u ו off	che nles	ss pers and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations
(1) BRADFORD EVANS	43.0									
PRESIDENT/CEO	2.0	Х		х				296,241	0	46,865
(2) KEVIN MICHEL	40.0					V		142.027		42,700
DIRECTOR OF IT	0.0					х		142,927	0	42,700
(3) GLORIA SOENDKER CNO/CLINICAL DIRECTOR	40.0 0.0			х				152,133	0	3,983
(4) STACY MCLEAN REGISTERED NURSE	40.0 0.0					x		118,994	0	27,616
(5) RUSSELL EISELE PHYSICAL THERAPIST	40.0 0.0					х		110,018	0	27,648
(6) TRACIE RODREQUEZ CFO	37.0 3.0			х				113,592	0	16,865
(7) CHRISTY MESIK DIRECTOR OF OUTREACH & DEVELOP	40.0 0.0					x		109,204	0	16,692
(8) Paul T Whalen RN PRECEPTOR	40.0					x		109,964	0	14,763
(9) LINDA CLARKSON VICE CHAIR	2.0	x		х				0	0	0
(10) THOMAS LANGENBERG DIRECTOR/VICE CHAIR	2.0	x		x				0	0	0
(11) TERRY WEATHERS DIRECTOR/CHAIR	2.0	х		x				0	0	0
(12) CHARLES LARKIN O'KEEFE DIRECTOR	2.0 0.0	х						0	0	0
(13) RUSSELL MELCHERT	2.0	х						0	0	0
DIRECTOR	0.0									
(14) BARBARA MACARTHUR DIRECTOR, SECRETARY-TREASURER	 0.0	х		х				0	0	0
(15) SCOTT MITCHELL DIRECTOR	2.0	х						0	0	0
(16) GREGORY RADKE	0.0 2.0 2.0	х						0	0	0
(17) ALVIN COHEN SECRETARY/TREASURER	2.0 0.0	х		x				0	0	0
	0.0			I		I	I			Form 990 (2021)

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Section & Officers Directors Trustees Key Employees and Highest Compensated Employees (continued) \ /11

(A) Name and title	Average hours per week (list any hours for related	than o is b	one b	ox, i in of tor/t	unles ficer rust		son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	Estin amount compe from	of other nsation	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	(W-2/1099-NEC) MISC/1099-NEC)	rela	ated zations
(18) BETTY CROOKER		2.0							0	C		0
DIRECTOR		0.0							0			0
(19) CATHERINE BANES		2.0	x						0	C		0
DIRECTOR		0.0							0			0
(20) NANCY DEBASIO		2.0	x		х				0	C		0
FOUNDATION CHAIR		2.0			~							
1b Sub-Total c Total from continua)						
d Total (add lines 1b	and 1c)						•		1,153,073	0		197,132
2 Total number of ind reportable compens	ividuals (including but sation from the organi	not limited to t zation <a>12	hose lis	sted a	bov	e) w	ho rec	eive	d more than \$100,0	000 of		
											Yes	No
	n list any former offic mplete Schedule J for s			key e •	mpl •	oyee •	e, or hi	ghes •	st compensated em	ployee on 3		No
	sted on line 1a, is the lated organizations gr											
										. 4	Yes	
	ed on line 1a receive o o the organization?If "											No
Section B. Indeper	dent Contractor	-									I	

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				
PO	JPPLEMENTAL HEALTHCARE,) BOX 677896 ALLAS, TX 75267	CONTRACT RN	520,873				
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 1						

	990 (2021)	- (D						Page 9
Part				nse or note to any	line in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts,	1a Federated campaig	gns	1a					
grar	b Membership dues		1b					
am, g	c Fundraising events		1c	25,734				
igi ilar	d Related organization		1d 1e	2,181,453				
sin	f All other contributions	s. gifts. grants.	10					
ther	and similar amounts i above		1f	172,193				
Contributions, gifts, grants, and other similar amounts	g Noncash contribution: lines 1a - 1f:\$	s included in	1g					
a C	h Total. Add lines 1a	a-1f	· · ·	>	2,379,380			
				Business Code	11,740,212	11,740,212		
Ð	2a Net patient service rev	venue		623000	11,740,212	11,740,212		
Program Service Revenue	b							
Rev								
vice	с							
Set	d							
gran	e							
Proj								
	f All other program s							
	g Total. Add lines 2:3 Investment income			11,740,212	1	T		
	similar amounts) .			•	23,988			23,988
	4 Income from investr5 Royalties			nd proceeds)		
	5 Royalties	(i) R		(ii) Personal				
	6a Gross rents	6a	152,952		-			
	b Less: rental		152,552		-			
	expenses	6b	108,962		-			
	c Rental income or (loss)	6c	43,990	C				
	d Net rental income				43,990)		43,990
	7a Gross amount from sales of assets other than inventory	(i) Sect 7a	55,137	(ii) Other	-			
	 Less: cost or other basis and sales expenses 	7b						
	c Gain or (loss)	7c	55,137					
	d Net gain or (loss)			•	55,137	7		55,137
Other Revenue	8a Gross income from fur (not including \$ contributions reported See Part IV, line 18	25,734 c 1 on line 1c).	f 8a	21,041	_			
er	b Less: direct expense c Net income or (loss		8b ising eve	14,886	6,155	5		6,155
oth								
	9a Gross income from g See Part IV, line 19		es. 9a	0				
	b Less: direct expens	ses		0	-			
	c Net income or (loss	s) from gamin	g activitie	es 🕨				
	10a Gross sales of inve returns and allowa		10a	0				
	b Less: cost of goods		10b	0				
	C Net income or (loss Miscellaneou	-	of invento	Business Code				
	11a _{OTHER} REVENUE			541900	278,067	7		278,067
	b							
	c							
	d All other revenue							
	e Total. Add lines 11			· · •	278,067	7		
	12 Total revenue. Se	e instructions	• •	•	14,526,929	9 11,740,212		407,337

Pa	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns. A	All other organization	s must complete colu	ımn (A).
	Check if Schedule O contains a response or note to an	ny line in this Part IX			
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0	1		
5	Compensation of current officers, directors, trustees, and key employees	629,678	515,679	113,999	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	9,569,316	7,835,796	1,733,520	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	166,646	136,476	30,170	
9	Other employee benefits	1,741,992	1,426,615	315,377	
10	Payroll taxes	682,213	557,558	124,655	
11	Fees for services (non-employees):				
ā	Management	0			
ł	Legal	40,049		40,049	
C	Accounting	75,949		75,949	
	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	9,397		9,397	
-	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	177,319	50,718	126,601	
12	Advertising and promotion	43,382		43,382	
	Office expenses	470,819	274,272	196,547	
	Information technology	558,369	439,623	118,746	
	Royalties	0	10 714	115 200	
	Occupancy	135,110	19,714	115,396	
	Travel	382,783	382,783		
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	17.000	0.071	
	Conferences, conventions, and meetings	19,407	17,033	2,374	
	Interest	10,502	10,230	272	
	Payments to affiliates	0	270.000	20.070	
	Depreciation, depletion, and amortization	317,987	278,909	39,078	
	Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	202,446	156,882	45,564	
	a MEDICAL SUPPLIES	352,579	352,579		
	b_	0			
	c _	0			
	d _	0			
	e All other expenses	12,763	11,216	1,547	
25	Total functional expenses. Add lines 1 through 24e	15,598,706	12,466,083	3,132,623	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► □ if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or not	o to any li	ing in this Part IX			. 🗆
			.e to uny		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			109,150	1	140,845
	2	Savings and temporary cash investments		[1,953,254	2	351,465
	3	Pledges and grants receivable, net		·	0	3	0
	4	Accounts receivable, net		[1,230,956	4	1,454,061
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst controlled entity or family member of any of the			0	5	0
	6	Loans and other receivables from other disquali	•				
		section 4958(f)(1)), and persons described in se	ection 495	8(c)(3)(B)	0	6	0
S	7	Notes and loans receivable, net		[0	7	0
ssets	8	Inventories for sale or use		[34,918	8	10,124
As	9	Prepaid expenses and deferred charges			157,189	9	195,925
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,190,269			
	b	Less: accumulated depreciation	10b	3,770,044	2,457,249	10c	2,420,225
	11	Investments—publicly traded securities .			1,045,667	11	1,045,666
	12	Investments-other securities. See Part IV, line	11		113,333	12	113,333
	13	Investments—program-related. See Part IV, line	ell .		0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			791,524	15	196,179
	16	Total assets. Add lines 1 through 15 (must equ	ual line 33)	7,893,240	16	5,927,823
	17	Accounts payable and accrued expenses			811,281	17	914,746
	18	Grants payable			0	18	0
	19	Deferred revenue			499,654	19	432,720
	20	Tax-exempt bond liabilities			0	20	0
Se	21	Escrow or custodial account liability. Complete P	Part IV of S	Schedule D	0	21	0
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons			0	22	
Lia	23	Secured mortgages and notes payable to unrela	tod third	narties	0 141,549	22 23	0 183,192
	23 24	Unsecured notes and loans payable to unrelated		·	2,153,080	23 24	0
	24 25	Other liabilities (including federal income tax, pa			1,914,797	24	701,941
	23	and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		, leaded and parties,	1,317,737		,01,341
		Total liabilities. Add lines 17 through 25 .	•		5,520,361	26	2,232,599
loes		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	heck here	e 🕨 🗹 and			
alar	27	Net assets without donor restrictions		[1,320,712	27	2,642,057
B	28	Net assets with donor restrictions $\ .$.		[1,052,167	28	1,053,167
Net Assets or Fund Balances		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, che	eck here ► 🗌 and			
or	29	Capital stock or trust principal, or current funds		L		29	
ets	30	Paid-in or capital surplus, or land, building or equ	uipment f	und		30	
SS	31	Retained earnings, endowment, accumulated inc	come, or o	other funds		31	
it A	32	Total net assets or fund balances		[2,372,879	32	3,695,224
Ň	33	Total liabilities and net assets/fund balances .			7,893,240	33	5,927,823

