EIDE BAILLY LLP 18081 BURT ST STE 200 OMAHA, NE 68022-4722

> VISITING NURSE ASSOCIATION OF THE MIDLANDS 12565 WEST CENTER ROAD, 100 OMAHA, NE 68144

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning and ending C Name of organization D Employer identification number В Check if applicable: VISITING NURSE ASSOCIATION OF THE Address change MIDLANDS Name change 47-0690207 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 12565 WEST CENTER ROAD 100 (402)342 - 55663,739,749. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended OMAHA, NE 68144 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JAMES SUMMERFELT for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)(c)527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.VNATODAY.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 1986 M State of legal domicile: NE Trust Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE VISITING 1 Activities & Governance NURSE ASSOCIATION IS TO FOSTER THE DIGNITY AND WELL-BEING OF THE 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 33 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 4 Total number of volunteers (estimate if necessary) 6 6 Ο. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 3,046,384. 545,760. Contributions and grants (Part VIII, line 1h) 8 Revenue 11,930,179. 3,132,061. 9 Program service revenue (Part VIII, line 2g) 19,128,848. 61,928. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 11 3,739,749 34,105,411. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 72,600. Ο. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 8,989,164. 2,391,337. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. Ο. 460,205. b Total fundraising expenses (Part IX, column (D), line 25) 5,400,827. 1,859,101. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 14,462,591. 4,250,438. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19,642,820. -510,689. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year o 21,774,408. 21,181,019. 20 Total assets (Part X, line 16) 1,404,521. 1,035,148. 21 Total liabilities (Part X, line 26) let 20,369,887. 20,145,871 Net assets or fund balances. Subtract line 21 from line 20 22 Part II Signature Block

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

Sign	Signature of officer			Date						
Here	ere DAVID E. VANLANDINGHAM, VP FINANCE/CFO									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	WENDY R. COOLEY, CPA	WENDY R. COOLEY,	CPA 10/24	/23 self-employed	P01523804					
Preparer	Firm's name EIDE BAILLY LLP			Firm's EIN 45-	0250958					
Use Only	Firm's address 18081 BURT ST STE	200								
	OMAHA, NE 68022-4	722		Phone no. $402 -$	330-2660					
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	2001 12-13-22 LHA For Paperwork Beduction Act Notice, see the separate instructions. Form 990 (2022)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	VISITING NURSE ASSOCIATION OF THE 990 (2022) MIDLANDS 47-0690207 Page 2 t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
	DELIVERING COMMUNITY-BASED CARE THAT PROVIDES PEACE OF MIND, QUALITY OF LIFE AND INDEPENDENCE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,022,512. including grants of \$) (Revenue \$ 1,878,765.) MANAGEMENT SERVICES - VNAM PROVIDES MANAGEMENT SERVICES OF THE COSTS
	ASSOCIATED WITH THE OVERALL FUNCTION AND MANAGEMENT OF THE ENTIRE
	ORGANIZATION AND THE OTHER RELATED ENTITIES.
4b	(Code:) (Expenses \$ 682,103. including grants of \$) (Revenue
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,704,615.

 VISITING NURSE ASSOCIATION OF THE

 Form 990 (2022)
 MIDLANDS

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		77	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	104	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		- 23
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		- 23
.,	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_ <u></u>
10		18		x
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
13		19		x
20a	complete Schedule G, Part III	20a		X
		20a 20b		<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
21	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i>	21		x
		<u> </u>		

MIDLANDS

Form 990 (2022)

Pa	rt 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		x		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current					
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
	Schedule J	23	х			
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u> </u>		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete					
		24a		x		
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>		
C		24c				
لم	any tax-exempt bonds?	240 24d		<u> </u>		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		<u> </u>		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x		
	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a				
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and					
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x		
00	Schedule L, Part I					
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%			x		
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,					
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled					
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III					
28						
	instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		v		
	"Yes," complete Schedule L, Part IV	28a		X X		
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x		
200	"Yes," complete Schedule L, Part IV	28c 29		X		
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29				
30		30		x		
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X		
32	Did the organization requirate, errinnate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "yes," complete</i>	31				
52		32		x		
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		<u> </u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>		
04	Part V, line 1	34	х			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>		
00	If "Yes," complete Schedule R, Part V, line 2	36		x		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI					
38						
	• • • • •					
Pa	Note: All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L		
	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 18					
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0					
	Did the exception comply with healty withhelding viles for reportable payments to yondare and reportable coming					

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

1c

VISITING NURSE ASSOCIATION OF THE MIDLANDS

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 33					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u></u>		
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).	7a		X		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X		
f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
•	sponsoring organization have excess business holdings at any time during the year?	8				
9 Sponsoring organizations maintaining donor advised funds.						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a	-				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders					
		1				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b					
122	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1				
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.	104				
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	1				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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?						
If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.					