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Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. 🗹
1	Total revenue (must equal Part VIII, column (A), line 12) 1			14,526,929
2	Total expenses (must equal Part IX, column (A), line 25) 2			15,598,706
3	Revenue less expenses. Subtract line 2 from line 1 3			-1,071,777
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			2,372,879
5	Net unrealized gains (losses) on investments 5			108,122
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O) 9			2,286,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10			3,695,224
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Z Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
24	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	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	□ Separate basis ✓ Consolidated basis □ Both consolidated and separate basis			
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	t 3b		
			Earma (100 (2021)

efi	le GR	APHIC prii	nt Subi	mission Date	e - 2022-11-14			DLN:	93493318175532
sc	HED	ULE A			harity Statu		ublic S	nort	OMB No. 1545-0047
	rm 9	-			harity Statu				2021
•		-	CO	inplete il tile (4947(a)(1) nonexe	mpt charitabl	e trust.	a section	ZUZI
Depa Trea		nt of the	•	Go to www.ir	Attach to Form s.gov/Form990 for in			rmation.	Open to Public
Inter	nal Re	venue		<u>u</u>	<u>3.907/10/11/550</u> 10/11	istructions an	a the latest line		Inspection
Nam VNA (e of th	ne organizati	on					Employer identifica	ation number
								43-1337104	
	nrt I				tus (All organization			ee instructions.	
	organiz		•		e it is: (For lines 1 throu	5			
1	\Box				ssociation of churches			A)(I).	
2		A school de	escribed in s	ection 170(b)((1)(A)(ii). (Attach Sche	edule E (Form 9	90).)		
3		A hospital of	or a cooperat	tive hospital sei	rvice organization desc	ribed in sectio	n 170(b)(1)(A)(ii	ii).	
4		A medical i name, city,		anization opera	ted in conjunction with	a hospital desc	ribed in section :	170(b)(1)(A)(iii). En	ter the hospital's
5				ed for the benef nplete Part II.)	fit of a college or unive	rsity owned or o	operated by a gov	ernmental unit descr	bed in section
6				•	r governmental unit de	scribed in sect	ion 170(b)(1)(A)	(v).	
7				rmally receives (vi). (Complete	a substantial part of its Part II.)	s support from	a governmental u	nit or from the genera	al public described in
8			•		n 170(b)(1)(A)(vi). (0	·			
9		non-land g	ant college	of agriculture. S	lescribed in 170(b)(1) See instructions. Enter t	the name, city,	and state of the c	ollege or university:	
10		activities re income and	elated to its e d unrelated b	exempt functior	e income (less section 5	xceptions, and	(2) no more than	33 1/3% of its support	from gross investment
11		An organiza	ation organiz	ed and operate	ed exclusively to test fo	r public safety.	See section 509	(a)(4).	
12		more publi	cly supported	d organizations	ed exclusively for the be described in section 5 the type of supporting o	509(a)(1) or se	ection 509(a)(2).	See section 509(a)	
а		organizatio	n(s) the pow		rated, supervised, or co appoint or elect a majo				
b		manageme	nt of the sup						ing control or mization(s). You must
c					supporting organization must complete Part			d functionally integra	ted with, its supported
d		Type III no functionally	on-functiona integrated.	ally integrated The organization	d. A supporting organiz on generally must satis rt IV, Sections A and	ation operated fy a distributior	in connection wit requirement and		
е		Check this	box if the or	ganization recei	ived a written determin supporting organization	nation from the		e I, Type II, Type III fu	nctionally integrated,
f	Ente				· · · · · · · · · · · ·			<u></u>	
g					t the supported organiz			1	
1 (i)	Name o	of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
				1					
									′
Tota									
-or	Paper	work Reduc	τιon Act No	τice, see the l	Instructions for	Cat. No. 1128	35F	Schedu	le A (Form 990) 2021

Sch	edule A (Form 990) 2021						Page 2
F	art II Support Schedule for	Organization	s Described i	n Sections 17	0(b)(1)(A)(iv) a	nd 170(b)(1)	(A)(vi)
	(Complete only if you che						
	the organization failed to						-
S	ection A. Public Support			•			
	lendar year	(-) 2017	(b) 2019	(-) 2010	(d) 2020	(0) 2021	(f) Total
	fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(a) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
-	include any "unusual grant.") Tax revenues levied for the						
2	organization's benefit and either paid						
	to or expended on its behalf.						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4.						
	ection B. Total Support	T	1			1	
	lendar year • fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4.						
8	Gross income from interest,						
Ũ	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources.						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through						
	10						
	Gross receipts from related activities, e					12	
13	First 5 years. If the Form 990 is for th	e organization's	first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) orga	nization, check
	this box and stop here					Þ 🗆	
S	ection C. Computation of Public						
14	Public support percentage for 2021 (lin	e 6, column (f) d	ivided by line 11	, column (f))		14	
	Public support percentage for 2020 Sch					15	
	33 1/3% support test—2021. If the or						hox
109							
	and stop here. The organization quality 33 1/3% support test—2020. If the o	nes as a publicly	supported organ	nization			🚩 🗆
b							
	box and stop here. The organization	qualifies as a pu	blicly supported	organization .			► 🗆
17a	10%-facts-and-circumstances test-	-2021. If the org	ganization did no	t check a box on	line 13, 16a, or 16b	o, and line 14 is 1	0% or more, and
	if the organization meets the "facts-and						
	"facts-and-circumstances" test. The or	anization qualifi	es as a publicly	supported organiz	ation	•	
b	10%-facts-and-circumstances test						
	and if the organization meets the "fac						
	the "facts-and-circumstances" test. Th						. ▶ 🗆
18	Private foundation. If the organization				-		
	instructions	<u></u>	<u></u> .	<u></u>	<u>.</u> .		
							A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

-	ection A. Public Support	-				-		
	endar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total
(or 1	fiscal year beginning in) Gifts, grants, contributions, and							
-	membership fees received. (Do not	264,549	64,908	39,205	621,705	2,	379,380	3,369,747
	include any "unusual grants.") .							
2	Gross receipts from admissions, merchandise sold or services							
	performed, or facilities furnished in	12,809,284	12,664,521	11,940,350	11,181,745	11,	740,212	60,336,112
	any activity that is related to the							
_	organization's tax-exempt purpose	-						
3	Gross receipts from activities that are not an unrelated trade or							_
	business under section 513							0
	 The second second second from the second							
4	Tax revenues levied for the organization's benefit and either							
	paid to or expended on its behalf							0
	· · · ·							
5	The value of services or facilities furnished by a governmental unit to							0
	the organization without charge							0
6	Total. Add lines 1 through 5	13,073,833	12,729,429	11,979,555	11,803,450	14,	119,592	63,705,859
7a	Amounts included on lines 1, 2, and		6,220	7,550	25,000		10,468	49,238
b	3 received from disqualified persons Amounts included on lines 2 and 3							
	received from other than							
	disqualified persons that exceed the							0
	greater of \$5,000 or 1% of the amount on line 13 for the year.							
с	Add lines 7a and 7b.		6,220	7,550	25,000		10,468	49,238
8	Public support. (Subtract line 7c							63,656,621
- 50	from line 6.) ection B. Total Support							
	endar year							
	fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total
9	Amounts from line 6.	13,073,833	12,729,429	11,979,555	11,803,450	14,	119,592	63,705,859
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties	223,760	218,502	222,164	221,935		176,940	1,063,301
	and income from similar sources							
b	 Unrelated business taxable income							
	(less section 511 taxes) from							0
	businesses acquired after June 30,							0
c	1975. Add lines 10a and 10b.	223,760	218,502	222,164	221,935		176,940	1,063,301
11	Net income from unrelated	225,700	210,502	222,104	221,355		170,340	1,005,501
	business activities not included on							0
	line 10b, whether or not the							-
12	business is regularly carried on. Other income. Do not include gain							
	or loss from the sale of capital	32,073	101,884	87,745	128,719		278,067	628,488
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c,							
13	11, and 12.).	13,329,666		12,289,464	12,154,104		574,599	65,397,648
14	First 5 years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	ix year as a sectio	n 501(<u>c)(</u> 3) organi	zation, check this
	box and stop here							. ▶□
Se	ation C. Commutation of Dubli	~ · ~						
	ection C. Computation of Public						1	
15	Public support percentage for 2021 (I	ine 8, column (f) d	livided by line 13,			15		97.338 %
16	Public support percentage for 2021 (I Public support percentage from 2020	ine 8, column (f) d Schedule A, Part I	livided by line 13, II, line 15			15 16		97.338 % 96.919 %
16 Se	Public support percentage for 2021 (I Public support percentage from 2020 ection D. Computation of Inves	ine 8, column (f) d Schedule A, Part I tment Income	ivided by line 13, II, line 15 Percentage	· · · · · · · · · · ·		16		96.919 %
16 Se 17	Public support percentage for 2021 (I Public support percentage from 2020 ection D. Computation of Inves Investment income percentage for 20	ine 8, column (f) d Schedule A, Part I tment Income D21 (line 10c, colu	livided by line 13, II, line 15 Percentage mn (f) divided by	line 13, column (f))	16 17		96.919 % 1.626 %
16 Se 17 18	Public support percentage for 2021 (I Public support percentage from 2020 ection D. Computation of Invest Investment income percentage for 20 Investment income percentage from	ine 8, column (f) d Schedule A, Part I tment Income D21 (line 10c, colu 2020 Schedule A,	livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17	line 13, column (f))	16 17 18	d line 1	96.919 % 1.626 % 1.693 %
16 Se 17 18	Public support percentage for 2021 (I Public support percentage from 2020 ection D. Computation of Invest Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2021. If the	ine 8, column (f) d Schedule A, Part I tment Income D21 (line 10c, colu 2020 Schedule A, organization did n	livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box o	line 13, column (f))) : 15 is more than 3	16 17 18 33 1/3%, an		96.919 % 1.626 % 1.693 % 7 is not more
16 Se 17 18 19a	Public support percentage for 2021 (I Public support percentage from 2020 ection D. Computation of Invest Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2021. If the than 33 1/3%, check this box and stop	ine 8, column (f) d Schedule A, Part I tment Income 021 (line 10c, colu 2020 Schedule A, organization did n o here. The organ	livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box c ization qualifies as	line 13, column (f))	16 17 18 33 1/3%, an	🕨	96.919 % 1.626 % 1.693 % 7 is not more
16 Se 17 18 19a	Public support percentage for 2021 (I Public support percentage from 2020 ection D. Computation of Invest Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2021. If the than 33 1/3%, check this box and stop 33 1/3% support tests—2020. If the	ine 8, column (f) d Schedule A, Part I tment Income D21 (line 10c, colu 2020 Schedule A, organization did n D here. The organ	livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 ot check the box of ization qualifies as not check a box of	line 13, column (f) on line 14, and line a publicly suppor n line 14 or line 19) : 15 is more than 3 ted organization . a, and line 16 is n	16 17 18 33 1/3%, an nore than 3	► 33 1/3%	96.919 % 1.626 % 1.693 % 7 is not more
16 Se 17 18 19a	Public support percentage for 2021 (I Public support percentage from 2020 ection D. Computation of Invest Investment income percentage for 20 Investment income percentage from 33 1/3% support tests-2021. If the than 33 1/3%, check this box and stop	ine 8, column (f) d Schedule A, Part I tment Income D21 (line 10c, colu 2020 Schedule A, organization did n o here. The organ e organization did d stop here. The	livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 ot check the box of ization qualifies as not check a box of organization quali	line 13, column (f) on line 14, and line a publicly suppor n line 14 or line 19 fies as a publicly s)	16 17 18 33 1/3%, an nore than 3 ation	► 33 1/3%	96.919 % 1.626 % 1.693 % 7 is not more ✓ and line 18 is not

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of 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.	1	
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).		
		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.		
		3a	
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.	-	
		3b	
с	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.	34	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	3c	
44	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	Ŧu	
-	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b	
	supervised by or in connection with its supported organizations.	45	
с	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.	4c	
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).	5a	
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?	5b	
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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 .	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	0	
,	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).	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"	,	
0	complete Part I of Schedule L (Form 990).	8	
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 .	8	
		9a	
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.	9b	
с	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.	9c	
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.	10a	
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).	10b	

Yes No

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ection B. Type I Supporting Organizations			
			Yes	No

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

з

a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's		
	involvement.	2b	
	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its		
	supported organizations? If "Yes," describe in Part VI , the role played by the organization in this regard.		

Page 5

1

2

Yes

Yes No

No

3b Schedule A (Form 990) 2021 Schedule A (Form 990) 2021

Section A - Adjusted Net Income (A) Prior Ye I 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 (see instructions) 7 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Ye 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 a Average monthly value of securities 1a b Average monthly uses balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d Poscount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 6 Multipl	<i>in in Part VI). See ons A through E.</i>
2 Recoveries of prioryear 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) 7 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Yee 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 a Average monthly value of securities 1a 1 b Average monthly cash balances 1b 1c c fair market value of other non-exempt-use assets 1c 1d e Discount claimed for blockage or other factors (explaim in detail in Part VI): 2 2 2 Acquisition indebtedness applicable to non-exempt use assets 2 3 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net v	
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b Average monthly cash balances1bc Fair market value of other non-exempt-use assets1cd Total (add lines 1a, 1b, and 1c)1de Discount claimed for blockage or other factors (explain in detail in Part VI):22 Acquisition indebtedness applicable to non-exempt use assets23 Subtract line 2 from line 1d34 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).45 Net value of non-exempt-use assets (subtract line 4 from line 3)56 Multiply line 5 by 0.03567 Recoveries of prior-year distributions78 Minimum Asset Amount (add line 7 to line 6)85 Exection C - Distributable Amount21 Adjusted net income for prior year (from Section A, line 8, Column A)12 Enter 85% of line 123 Minimum asset amount for prior year (from Section B, line 8, Column A)34 Enter greater of line 2 or line 345 Income tax imposed in prior year5	
cFair market value of other non-exempt-use assets1cdTotal (add lines 1a, 1b, and 1c)1deDiscount claimed for blockage or other factors (explain in detail in Part VI):1d2Acquisition indebtedness applicable to non-exempt use assets23Subtract line 2 from line 1d34Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).45Net value of non-exempt-use assets (subtract line 4 from line 3)56Multiply line 5 by 0.03567Recoveries of prior-year distributions78Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable Amount21Adjusted net income for prior year (from Section A, line 8, Column A)12Enter 85% of line 123Minimum asset amount for prior year (from Section B, line 8, Column A)34Enter greater of line 2 or line 345Income tax imposed in prior year5	
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8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 5	
Section C - Distributable AmountI1Adjusted net income for prior year (from Section A, line 8, Column A)12Enter 85% of line 123Minimum asset amount for prior year (from Section B, line 8, Column A)34Enter greater of line 2 or line 345Income tax imposed in prior year5	
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2Enter 85% of line 123Minimum asset amount for prior year (from Section B, line 8, Column A)34Enter greater of line 2 or line 345Income tax imposed in prior year5	Current Year
3Minimum asset amount for prior year (from Section B, line 8, Column A)34Enter greater of line 2 or line 345Income tax imposed in prior year5	
4 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 5	
5 Income tax imposed in prior year 5	
C Distributable Amount Subtract line 5 from line 4 unless subject to emergenous	
temporary reduction (see instructions)	

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated	509(a)(3) Supporting O	ganizations (c	ontinued	d)
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		1	
2 Amounts paid to perform activity that directly furthers e excess of income from activity	2			
3 Administrative expenses paid to accomplish exempt put	rposes of supported organization	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instruction	าร		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respons	ive (<i>provide</i>	8	
9 Distributable amount for 2021 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2021	ons	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018. .				
e From 2020.				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2021 distributable amount				
i Carryover from 2016 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2021 from Section D, line 7: \$				
a Applied to underdistributions of prior years				
b Applied to 2021 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 				
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.				
7 Excess distributions carryover to 2022. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2017				
b Excess from 2018			_	
c Excess from 2019				
d Excess from 2020				
			S	chedule A (Form 990) (2021)
			3	