VISITING NURSE ASSOCIATION OF THE MIDLANDS Management

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Form 990 (47-0690207	Page 6
Part VI	Governance, Management, a	and Disclosure	 For each "Yes" res 	sponse to lines 2 through	7b below, and for a "No" res	sponse
	to line 8a, 8b, or 10b below, describe					
	Check if Schedule O contains a respo	onse or note to any	line in this Part VI			X

Sec	tion A. Governing Body and Management								
						Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other						
	officer, director, trustee, or key employee?				2		X		
3	Did the organization delegate control over management duties customarily performed by or under th								
	of officers, directors, trustees, or key employees to a management company or other person?				3		x		
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 wa	s filed?		4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		X		
6	Did the organization have members or stockholders?				6		X		
	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	•			7a	х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s								
	persons other than the governing body?				7b	х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
	The governing body?		•		8a	х			
b	Each committee with authority to act on behalf of the governing body?				8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea								
Ŭ	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		x		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				Ū				
		venue	0000./			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?				10a	100	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				104				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	aptore	, annatoo,		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	v befoi	e filing the form?		11a	Х			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	e ming the remain		110				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>				12.0				
Ŭ	on Schedule O how this was done	,			12c	х			
13	Did the organization have a written whistleblower policy?				13	X			
14	Did the organization have a written document retention and destruction policy?				14	X			
15	Did the process for determining compensation of the following persons include a review and approva				17				
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	an Dy III	dependent						
а					15a	х			
					15b		X		
D.	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				100				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a						
100					16a		x		
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			•	Tou				
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-						
	exempt status with respect to such arrangements?				16b				
Sec	tion C. Disclosure	<u></u>			100		L		
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd aan	-T (section 501(c)	(<u>3)</u> e	only	availat	hle		
10	for public inspection. Indicate how you made these available. Check all that apply.	10 330		,0,3	Unity)	avanal			
	X Own website Another's website X Upon request Other (explain		bodulo ()						
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and	finon				
19	- Describe on Schedule U whether (and it so now) the ordanization made its doverning documents or)[[[[[[]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]		2000	1011211				

20	State the n	name, a	address, and	telephone num	ber of the	person who	possesses th	e organiz	ation's books ar	nd records
	DAVID	Ε.	VANLAN	DINGHAM	, VP E	INANCE	/CFO -	(402)930-406	4
	12565	WES	T CENT	ER ROAD	, SUII	'E 100,	OMAHA,	NE	68144	

Form 990 (2022) MIDLANDS	47-0690207	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		Χ
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 List all of the organization's current officers, directors, trustees (whether individuals or organizations), re Enter -0- in columns (D), (E), and (F) if no compensation was paid. 	5	
• List all of the organization's current key employees, if any. See the instructions for definition of "key emp	ployee."	
• List the organization's five current highest compensated employees (other than an officer, director, truste who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 10\$100,000 from the organization and any related organizations.		