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

Facts And Circumstances Test								
Return Reference Explanation								

Schedule A (Form 990) 2021

efile GRAPHIC p	rint Su	ubmission Date - 2022-11-14	4	DLN	: 93493318175532
SCHEDULE C	F	Political Campaig	n and Lobbying A	ctivities	OMB No. 1545-0047
(Form 990)					2021
Department of the	For Ore	ganizations Exempt Fror n 527	n income lax Under sec	tion 501(c) and	
Treasury					Open to Public
Internal Revenue Service	►Compl	ete if the organization is descri Go to www.irs.gov/Form990 f			Inspection
		ered "Yes" on Form 990, Pa			(Political
Campaign Activi			d D. De wet eensulete Deut I	C	
		ations: Complete Parts I-A ar an section 501(c)(3)) organiza			omplete Part I-B.
 Section 527 or 	ganizatior	ns: Complete Part I-A only.	·		•
	on answe	red "Yes" on Form 990, Pa	rt IV, Line 4, or Form 990	-EZ, Part VI, line 4	7 (Lobbying
Activities), then	(3) organi	zations that have filed Form	5768 (election under section	501(h)). Complete F	Part II-A Do not
complete Part II-B					
		zations that have NOT filed F	orm 5768 (election under se	ection 501(h)): Comp	lete Part II-B. Do not
complete Part II-A		ered "Yes" on Form 990, Pa	ort IV Line 5 (Proxy Tax) (see senarate instru	uctions) or Form
		Proxy Tax) (see separate in			
		r (6) organizations: Complete	Part III.		
Name of the organi VNA CORPORATION	zation			Employer identifi	cation number
				43-1337104	
Part I-A Compl	ete if the	organization is exempt une	der section 501(c) or is a s	ection 527 organiza	ation.
		e organization's direct and indirect	political campaign activities in Par	t IV. See instructions for	definition of
"political camp	-	es." expenditures. See instructions		•	
-		l campaign activities. See instructions			
Volunteer nour		organization is exempt un			
-		cise tax incurred by the organization		> \$	
		cise tax incurred by organization m			
	-	a section 4955 tax, did it file Form			
-					U Yes U No
					🗌 Yes 🗌 No
b If "Yes," describ		organization is exempt une	dor costion E01(c) over	contion = 501/c)(2)	
-					
		expended by the filing organization ng organization's funds contributed	•		
		ng organization's funds contributed			
3 Total exempt fu	nction expe	nditures. Add lines 1 and 2. Enter h	nere and on Form 1120-POL. line 1	7b ▶ ∉	
•		ile Form 1120-POL for this year?		Ψ.	
organization m political contrib	ade paymen outions recei	s and employer identification numb its. For each organization listed, en ved that were promptly and directly mmittee (PAC). If additional space	ter the amount paid from the filing y delivered to a separate political	g organization's funds. Al organization, such as a s	lso enter the amount of
(a) Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter	contributions received and promptly and
				-0	directly delivered to a
					separate political organization. If none,
					enter -0
1					
					1
2					
3					

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

4 5 6

Scł	edule C (Form 990) 2021			Page 2
ŀ	art II-A Complete if the organization is section 501(h)).	exempt under section 501(c)(3) and file	d Form 5768 (ele	ection under
	0	5 1 ,	oup member's name	, address, EIN,
<u> </u>	Limits on Lobbyin (The term "expenditures" mean	g Expenditures	(a) Filing organization's totals	(b) Affiliated group totals
la b c d e f	Total lobbying expenditures to influence public opini Total lobbying expenditures to influence a legislative Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and Lobbying nontaxable amount. Enter the amount from columns.	e body (direct lobbying) d 1d)		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e. \$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000. \$225,000 plus 5% of the excess over \$1,500,000. \$1,000,000.		
g h i j	Grassroots nontaxable amount (enter 25% of line 1f Subtract line 1g from line 1a. If zero or less, enter -0 Subtract line 1f from line 1c. If zero or less, enter -0 If there is an amount other than zero on either line 1 section 4911 tax for this year?	,) 1h or line 1i, did the organization file Form 4720 rep		Yes No

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

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

Sche	dule C (Form 990) 2021			Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT 1 Form 5768 (election under section 501(h)).	iled		
For	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(;	a)	(b)
	ctivity.		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:			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
с	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
е	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		3,430
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			3,430
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		-	

с	If "Yes," enter the amount of	f any tax incurred by organization managers under section 4912	•••••
	If the filler a construction from the second		

d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 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 expenditures from the prior year?	3		

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
	V.N.A. CORPORATION PAYS ANNUAL DUES TO NAHC, MAHC, AND KHCA. A PORTION OF THESE DUES COVER THE LOBBYING THESE ORGANIZATIONS DO ON BEHALF OF V.N.A. CORPORATION.

efile (GRAPHIC pri	int	Submission Date - 2022-	11-14				DLN: 93493318175532
	DULE D		Supplement	al F	inancial Sta	temen	ts	OMB No. 1545-0047
(Form 990)			Complete if the organization answered "Yes," on Form 990,					2021
			Part IV, line 6, 7, 8, 9, 1	LÕ, 11a	, 11b, 11c, 11d, 11e,			
Departn Treasur	nent of the v		► Go to <u>www.irs.gov/Form</u>		h to Form 990. r instructions and the	e latest infor	mation.	Open to Public Inspection
	Revenue							
Name	of the organiz	ation						dentification number
Part	Organi	zatior	ns Maintaining Donor Adv	ised F	unds or Other Sim	ilar Funds o	43-1337104	
			ne organization answered "Ye		orm 990, Part IV, line	e 6.		
1 Tot	tal number at c	and of	year		(a) Donor advised fu	inds	(b) Fu	inds and other accounts
		-	tributions to (during year)					
-			nts from (during year)					
-		-	of year					
5 D	id the organiza	ition in	form all donors and donor adviso					e the
01	rganization's pi	roperty	v, subject to the organization's ex	clusive	legal control?			🗌 Yes 🗌 No
			form all grantees, donors, and do d not for the benefit of the donor					
Part			n Easements.					
	Complet	te if th	ne organization answered "Ye	s" on F	orm 990, Part IV, line	e 7.		
1 Pi	urpose(s) of co	nserva	tion easements held by the organ	nization	(check all that apply).			
l	_ Preservatio	on of la	nd for public use (e.g., recreatior	or edu	cation) 🗌 Prese	ervation of an	historically im	nportant land area
(Protection	of natu	ıral habitat		Prese	ervation of a c	ertified histor	ic structure
(Preservatio	on of op	pen space					
			ugh 2d if the organization held a lay of the tax year.	qualifie	d conservation contribu	ition in the form		
			vation easements				2a Held	d at the End of the Year
			by conservation easements				2a 2b	
	•		n easements on a certified histor				2c	
			n easements included in (c) acqu lational Register	ired afte	er 7/25/06, and not on a	historic	2d	
	tumber of conservations \mathbf{P}	ervatio	n easements modified, transferre	ed, relea	sed, extinguished, or te	erminated by t	he organizatio	on during the
4 N	umber of state	s wher	e property subject to conservatio	n easer	nent is located 🕨			
5 D	oes the organiz	zation l	have a written policy regarding th	ne perio	dic monitoring, inspecti	ion, handling o	of violations, a	and
e	nforcement of t	the cor	nservation easements it holds? .					🗌 Yes 🗌 No
6 Si		eer hou	urs devoted to monitoring, inspec	ting, ha	ndling of violations, and	d enforcing co	nservation ea	sements during the year
/	mount of exper \$	nses in	curred in monitoring, inspecting,	handlin	g of violations, and enf	orcing conserv	ation easeme	ents during the year
			n easement reported on line 2(d) B)(ii)?				'0(h)(4)(B)(i)	🗌 Yes 🗌 No
b	alance sheet, a	nd incl	w the organization reports conse lude, if applicable, the text of the punting for conservation easemer	footnot				
Part I			ns Maintaining Collections				er Similar	Assets.
1a lf			ne organization answered "Ye ted, as permitted under FASB AS				and halance	sheet works of art
hi Pa	istorical treasu art XIII, the text	res, or t of the	other similar assets held for puble footnote to its financial stateme	ic exhit nts that	ition, education, or rese describes these items.	earch in furthe	rance of publi	ic service, provide, in
hi fc	istorical treasu	res, or its rela	ted, as permitted under FASB AS other similar assets held for publicing to these items:	ic exhit	ition, education, or rese	earch in furthe	rance of publi	ic service, provide the
(i) F	Revenue includ	ed on I	Form 990, Part VIII, line 1				. ▶\$	
			m 990, Part X					
			eived or held works of art, historic uired to be reported under FASB A				cial gain, prov	ride the
a R	evenue include	ed on F	orm 990, Part VIII, line 1				►\$	
b As			n 990, Part X					

Pai	rt III	Organizations M	aintaining Co	llections of	Art, Histo	rical Trea	sures,	, or Othe	r Similar /	Assets (continued,)
3		the organization's acqu (check all that apply):	uisition, accessior	n, and other red	cords, check	any of the	following	that are a	significant u	se of its o	collection	
a		Public exhibition			d	🗌 Loa	n or exc	hange prog	grams			
b		Scholarly research			e	Other	ier					
С		Preservation for future	generations									
4	Provid Part X	le a description of the o III.	organization's coll	lections and ex	plain how the	ey further t	he orgar	nization's e	xempt purpo	se in		
5		g the year, did the orga s to be sold to raise fund								🗌 Yes		0
Pa	rt IV	Escrow and Custo Complete if the org			n Form 990,	, Part IV, li	ne 9, o	r reported	l an amoun	t on For	m 990, Pa	art X,
	1.46.4	line 21.	hannele and the dis						1			
1a		organization an agent, ed on Form 990, Part X								🗌 Yes		0
b	If "Yes	s," explain the arrangen	nent in Part XIII a	nd complete th	ne following ta	able:			Α	mount		_
с	Begin	ning balance						1c				
d	Additi	ons during the year						1d				
е	Distrik	outions during the year						1e				
f	Endin	g balance						1f				_
2a	Did th	e organization include a	an amount on For	rm 990. Part X.	line 21, for e	scrow or c	istodial	account lia	bility?	🗌 Yes		_
b		," explain the arrangem			-				-			0
	rt V	Endowment Fund			ie explanation		provide					
10		Complete if the org		vered "Yes" or	n Form 990,	Part IV, li	ne 10.					
				(a) Current ye	ear (b) P	rior year	(c) Two	years back	(d) Three ye		(e) Four yea	
1a	Beginni	ing of year balance		1,04	5,667	1,045,667		1,004,571	. 1,	045,667	1,	045,667
b	Contrib	utions										
с	Net inv	estment earnings, gains	s, and losses	170	6,404	197,873		188,922	2	-32,134		114,544
d	Grants	or scholarships	•									
е		expenditures for facilitie	S	16	7,008	188,606		138,712	2			105,874
f	-	strative expenses			9,397	9,267		9,114	l.	8,962		8,670
		year balance			5,666	1,045,667		1,045,667		004,571	1.	045,667
-		-							-	001,071	-,	0.5,007
2 a		le the estimated percen designated or quasi-en	ndowment 🕨		ilance (line 19	g, column (a)) heid	as:				
h	Perma	anent endowment 🕨										
c		endowment 🕨										
Ľ		ercentages on lines 2a,	2b, and 2c shoul	d equal 100%.								
3a	Are th	ere endowment funds r	not in the possess	sion of the orga	anization that	t are held a	nd admi	nistered fo	r the			
	-	ization by:									Yes	No
		related organizations				• • •	• •	•		3a		No
		elated organizations .					• •			3a		
ь 4		" on 3a(ii), are the relat ibe in Part XIII the inten	•	•			• •			3	b Yes	
	rt VI	Land, Buildings,		5		unus.						
Pa	rl VI	Complete if the org			n Form 990.	Part IV. li	ne 11a	. See Forn	n 990. Part	X. line 1	0.	
	Descri	ption of property	(a) Cost or othe	er basis (b) Cost or other			ccumulated of) Book value	9
		-	(investme	nt)								
1a	Land											
		gs										
		old improvements				40,12	1		40,121			0
		ient				6,150,14			3,729,923		2	,420,225
		· · · · ·										
				I								

Tota	I. Add lines 1a through 1e. (C	olumn (d) must equal Form 9	90, Part X, column (B), line 10)(c).) • •

2,420,225

¥

	(Form 990) 2021				Page 3
Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV. li	ine 11b.See Forr	n 990. Part	X. line 12.
	(a) Description of security or category (including name of security)	(b) Bo	ok	(c) Method	of valuation: year market value
(1) Financia		value		st of end-oi-y	
	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (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, I	Part IV, li	ine 11c. See For	m 990, Part	X, line 13.
	(a) Description of investment		(b) Book value	(c)	Method of valuation: end-of-year market value
(1)			<u> </u>		end of your market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.	•			
	Complete if the organization answered 'Yes' on Form 990, P	Part IV, lir	ne 11d. See Forr	n 990, Part	
(1)	(a) Description				(b) Book value
(2)					
(3)					
(3)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu. Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.)				•
FartA	Complete if the organization answered 'Yes' on Form 990, P	Part IV, lir	ne 11e or 11f.Se	e Form 990	
1. (1) Federal i	(a) Description of liability				(b) Book value
DUE TO THI					701,941
	n (b) must equal Form 990, Part X, col.(B) line 25.)			Þ	701,941
2. Liability f	or uncertain tax positions. In Part XIII, provide the text of the footnote	e to the or	ganization's financ	cial statemen	ts that reports the

2. LIADING TO UNCERTAIN TAX POSITIONS. IN PART XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D	(Form	990	2021
Julieuule D		330	1 2021

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.		
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	16,476,401
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments2a108,122		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,943,983
3	Subtract line 2e from line 1	3	14,532,418
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 9,397		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	-5,489
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,526,929
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retu	rn.
1	Total expenses and losses per audited financial statements	1	15,715,821
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	111,626
3	Subtract line 2e from line 1	3	15,604,195
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 9,397		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	-5,489
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	15,598,706
Pa	rt XIII Supplemental Information	ļ	

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

Return Reference	Explanation
	PRINCIPAL AMOUNT MUST REMAIN IN PERPETUITY. ANY INCOME DERIVED THEREOF PURPOSES: A) TO ESTABLISH, OPERATE, SUPPORT, AND PROVIDE THE CAPITAL REQUIREMENTS OF AND MAINTAIN HOSPITALS, INPATIENT FACILITIES, CLINICS, LABORATORIES, OFFICE BUILDINGS, PHARMACIES AND ALL MEASURE OF FACILITIES AND PROGRAMS FOR OR RELATING TO THE STUDY OF THE HUMAN MIND AND BODY OR ANY PART THEREOF. B) TO FOSTER THE HEALTH OF THE COMMUNITY AND TO ENGAGE IN EDUCATIONAL ACTIVITIES, RESEARCH AND OPERATIONS RELATED THERETO. VNA'S POLICY IS TO SPEND ITS ENDOWMENT INCOME AS IT IS EARNED.
	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.
SCHEDULE D, PART XI, LINE 2D	LINE 4B: RENTAL EXPENSES \$ 108,962 RELATED ORGANIZATION REVENUE \$1,726,899 \$1,835,861
SCHEDULE D, PART XI, LINE 4B	Line 4B: FUNDRAISING EXPENSE \$ (14,886)
SCHEDULE D, PART XII, LINE 2D	IINE 2D: Related ORGANIZATION EXPENSE \$ 2,664 RENTAL EXPENSES \$ 108,962 \$ 111,626
SCHEDULE D, PART XII, LINE 4B	LINE 4B: FUNDRAISING EXPENSE \$ (14,886)

efile GRAPHIC print	Subi	mission Date - 2	2022-11	-14			DL	N: 93493318175532
SCHEDULE G		Supplem	enta	l Info	ormation Reg	arding	r	OMB No. 1545-0047
(Form 990)					Gaming Activ		2	2021
	Co	mplete if the organiza	tion answe	ered "Yes"	on Form 990, Part IV, lines 1	7, 18, or 19, or	if the	
Department of the		organizati			n \$15,000 on Form 990-EZ, li 990 or Form 990-EZ.	ine 6a.		Open to Public
Treasury MiemaisBevenue Service		►Go to www.i	rs.gov/For	m990 for i	nstructions and the latest in		<u> </u>	Inspection
Name of the organization VNA CORPORATION						E	nployer ider	ntification number
						43	3-1337104	
	-	•			answered "Yes" on Fo	orm 990, Pa	rt IV, line 1	7.
Form 990-E2	Z filers ar	re not required to	comple	te this p	art.			
1 Indicate whether the	e organizat	ion raised funds thr	ough any	/ of the fo	llowing activities. Check	all that apply		
a 🗌 Mail solicitations				e	Solicitation of non	-government	grants	
b Internet and ema	ail solicitat	ions		1	Solicitation of gov	ernment grai	nts	
c 🗌 Phone solicitation	ns			ç	🛛 🗌 Special fundraisin	g events		
d 🗍 In-person solicita	ations							
Did the second stime	h				istead (in standing of 66 source	-l'an at a second second		
					vidual (including officers, with professional fundra			es 🗆 No
				lraisers) p	oursuant to agreements u	nder which tl		
to be compensated a	at least \$5	,000 by the organiz	ation.					
(i) Name and address of in		(ii) Activity) Did ser have	(iv) Gross receipts		nt paid to	(vi) Amount paid to
or entity (fundraise	er)		cust	ody or	from activity		ned by) r listed in	(or retained by) organization
				trol of outions?		col	(i)	
1			Yes	No				
1								
2								
_								
3								
4								
5								
6								
0								
7								
-								
8								
9								
10								
				L				
Total			►					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	rt II Fundraising Events. Complete than \$15,000 of fundraising ev	ete if the organization a vent contributions and			
	gross receipts greater than \$5	,000. (a)Event #1 Mulligans&Margs	(b) Event #2	(c)Other events 0	(d) Total events (add col. (a) through col. (c))
Revenue		(event type)	(event type)	(total number)	
	1 Gross receipts	46,775			46,775
	2 Less: Contributions	25,734			25,734
	3 Gross income (line 1 minus line 2)	21,041			21,041
	4 Cash prizes				
ses	5 Noncash prizes . . . 6 Rent/facility costs . . .	4.000			4 000
Direct Expenses	7 Food and beverages	4,800 10,086			4,800
Ш Т	8 Entertainment	10,080			10,080
Direc	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 th	nrough 9 in column (d)		🕨	14,886
	11 Net income summary. Subtract line 10			· · · · >	6,155
Pa	rt III Gaming. Complete if the orga on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part IV	, line 19, or reported	more than \$15,000
alle			(b) Dull to be // not ont		
Nen		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Reven	1 Gross revenue	(a) Bingo		(c) Other gaming	
ŝ	1 Gross revenue	(a) Bingo		(c) Other gaming	
Expenses Revenue		(a) Bingo		(c) Other gaming	
ŝ	2 Cash prizes	(a) Bingo		(c) Other gaming	
	2 Cash prizes . . . 3 Noncash prizes . . .	(a) Bingo		(c) Other gaming	
ŝ	2Cash prizes3Noncash prizes4Rent/facility costs	(a) Bingo		(c) Other gaming	(a) through col.(c))
ŝ	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 	☐ Yes%_ ☐ No	bingo/progressive bingo	□ Yes%	(a) through col.(c))
ŝ	2 Cash prizes . . 3 Noncash prizes . . 4 Rent/facility costs . . 5 Other direct expenses . . 6 Volunteer labor . .	☐ Yes%_ ☐ No nrough 5 in column (d)	bingo/progressive bingo	Yes%_ No	(a) through col.(c))
ŝ	 2 Cash prizes	Yes%_ No No No Inrough 5 in column (d) Ine 7 from line 1, column on conducts gaming activit ming activities in each of	bingo/progressive bingo	Yes%_ No ▶	(a) through col.(c))
Direct Expenses	 2 Cash prizes	Yes%_ No	bingo/progressive bingo	Yes%_ No	(a) through col.(c))
Direct Expenses	 2 Cash prizes	Yes%_ No No No Inrough 5 in column (d) Inne 7 from line 1, column on conducts gaming activities in each of enses revoked, suspended	bingo/progressive bingo	Yes%_ No	(a) through col.(c))
d e 6 Direct Expenses	 2 Cash prizes	Yes%_ No No No Inrough 5 in column (d) Inne 7 from line 1, column on conducts gaming activiti ming activities in each of enses revoked, suspended	bingo/progressive bingo	Yes%_ No . .	(a) through col.(c))