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

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

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

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

VISITING NURSE ASSOCIATION OF THE

(A)	(B)			((C)	1		(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle: cer ar	ss pei	more rson i	than o s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JAMES SUMMERFELT PRESIDENT & CEO	30.00	x		x				322,046.	0.	30,989.
(2) DAVID VANLANDINGHAM VP FINANCE/CFO	30.00	-		x				165,941.	0.	17,522.
(3) LAURA GROTHE PHARMACIST	40.00					x		135,362.	0.	4,145.
(4) THOMAS KMEZICH PHARMACIST	40.00	-				x		117,296.	0.	8,849.
(5) CAROLE PATRICK CPO	5.00	-				x		114,463.	0.	10,524.
(6) MARK MANN IT/FACILITIES OPERATIONS	20.00					x		110,419.	0.	3,438.
(7) JASON HANSEN CHAIR	1.00	x		x				0.	0.	0.
(8) ELIZABETH MURPHY VICE CHAIR	1.00	x		x				0.	0.	0.
(9) SEAN WINEKAUF TREASURER	1.00	x		x				0.	0.	0.
(10) RICHARD SECOR SECRETARY	1.00	x		x				0.	0.	0.
		-								
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	VISITING	NURSE A	ASS	500	ΊA	TI	ON	C	OF THE				
Form 990 (20)										47-0	6902	207	Page 8
	ection A. Officers, Directors, Trus		ploy	ees,			ghes	t C		, ,			
	(A) Name and title	(B) Average hours per week	box	, unle	Pos heck	more rson i	than o s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatic from related	n	(F) Estimated amount of other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fror organ and r	ensation n the nization related izations
1b Subtota	si								965,527.		0.	75	,467.
c Total fr	om continuation sheets to Part VI								0. 965,527.		0.		<u>0.</u> ,467.
	Imber of individuals (including but n Isation from the organization	ot limited to th	iose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable	9		es No
	organization list any former officer, <i>If "Yes," complete Schedule J for</i> s			-		-		-		•	[3	es No X
4 For any and rela	individual listed on line 1a, is the su ted organizations greater than \$150	im of reportabl),000? <i>If</i> "Yes,	le co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and edule	oth 9 <i>J f</i>	ner compensation from the for such individual	ne organization		4	x
rendere	person listed on line 1a receive or a d to the organization? <i>If "Yes," com</i> dependent Contractors											5	X
1 Comple	te this table for your five highest co anization. Report compensation for t										pensat	ion from	I
	(A) Name and business			ONE					(B) Description of s		C	(C) ompens	ation
	imber of independent contractors (in 00 of compensation from the organiz		ot lin	nited	d to	thos 2		ted	above) who received mo	ore than			

VISITING NURSE ASSOCIATION OF THE MIDLANDS

Part VIII Statement of Revenue Check if Schedule C contains a regione or note to any line in this Part VII Contained of the contains a regione or note to any line in this Part VII Contained of the contains a regione or note to any line in this Part VII Part VIII Part VIIII Part VIIII Part VIIII Part VIIIII Part VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				2022) MII	DLAN	IDS	JRS	E ASSOCI	ATION OF T	HE	47-0690	207 Page
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Form 990 (200		12		Total revenue. See instruction	ons				3,739,749.	3,132,061.	0.	

MIDLANDS Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe		nplete column (A).	
	Check if Schedule O contains a respons			(0)	
	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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	E26 400	00 250	205 204	
-	trustees, and key employees	536,498.	88,259.	395,284.	52,955.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	1,552,943.	517,349.	693,747.	341,847.
7	Other salaries and wages	1,334,343.	JI1, 349.	095,141.	J41,04/.
8	Pension plan accruals and contributions (include	34,919.	12,046.	14,915.	7 9 5 5
0	section 401(k) and 403(b) employer contributions)	119,216.	39,569.	53,514.	7,958. 26,133.
9 10	Other employee benefits Payroll taxes	147,761.	43,284.	76,230.	28,247.
10	Fees for services (nonemployees):	14/,/01•	45,2040	10,230.	20,24/
	Management	21,240.		21,240.	
	Legal Accounting	82,050.		82,050.	
	Lobbying	0270301		0270301	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	263,217.	199,539.	63,678.	
12	Advertising and promotion	8,583.	8,583.	,	
13	Office expenses	288,417.	47,734.	240,683.	
14	Information technology	70,965.	1,868.	69,097.	
15	Royalties	ŕ	,		
16	Occupancy	351,436.		351,436.	
17	Travel	3,333.	36.	779.	2,518.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,804.		9,804.	
20	Interest	3,341.		3,341.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,955.	23,937.	5,018.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
•	MEDICAL SUPPLIES	567,741.	567,741.		
a b	BAD DEBT	127,697.	127,697.		
с С	PUBLIC RELATIONS	23,936.	21,987.	1,402.	547.
d	DUES & SUBSCRIPTIONS	6,209.	2,809.	3,400.	017
	All other expenses	2,177.	2,177.		
25	Total functional expenses. Add lines 1 through 24e	4,250,438.	1,704,615.	2,085,618.	460,205.
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)				