Schedule G (Form 990) 2021

Sche	dule G (Form 990) 2021						Page 3
11	Does the organization conduct of	gaming activities with nonmembers	5?		🗌 Yes		
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entit	у 	□ Yes		
13	Indicate the percentage of gam	ing activity conducted in:					
а	The organization's facility .			. 13a			%
b	An outside facility			. 13b			%
14	Enter the name and address of	the person who prepares the organ	ization's gaming/special events books	and records:			
	Name 🕨 👘						
15a	Does the organization have a co	ontract with a third party from who	m the organization receives gaming		□ Yes		
b	If "Yes," enter the amount of ga		nization 🕨 \$ a		U fes	U NO	
с	If "Yes," enter name and addres	s of the third party:					
	Name 🕨						
	Address 🕨						
16	Gaming manager information:						
	Name 🕨 👘						
	Gaming manager compensation	▶ \$					
	Description of services provided	▶					
	Director/officer	Employee	Independent contractor				
17	Mandatory distributions:						
а	Is the organization required und	er state law to make charitable dis	tributions from the gaming proceeds to	o 	C Yes		
b	Enter the amount of distribution	s required under state law distribu	ted to other exempt organizations or s	pent			
		ot activities during the tax year \blacktriangleright					
Pa			ons required by Part I, line 2b, col e. Also provide any additional info				
	Return Reference		Explanation				

Schedule G (Form 990) 2021

Schedulg J (Form 990) Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Comparison of the organization For certain Officers, Directors, Trustees, Key Employees, and Highest Comparison of the organization Formation of the information Formation of the information Formation Forma	efil	e GRAPHIC pr	int Sub	nission Date - 2022-11-	14		DLN:	934933	1817	5532
Per certain Officers, Directors, Arristees, Key Employees, and Highest Complete if the organization anisation anis anisation anisation anisation anisation anisation anisation an				Compensa	ati	on Information		OMB No	. 1545-	0047
Performance of the presentation For the average sevence For the aver	(For	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest							_
Performance of the presentation For the average sevence For the aver			► Co				line 23.	2()2	1
Internal Revenue Imspection Service Employer identification number 43:1331104 Parts Questions Regarding Compensation 1a Check the appropriate boxies) if the organization provided any of the following to or for a person listed on form 990, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: the appropriate boxies) if the organization provided any of the following to or for a person listed on form 990, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: the appropriate the appropriate part III to provide any relevant information regarding these items. 1a Check the appropriate part III to provide any relevant information regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. Image: the following the filling organization regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. Image: the following the filling organization regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain in Part III. Image: the following the filling organization regarding the kerns checked on Line 1a? Image: the following the filling organization regarding payment or reimbursement or provision of all of the expense described organization or each the scalability the to establish or form embods of the independent compensation committee Image: the following the filling organization regarding payment or notice organization regarding payment or charge appr	Dona	rtment of the					ation			
Service Employer identification number Name of the control integration 43.1337104 Part 1 Questions Regarding Compensation 43.1337104 Part 1 Ouestions Regarding Compensation provided any of the following to or for a person listed on form 99, Part VI. Section A. Ine 1a. Complete Part III to provide any relevant information regarding these terms. Image: Compensation of the organization provided any of the following to or for a person listed on form 99, Part VI. Section A. Ine 1a. Complete Part III to provide any relevant information regarding these terms. Image: Compensation of the organization follow a written policy regarding payment or reimbursement or provision and all of the expenses described above? If "No." complete Part III to explain. Image: Compensation organization follow a written policy regarding the filling organization require substantiation prior to reimbursing or all owing expenses incurred by all directors, funding the ECID/Executive Director, but explain in Part III. Image: Compensation committee Image: Compensation or a study of the following of the organization and provide the applicable annuurs for each item in Part III. Image: Compensation committee Image: Compensation committee Image: Compensation or compensation committee Image: Compensation committee Image: Compensation committee Ima	Treas	sury		io to <u>mmmilio gov/romisoo</u>	101	instructions and the latest morning				
Autocomparison Astronomy Astronomy Astro										
Part 1 Questions Regarding Compensation 1a Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Fart VI, Section A, line 1a. Complete Part II to provide any relevant information regarding these items.			ation				Employer identifica	ation nur	nber	
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, Intel La. Complete Part III to provide any relevant information regarding these terms. Image: Complex Comp							43-1337104			
1a Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Check the appropriate box(es) if the organization following to or for a person listed on Form and yous with the policy regarding payment or reliaduce for personal use Personal services (e.g., maid, chauffeur, cheft) 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 1% vs. complete Part III to explain . Ib Ib 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, frustees, officers, including the CEO/Executive Director, regarding the titms checked on Line 1a ² . Ib Image: I	Pa	rt Questi	ons Regard	ing Compensation						
990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. First-class or charter travel Payments for business use of personal residence Tax idemnification and gross-up payments Payments for business use of personal residence Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain. 1b 2 Identification and gross-up payments Personal services (e.g., maid, chauffeur, chef) 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization or the organization combite Written employment contract 2 Compensation committee Written employment contract 4a No 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. 4a No 4 During the year, did any person and provide the applicable amounts for each item in Part III. 5a No 4 During the year, did any person and provide the applicable amounts for each item in Part III. 5a	15	Chock the appro	niato hox(oc)	if the organization provided a	ny of	the following to or for a person listed	on Form		Yes	No
Tax idemnification and gross-up payments Payments for business use of personal residence Tax idemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 1b 2 Did the organization require substantiation prior to reimburging or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply Do not check my boxes for methods used by a related organization consultant 2 2 2 Compensation committee Written employment contract 4a No 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a No 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization committee 4a No 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization committee 4a No 5 Participate in, or rec	Ia									
Image: Tax identification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) Ib 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		First-class	or charter tra	vel	\Box	Housing allowance or residence for p	ersonal use			
Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incured by all directors, trustees, officers, including the CEO/Executive Director, regarding the terms checked on Line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization is CEO/Executive Director, hear any boy or methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 dial dispendent compensation committee Written employment contract 4 No dialegendent compensation committee Written employment contract 4 No dialegendent compensation consultant Compensation committee Compensation committee 4 No dialegendent compensation consultant Compensation committee Compensation committee 4 No dialed organization: a Receive a severance payment from, a supplemental nonqualified retirement plan? 4a No dialed organization: a ny of line 34-c, List the persones and provide the applicable amounts for active any		Travel for	companions		\Box	Payments for business use of person	al residence			
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 expanses described above? If "No," complete Part III to explain		Tax idemn	ification and	ross-up payments	\Box	Health or social club dues or initiation	n fees			
a provision of all of the expenses described above? If "No." complete Part III to explain. 1b 2 Did the expanization require substantiation prior to reinfluxning expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the corganization substantiation to establish compensation of the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 a Independent compensation consultant Compensation survey or study 2 a Receive a severance payment or change-of-control payment? 4a No b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a No a The organization? 5a No b Any related organization? 5a No b Any related organization 5b No c Compensation consultant Compensation arrangement? 4a No c Participate in, or receive payment from, a equity-based compensation arrangement? 4a No b Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingement on the revenues of:		Discretion	ary spending	account	\Box	Personal services (e.g., maid, chauffe	eur, chef)			
a provision of all of the expenses described above? If "No." complete Part III to explain. 1b 2 Did the expanization require substantiation prior to reinfluxning expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the corganization substantiation to establish compensation of the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 a Independent compensation consultant Compensation survey or study 2 a Receive a severance payment or change-of-control payment? 4a No b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a No a The organization? 5a No b Any related organization? 5a No b Any related organization 5b No c Compensation consultant Compensation arrangement? 4a No c Participate in, or receive payment from, a equity-based compensation arrangement? 4a No b Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingement on the revenues of:	h	If any of the boy	voc on Lino 1a	are checked did the organizat	tion	follow a written policy regarding paym	opt or roimburcome	nt		
directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the coorganization's establish compensation of the CO/Executive Director, but explain in Part III. 2 4 Compensation committee Written employment contract 2 6 Form 990 of other organizations 2 Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. 4a No 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a No 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a No 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a No 6 Any related organization? 5a No No 7 Propersons listed on Form 990, Part VII, Section A, line 1a, did the organization pay o	b									
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 3 Indicate which, if any, of the following the filing organization used to establish compensation of the CEO/Executive Director, but explain in Part III. 4 Compensation committee Written employment contract 5 Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization? Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Any related organization? As 5 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: Sb No 6 No Mr Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Sect	2						1-2	2		
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. Image: Compensation committee Image: Compensation commitee Image: Compensation committee		directors, truste	es, onicers, in		ecto	r, regarding the items thethed on Line	14:			
used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Image and the stablish compensation of the CEO/Executive Director, but explain in Part III. Image and the compensation committee Image and the compensation committee Written employment contract Image and the compensation committee Image and the compensation committee Image and the compensation committee Image and the compensation committee Image and the compensation committee Image and the compensation committee Image and the compensation committee Image and the compensation committee Image and the compensation committee Image and the compensation committee Image and the compensation committee Image and the compensation committee Image and the compensation committee Image and the compensation committee Image and the companization: Image and the compensation committee Image and the compensation committee Image and the companization: Image and the compensation committee Image and the compensation committee Image and the companization: Image and the compensation committee Image and the compensation committee Image and the companization: Image and the compensation committee Image and the companization committee Image and the companization: Image and the companization prowis and provide the applicable amounts for each	3						2			
 Compensation committee Independent compensation consultant Form 990 of other organizations 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: Receive a severance payment or change-of-control payment?. Participate in, or receive payment from, a supplemental nonqualified retirement plan?. Participate in, or receive payment from, an equity-based compensation arrangement?. If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 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 contingent on the revenues of: The organization? Any related organization? The organization? 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: The organization? Any related organization? Any relate organ							Part III			
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 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? d b Yes dc Participate in, or receive payment from, an equity-based compensation arrangement? d b Yes d c Participate in, or receive payment from, an equity-based compensation arrangement? d d b Yes d c Participate in, or receive payment from, an equity-based compensation contingent on the revenues of: a The organization? d The organi		-	•							
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5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a No a The organization? 5a No b Any related organization? 5b No lf "Yes," on line 5a or 5b, describe in Part III. 5b Sb No 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a No a The organization? 6a No b Any related organization? 6a No compensation contingent on the net earnings of: 6a No a The organization? 6a No b Any related organization? 6b No if "Yes," on line 6a or 6b, describe in Part III. 6a No 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 7 No 8 Were any amounts reported on Form 990, Part VII, paid or accured 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		··· , ·			- 1- 1-					
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b Any related organization? 6b No If "Yes," on line 6a or 6b, describe in Part III. 6b No 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 No 8 Were any amounts reported on Form 990, Part VII, paid or accured 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 8 No 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	6				did th	ne organization pay or accrue any				
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7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . 7 No 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 No 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . 9 9	b	Any related orga	anization? .					6b		No
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	9	lf "Yes" on line 8	, did the orga	nization also follow the rebutta	able	presumption procedure described in Re	egulations section			
	For F							-	m 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown	of W-2, 1099-MISC and/or 1099-NEC	C compensation,	(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 BRADFORD EVANS PRESIDENT/CEO	(i)	239,009	20,000	37,232	8,267	38,598	343,106	0
	(ii)		0	0	0	0	0	0
2 GLORIA SOENDKER CNO/CLINICAL DIRECTOR	(i)	151,055	0	1,078	3,659	324	156,116	0
	(ii)	0	0	0	0	0	0	0
3 KEVIN MICHEL DIRECTOR OF IT	(i)	141,497	0	1,430	4,531	38,169	185,627	0
	(ii)	0	0	0	0	0	0	0
						1		
	\square					1		
							Schedule J (F	orm 990) 2021

ichedule J (Form 990) 2021		Page 3								
Part III Supplemental Inform	rt III Supplemental Information									
rovide 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.										
Return Reference Explanation										
SCHEDULE J, PART I, LINE 4B	VESTED DEFERRED BRADFORD EVANS \$ 29,800 \$ -									



efile GRAPHIC prin		Submission Date	- 2022-11-14		DLN	: 93493318175532					
SCHEDUL (Form 990)		Complete to pro	ovide information	ion to Form 990 for responses to specific que	estions on	OMB No. 1545-0047					
Department of t Treasury	he		Attach to Fe	ovide any additional informa orm 990 or 990-EZ. 1 <mark>990</mark> for the latest informatio		Open to Public					
Name of the org	e anization		<u>www.ns.gov/rom</u>		Employer identif	Inspection ication number					
Return				Explanation	43-1337104						
Reference				P							
FORM 990, PART III, LINE 1	CONDUC AS CARI COMMUI MEDICAI OF ABILI	TING OR SUPPORTING RIED OUT THROUGH T NITY ORIENTED ORGA AND SOCIAL SERVIC	G ACTIVITIES FO THE VISITING NUI NIZATION DEDIC ES TO INDIVIDUA CORPORATION IS	ELY FOR CHARITABLE PURPOSES BY PROMOTE HOME HEALTH ACTIVITIES A CORPORATION IS A CHARITABLE, QUALITY HOME CARE AND RELATED KANSAS CITY AREA, REGARDLESS WITH THE COMMUNITY TO IITY.							
FORM 990, PART III, LINE 2	spiritual	counselors, therapist	ts and specialty	nurses, social workers, ho trained volunteers provide ents that offer greater resp	services intended						
FORM 990, PART III, LINE 4A	organiza services profit ag changing home he Kansas Missouri are also monitor pulmona theory cc program 15 mem LSVT big 2021, VI visits. A Medicard outcome satisfact surveye	ation dedicated to ass to adult individuals in gency, the VNA is com- g needs of the commu- ealth and hospices ser- City metropolitan area as well as an office in provided. The advan patients with chronic ary disease, and depr- on patient centered he was developed to ai bers of the rehabilitan g and LSVT loud, to pa NA served approxima- pproximately 71% of e or Medicaid. VNA de- es were better than th- tion results showed th	uring and provid in the metropolita mitted to workin unity. VNA provid rvices to adult a a with offices loc n Johnson county iced illness man diseases such a eastion and is mo ealth with the go d patients in the tion team certific atients with Park itely 3,154 peop admissions in 20 elivered approxin ne national avera at 88% of patier again or recomm	ble, community oriented e and related medical and social rdless of ability to pay. As a non- maximize responsiveness to the ohysical, occupational, and speech) is in portions of a seventeen county ette County, and Cass County, therapy, and mental health service as developed to more closely diabetes, chronic obstructive d chronic disease management dmissions. The strong foundations er joint replacements. VNA has ove he nationally recognized programs, neurological conditions. During iles to deliver more than 64,744 o qualified for Medicare, Managed pensated care. VNA quality encies nationwide. Patient a 9 or 10 and 85% of patients and friends. These ratings resulted i							
FORM 990, PART III, LINE 4B	promotic are plac as weigh guiding having of health o monitor Medicard pathway program hospitali VNA pro educatio council (served i detectio approxin Truman	F SERVICES: Telehealtions. VNA provides teled in the home allowint, blood pressure, and a patient to seek mediaily review of their ven a long term basis the and Medicaid patien to a many term basis the and Medicaid patien is and worked to iden is to improve knowled attain due to exacer vides preventative here in the individuals at regomer to individuals at regomer and services where many 2,000 screen in the artland Foundation rol checks and adminester to the service of the service	d its 16th year in I ent manner, health ctuations in these e patient's life. Pat changes which imp 021, over 300 pat e provided at no ch art failure clinic, de e use of emergene the community ou ucose, and cholest y of which are Mid- ds. 48 sites in 6 co portant to provide n English and Spar et by a Speas Mem	March 2021. Units indicators such areas are useful in ients benefit from bact their overall ients were harge to qualifying eveloped critical e goal of this cy rooms or utreach program, erol) and health -America regional bunties were the elderly early hish. During 2021, norial Grant of and							
FORM 990, PART VI, SECTION B, LINE 11B	PREPARA THE BOA FIRM, BU FINANCE	ATION AND FILING OF ARD WILL DELEGATE T JT THE BOARD SHALL	THE CORPORAT THE RESPONSIBII REVIEW THE AN ION OF THE COM	ATE RESPONSIBILITY FOR THE ONAL RETURN ON THE IRS FORM 99 F THE FORM TO ITS ACCOUNTING O FILING. THE DIRECTOR OF ROVIDE EACH MEMBER OF THE IMENTS.							
FORM 990, PART VI, SECTION B, LINE 12C	DESIGNE ASSOCIA CONFLIC ANY REL MAY ARI QUESTIC INTERES THAN BI ANNUAL OF THE OR POTI OR BUS INTERES CONFLIC COMPRC	E SHALL PROVIDE TO ATED, AND VOLUNTEEL T OF INTEREST DISCL ATIONSHIPS, POSITIO SE. CORPORATE DIRE DNNAIRE; STAFF COMP T IS A COMPONENT; E -ANNUALLY WITH NEW MONITORING IS SUBJ BOARD AND MANAGE ENTIAL CONFLICTS OP NESS, WHICH MAY EX T ONLY IF THE EXECU T OF INTEREST EXIST DMISE OBJECTIVE DEC	THE BOARD AN RS A COPY OF T OSURE FORM AN NS OR CIRCUMS CTORS AND KEY PLETE ANNUAL C BOARD OF DIREC V BOARD MEMBE ECT TO REVIEW MENT ASSOCIAT DUALITY OF INT STOR APPEAR TIVE COMMITTED S BECAUSE THE ISION-MAKING O	ASE OF CORPORATE DIREC ID TOTAL EXECUTIVE OFFIC HE CONFLICT OF INTEREST ND QUESTIONNAIRE, WHICH TANCES WITH RESPECT TO CEMPLOYEES ANNUALLY CO ORPORATE COMPLIANCE T CTORS RECEIVE CORPORAT RS RECEIVING TRAINING D BY THE CORPORATE COMI ES SHALL DISCLOSE FULLY FEREST OR RESPONSIBILIT TO EXIST. A DUALITY OF IN E OF THE BOARD OF DIREC DUALITY OF INTEREST IS S R COULD OTHERWISE BE D S DETERMINED TO EXIST.	CER, ADMINISTRAT POLICY AND THE H SHALL BE COMPI WHICH IT IS BELIE OMPLETE A CONFLI RAINING OF WHIC TE COMPLIANCE TH OURING BOARD OR PLIANCE COMMITT AND FRANKLY ANY Y, WHETHER PERS NTEREST BECOMES CTORS OF VNA DEC SO SUBSTANTIAL TO T	IVE STAFF, APPLICABLE LETED TO IDENTIFY EVED A CONFLICT ICT OF INTEREST H CONFLICT OF RAINING NO LESS RIENTATION. THIS EE. EACH MEMBER Y AND ALL ACTUAL ONAL, INDIVIDUAL, S A CONFLICT OF CIDES THAT A HAT IT COULD THE VNA					