ATOTITIO
MIDLANDS

orm 990 Part X					47-	0690207 Page 11	
	Check if Schedule O contains a response or note	e to an	/ line in this Part X				
				(A) Beginning of year		(B) End of year	
1	Cash - non-interest-bearing			11,251,836.	1	551,969.	
2	Savings and temporary cash investments			750,068.	2	117,838.	
3	Pledges and grants receivable, net			-	3		
4	Accounts receivable, net			428,414.	4	812,521	
5	Loans and other receivables from any current or						
	trustee, key employee, creator or founder, subst						
		controlled entity or family member of any of these persons					
6		oans and other receivables from other disqualified persons (as defined					
	under section 4958(f)(1)), and persons described				6		
ω 7	Notes and loans receivable, net				7		
Assets	Inventories for sale or use		75,357.	8	59,552		
8 9	— · · · · · · · · ·		89,937.	9	72,037		
10a	a Land, buildings, and equipment: cost or other						
	basis. Complete Part VI of Schedule D	10a	343,136.				
k		10b	142,831.	208,851.	10c	200,305	
11	Investments - publicly traded securities			11			
12	Investments - other securities. See Part IV, line 1	2,789,984.	12	3,095,407			
13	Investments - program-related. See Part IV, line 1			13			
14	Intangible assets				14		
15	Other assets. See Part IV, line 11			6,179,961.	15	16,271,390	
16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	21,774,408.	16	21,181,019.	
17	Accounts payable and accrued expenses	1,404,521.	17	1,035,148			
18	Grants payable			18			
19	Deferred revenue				19		
20	Tax-exempt bond liabilities				20		
21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21		
g 22	Loans and other payables to any current or form	er offic	er, director,				
Liabilities	trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%				
iab	controlled entity or family member of any of thes				22		
- 23	Secured mortgages and notes payable to unrela				23		
24	Unsecured notes and loans payable to unrelated				24		
25	Other liabilities (including federal income tax, pay						
	parties, and other liabilities not included on lines	-					
	of Schedule D		····· -	1 404 501	25		
26	Total liabilities. Add lines 17 through 25	<u></u>	v	1,404,521.	26	1,035,148	
s	Organizations that follow FASB ASC 958, che	ck here					
	and complete lines 27, 28, 32, and 33.			19,069,351.		10 107 001	
			······ -	1,300,536.	27	19,107,991. 1,037,880.	
ชัย 28 ช	Net assets with donor restrictions	I, 300, 330.	28	1,057,000			
"	Organizations that do not follow FASB ASC 9						
<u>ه</u> ا	and complete lines 29 through 33.						
29 stal 20	Capital stock or trust principal, or current funds				29		
9 30	Paid-in or capital surplus, or land, building, or eq	-			30		
Net Assets or Fund Balances 8 25 8 26 8 25 8 25	Retained earnings, endowment, accumulated inc			20,369,887.	31 32	20,145,871.	
	Total net assets or fund balances			21,774,408.	32	21,181,019.	
33	Total liabilities and net assets/fund balances			41,117,400.	აა	Form 990 (202	

Form	1 990 (2022) MIDLANDS	47-0	690207	Pag	_{je} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,739				
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>4,250</u> -510				
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,369				
5	Net unrealized gains (losses) on investments	5	549), 32	<u>29.</u>		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-262	2,65	56.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	20,145	5,81	71.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>		
	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	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х			

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service				Public Cha omplete if the organ 494 At		OMB No. 1545-0047 2022 Open to Public							
					Form990 for instructior			ormation.		Inspection			
		he organizatio	MIDL	ANDS		ASSOCIATION OF THE Employer ide 47-							
Par	τı	Reason	or Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.				
The c 1 [2 [3 [4]	organ	A church, cor A school deso A hospital or A medical res	vention of ch cribed in sect a cooperative earch organiz	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga	For lines 1 through 12, cl n of churches described Attach Schedule E (Form anization described in se njunction with a hospital	in sectio n 990).) ection 170	n 170(b)(1 (b)(1)(A)(ii	i).)(iii). Enter	the hospital's name,			
5		city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
ſ	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
8 9		 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 											
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
11 12 a	 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 												
b		Type II. A s control or m	upporting org nanagement c		or controlled in connect anization vested in the sa			-		-			
c		its supporte	ed organizatio	n(s) (see instructions)	g organization operated). You must complete F	Part IV, Se	ctions A,	D, and E.					
d		that is not f	unctionally int	tegrated. The organiz	porting organization oper- cation generally must sati nplete Part IV, Sections	isfy a distri	bution rec	uirement and	•	.,			
e f	Entr		integrated, o	r Type III non-function	written determination from nally integrated supporting	ng organiza	ation.	Туре I, Туре	II, Type III	[]			
				n about the supporte	d organization(s)					LI			
<u> </u>		i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other			
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			
 Total	1												
Total								I		I			

VISITING NURSE ASSOCIATION OF THE MIDLANDS

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to qualify under Part III.	nization

fails to qualify under the tests listed below, please complete Part III.)