	ORGANIZATION. IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST, 1) THE INDIVIDUAL WITH THE CONFLICT SHALL NOT BE GIVEN ACCESS TO ANY INFORMATION THAT MIGHT PROVIDE AN UNFAIR ADVANTAGE TO THAT INDIVIDUAL OR THE FIRM THEY REPRESENT; 2) THE INDIVIDUAL WITH THE CONFLICT WILL BE REQUIRED TO WITHDRAW FROM ANY MEETING IN WHICH THE MATTER IS ADDRESSED, UNLESS THE APPLICABLE BOARD OR BOARD COMMITTEE ASKS THE INDIVIDUAL TO RESPOND TO SPECIFIC QUESTIONS OR TO MAKE A BRIEF PRESENTATION, OTHERWISE THE INDIVIDUAL SHALL NOT BE PRESENT FOR ANY DISCUSSION OF THE MATTER AND SHALL NOT CAST ANY VOTE ON ANY DECISION OR DETERMINATION RELATING TO THE TRANSACTION ARRANGEMENT; 3) THE CHAIRPERSON OF THE BOARD OR BOARD COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR DISINTERESTED COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION ARRANGEMENT; 4) AFTER EXERCISING DUE DILIGENCE, THE BOARD OR BOARD COMMITTEE SHALL DETERMINE WHETHER THE VNA ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST: 5) IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST: 5) IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS IN THE VNA ORGANIZATION. ARRANGEMENT IS NOT POSSIBLE OR FEASIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OR BOARD COMMITTEE SHALL DETERMINE BY MAJORITY OF VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE VNA ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION, IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION ARRANGEMENT. NONDISCLOSURE OF INFORMATION SHALL BE ADHERED TO AND RECORDS OF PROCEEDINGS SHALL BE ENTERED INTO THE MINUTES OF THE BOARD AND ALL COMMITTEES.
FORM 990, PART VI, SECTION B, LINE 15A & 15B	VNA CORPORATION CONDUCTED COMPENSATION REVIEWS IN 2017. THE FIRM'S LEGAL COUNSEL, WITH THE DIRECTION OF THE HUMAN RESOURCES COMMITTEE AND THE EXECUTIVE COMMITTEE, PERFORMED THE REVIEW OF THE ORGANIZATION'S PRESIDENT, THE CFO, AND CNO (CLINICAL DIRECTOR). ANNUAL COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE AND LEGAL COUNSEL, WITH INPUT BY THE BOARD'S HUMAN RESOURCES COMMITTEE, IN THE OFF YEARS.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 9	INTERCOMPANY TRANSFER OF ASSETS \$2,285,000 CHANGE IN TEMPORARILY RESTRICTED NET ASSETS (\$ 166,008) APPROPRIATION OF ENDOWMENT ASSETS 167,008 \$2,286,000

efile GRAPHIC print	Submission Date - 2022-11-14									DLN: 93493	31817	5532		
SCHEDULE R (Form 990)	Related O	омв №. 1545-0047 2021												
Department of the Treasury Internal Revenue Service	► Go to	vww.irs	Attach to F <u>s.gov/Form990</u> for in			lates	st information.			Open to Public Inspection				
Name of the organization VNA CORPORATION								Employer identi	fication n					
VINA CORPORATION								43-1337104						
Part I Identificatio	n of Disregarded Entities. Complet	e if the	organization answe	ered	d "Yes" on Form 9	990,	Part IV, line 33	3.						
Name, address, and	(a) EIN (if applicable) of disregarded entity		(b) Primary activity		(c) Legal domicile (stat or foreign country)		(d) Total income	(e) End-of-year assets		(f) Direct controlling entity				
(1) VNA Private Duty Care LLC 1500 Meadow Lake Parkway Kansas City, MO 64114 43-1337104			HOME CARE		MO		26,160	0	VNA Corp			_		
												_		
												-		
												-		
	of Related Tax-Exempt Organizat mpt organizations during the tax year		Complete if the orga	niza	ation answered "	"Yes'	' on Form 990,	Part IV, line 34 be	ecause it	had one or r	nore			
	(a) nd EIN of related organization		(b) Primary activity		(c) egal domicile (state or foreign country)	Exe	(d) mpt Code section	(e) Public charity status (if section 501(c)(3))		(f) ect controlling entity	Sectior (13) co ent	g) 1 512(b) ntrolled ity?		
(1)VISITING NURSE ASSOCIATION 1500 MEADOWLAKE PARKWAY	FOUNDATION	FOL	INDATION		МО	501((C)(3)	12A	VNA CO	RP	Yes Yes	No		
KANSAS CITY, MO 64114 43-1336600														
				1										
				1										
For Paperwork Reduction A	Act Notice, see the Instructions for For	n 990.		_	Cat. No. 50135	Ϋ́		1	Sche	edule R (Form	990) 2	021		

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(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Dispro allo	(h) oprtionate cations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k Percen owner
								Yes	No		Yes	No	
Identification of Related Or it had one or more related orga	ganizations 1 anizations trea	axable as a ted as a corr	a Corpora	l tion or Tru trust durin	ist. Complete if g the tax year.	the orga	anization	answere	d "Yes" on	Form 990, I	Part IV,	line 34 k	pecau
(a) Name, address, and EIN of related organization		b) y activity	(c) Legal domicile (state or foreign		(d) Direct controlling entity			(f) are of total income	(g) Share of end year assets	d-of- owner	ntage Section		(i) n 512(b olled en
			COUI			ortru	ISL)		assets			Yes	

Schedule R (Form 990) 2021

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

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
с	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	10	Yes	
p	Reimbursement paid to related organization(s) for expenses	1p		No
•	Reimbursement paid to related organization(s) for expenses	-p 1q		No
ч		-4		
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)VISITING NURSE ASSOCIATION FOUNDATION	S	2,285,000	Cash Transfer

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.

was not a related organization. See instructions regarding									-			-																																	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?																																		(f) (g) Share of total income assets	(g) Share of end-of-year assets		(h) (i isproprtionate allocations? Code amou box of Sch K (Form		(j Gener mana partr		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No																																	
	1	1	1		I						a de la D		00) 2021																																

Schedule R (Form 990) 2021







Provide additional information for responses to questions on Schedule R. See instructions.