Schedule A (Form 990) 2022

Part II

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	294,719.	335,307.	1255488.	3046384.	545,760.	5477658.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	294,719.	335,307.	1255488.	3046384.	545,760.	5477658.
	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)						398,288.
6	Public support. Subtract line 5 from line 4.						5079370.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	294,719.	335,307.	1255488.	3046384.	545,760.	5477658.
	Gross income from interest,					<u> </u>	
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	49,716.	50,000.	50,000.	57,050.	61,928.	268,694.
٩	Net income from unrelated business					01/0200	200,0010
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	v						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						5746352.
						12 80	,167,383.
12	First 5 years. If the Form 990 is for th			iourth or fifth tox y			,107,505.
13	organization, check this box and stop	-		-			
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I			olumn (f))		14	88.39 %
	Public support percentage from 2021		-			15	95.45 %
	33 1/3% support test - 2022. If the c						, -
100	stop here. The organization qualifies						V
h	33 1/3% support test - 2021. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
170	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	-	
Ь	10% -facts-and-circumstances test	-				7a and line 15 is '	
۵ ۵		•				-	
	more, and if the organization meets the						
10	organization meets the facts-and-circu				• •		
ΙŎ	Private foundation. If the organization	п иш пот спеск а г	uux un iine 13, 16a	a, 100, 17a, or 17b	, check this box a	iu see instructions	•

Schedule A (Form 990) 2022

VISITING	NURSE	ASSOCIATION	OF	THE
MIDLANDS				

Schedule A (Form 990) 2022 MIDLANDS 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.)

Sei	Stion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2	2022	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support	,	•	L				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2	2022	(f) Total
	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b							
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	601(c)(3) o	rganizatic	n,
Se	ction C. Computation of Publi	c Support Per	centage					
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, c	olumn (f))		15		%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16		%
See	ction D. Computation of Inves	stment Income	e Percentage					
17	Investment income percentage for 20)22 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17		%
18						18		%
19 a	33 1/3% support tests - 2022. If the					3 1/3%, a	nd line 17	
	more than 33 1/3%, check this box ar							
k	33 1/3% support tests - 2021. If the						3 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	-						
20	Private foundation. If the organization							
-								

VISITING NURSE ASSOCIATION OF THE MIDLANDS

Schedule A (Form 990) 2022

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1

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Pa	rt 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?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic 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 suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	ted		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction 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).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
560	ction 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 instru	ctions).		

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.
- 3 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.
- 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.

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes No

	VISITING NURSE ASSOCIAT	ION C		
	dule A (Form 990) 2022 MIDLANDS	0		47-0690207 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

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Sche	dule A (Form 990) 2022 MIDLANDS			4	7-0690207	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ed)		
Secti	on D - Distributions				Current Yea	ar
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	S	(iii) Distributabl Amount for 20	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2018					
b	Excess from 2019					
	Excess from 2020					
d	Excess from 2021					
e	Excess from 2022					
				0.	hadula A (Farma 00	A) 0000

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	VISITING MIDLANDS	NURSE	ASSOCI	ATION	OF	THE	47-0690207 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. Provide 2, 3b, 3c, 4b, 4c, ines 2 and 3; Part	5a, 6, 9a, 9t IV, Section I	o, 9c, 11a, 11 E, lines 1c, 2a	b, and 11c; a, 2b, 3a, ai	; Part I nd 3b;	IV, Section B, Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 2022

Name of the organization		Employer identification number
	VISITING NURSE ASSOCIATION OF THE MIDLANDS	47-0690207
Organization type (che		1, 0050207
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	ion is covered by the General Rule or a Special Rule. D1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

MIDLA	NDS	4	7-0690207
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$513,215.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Name of organization

VISITING NURSE ASSOCIATION OF THE MIDLANDS Employer identification number

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (b) (c) Part I Description of noncash property given (c) (a) (c) FMV (or estimate) (c) (a) (c) (c) (c) (a) (c) (c) (c) (a) (c) (c) (c) (a) (c) (c) (c) Part I Description of noncash property given FMV (or estimate) (c) (a) (b) FMV (or estimate) (c) (c) (a) (b) FMV (or estimate) (c) (c) (a) (b) FMV (or estimate) (c) (c) (a) (b) (c) FMV (or estimate) (c) (a) (b) (c) FMV (or estimate) (c) (c) (a) (b) (c) FMV (or estimate) (c) (c) (c) (a) (b) (c) FMV (or estimate) (c) (c) (c) (c) (c) (a) </th <th>ame of or</th> <th>3 (Form 990) (2022) rganization ING NURSE ASSOCIATION OF THE NDS</th> <th></th> <th>Page $Page$</th>	ame of or	3 (Form 990) (2022) rganization ING NURSE ASSOCIATION OF THE NDS		Page $Page$
No. from part 1 (b) Description of noncash property given FWV (or estimate) (See instructions.) Dz (a) No. from part 1 (b) (b) (See instructions.) (c) FWV (or estimate) (See instructions.) Dz (a) No. from part 1 (b) (b) (b) (b) (c) FWV (or estimate) (See instructions.) Dz (a) No. from part 1 (c) FWV (or estimate) (See instructions.) Dz (a) No. from part 1 (c) FWV (or estimate) (See instructions.) Dz (a) No. from part 1 (b) Description of noncash property given (c) FWV (or estimate) (See instructions.) Dz (a) No. from part 1 (b) Description of noncash property given (c) FWV (or estimate) (See instructions.) Dz (a) No. from part 1 (b) Description of noncash property given (c) FWV (or estimate) (See instructions.) Dz (a) No. from part 1 (b) Description of noncash property given (c) FWV (or estimate) (See instructions.) Dz (a) No. from part 1 (b) Description of noncash property given (c) FWV (or estimate) (See instructions.) Dz			art II if additional space is needed	
(a) (b) (c) FMV (or estimate) (c) Part 1 Description of noncash property given (c) (a) (b) (c) No. (c) (c) (a) (b) (c) Part 1 Description of noncash property given (c) (a) (b) (c) Part 1 Description of noncash property given (c) (a) (b) (c) Part 1 Description of noncash property given (c) (a) (b) (c) (b) (c) FMV (or estimate) (c) (c) FMV (or estimate) (a) (b) (c) Part 1 Description of noncash property given (c) (a) (b) (c) (a) (b) (c) Part 1 Description of noncash property given (c) (a) (b) (c) (b) (c) FMV (or estimate) (c) (c) FMV (or estimate) (a) (b) (c) (b) (c) (c) FMV (or estimate) (c) (c) (c) FMV (or estimate) (c)	No. from		FMV (or estimate	
No. from part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) Data			\$	
(a) (b) (c) FMV (or estimate) Description of noncash property given Description of noncash property given (c) Part I	No. from		FMV (or estimate	
No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (See instructions.) Description of noncash property given (c) FMV (or estimate) (See instructions.) Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (See instructions.) Description of noncash property given (c) FMV (or estimate) (See instructions.) Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (See instructions.) Description of noncash property given (c) FMV (or estimate) (See instructions.) Description of noncash property given			\$	
(a) (b) (c) FMV (or estimate) Description of noncash property given	No. from		FMV (or estimate	
No. from Part I (c) FMV (or estimate) (See instructions.) Data			\$	
(a) (b) (c) FMV (or estimate) Date from Description of noncash property given (see instructions.) Date	No. from		FMV (or estimate	
No. from Part I (c) FMV (or estimate) (See instructions.) Date			\$	
(a) No. (b) from Description of noncach property given FMV (or estimate)	No. from		FMV (or estimate	
No. (b) (c) from Description of pencach preperty given FMV (or estimate) Description			\$	
Part I (See instructions.)	No. from	(b) Description of noncash property given		

Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)				Page 4
	organization				Employer identification number
	ING NURSE ASSOCIATION O	F THE			
MIDLA					47-0690207
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations describe	ed in section 501	1(c)(7), (8), or (10) t ganizations	hat total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,	000 or less for the	e year. (Enter this info.	once.) \$
(-) N-	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Des	cription of how gift is held
Part I	(-)	(-, 3-	-	(,	
		(e) Transfe	r of gift		
			l ol gilt		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	ansferor to transferee
				•	
(a) No. from	(b) Purpose of gift	(c) Use of gi	H l	(d) Des	cription of how gift is held
Part I		(0) 000 01 91		(4) 200	
		e) Transfe	r of gift		
		(e) Transie	rorgit		
	Transferee's name, address, a	nd ZIP + 4	Be	elationship of tra	ansferor to transferee
	,,,				
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Des	cription of how gift is held
Part I					
	·				
		(e) Transfe	r of aift		
		(-)			
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	ansferor to transferee
(a) No.					
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Des	cription of how gift is held
Part I					
	· · · · · · · · · · · · · · · · · · ·				
		(e) Transfe	r of gift		
		(0) 11 211010			
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	ansferor to transferee
	- <u></u>				

SCHEDULE D (Form 990) Supplemental Financial Statements Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	2022 Open to Public Inspection
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
	r identification number
MIDLANDS	2-0690207
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. organization answered "Yes" on Form 990, Part IV, line 6.	Complete if the
	nd other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds	
are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education)	rtant land area
Protection of natural habitat Preservation of a certified historic	structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation e day of the tax year.	asement on the last at the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a	
historic structure listed in the National Register 2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during	g the tax
year	
 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 	
violations, and enforcement of the conservation easements it holds?	Yes No
 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement 	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements dur	ring the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 	Yes No
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes	the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Ast	sets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet v	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	;
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	r of
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet work art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public set	
provide the following amounts relating to these items:	 ,
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1\$	
b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Sche	edule D (Form 990) 2022

VISITING NURSI	ASSOCIATION	OF	THE
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0		G NURSE ASS C	SOCIATION (OF THE		47-06	0020	7
	dule D (Form 990) 2022 MIDLAND t III Organizations Maintaining C		Historical Tre	asures or Oth	er Simi			
3	Using the organization's acquisition, accession						(contil	nuea)
3	collection items (check all that apply):		, check any of the r	ollowing that make	Significal			
а	Public exhibition	d		hange program				
a b	Scholarly research	e		nange program				
c	Preservation for future generations	e						
4	Provide a description of the organization's co	lections and explain	how they further th	e organization's ex	omnt nur	noso in Part	YIII	
5	During the year, did the organization solicit o	•		•		•	AIII.	
5	to be sold to raise funds rather than to be ma				ai assets		Yes	No
Par	t IV Escrow and Custodial Arrange							
	reported an amount on Form 990, Par		to in the organization			,00, i arriv,	1110 0, 01	
1a	Is the organization an agent, trustee, custodi		ary for contributions	s or other assets no	t include	h		
	on Form 990, Part X?		•				Yes	No
b	If "Yes," explain the arrangement in Part XIII					····· ∟		
~			owing table.				Amoun	t
с	Beginning balance				10			
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fe						Yes	No
	If "Yes," explain the arrangement in Part XIII.				• •	······	_	
Par								
		(a) Current year	(b) Prior year	(c) Two years back		ee years back	(e) Fou	r years back
1a	Beginning of year balance	1,879,440.	1,782,759.	1,706,192	. 1	,570,845.	1	,712,251.
	Contributions							
	Net investment earnings, gains, and losses	-241,225.	114,602.	91,486		154,505.		-121,963.
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs	20,054.	16,914.	12,840		16,914.		17,054.
f	Administrative expenses	1,378.	1,007.	2,079		2,244.		2,389.
g	End of year balance	1,616,783.	1,879,440.	1,782,759	. 1	,706,192.	1	,570,845.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	.0000	_%					
b	Permanent endowment100	%						
с	Term endowment .0000	%						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held an	d administered for	the			
	organization by:							Yes No
	(i) Unrelated organizations						3a(i)	Х
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization						3b	X
4	Describe in Part XIII the intended uses of the		vment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part 3	X, line 10			
	Description of property	(a) Cost or ot	ther (b) Cost		Accumu		(d) Boo	k value
		basis (investm	nent) basis	(other) (depreciati	on		
1a	Land							
	Buildings							
	Leasehold improvements			4,965.		965.	-	0.
d	Equipment			1,866.		456.		0,410.
	Other			6,305.	106,			<u>9,895.</u>
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part)	K. column (B), line 10)c.)			20	0,305.

Schedule D (Form 990) 2022

VISITING NU	RSE ASSOCIATIO	ON OF THE	
Schedule D (Form 990) 2022 MIDLANDS		47	-0690207 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) BENEFICIAL INTEREST -			
(B) PERPETUAL TRUST	1,037,879.	END-OF-YEAR MARKET	VALUE
(C) INVESTMENT IN AFFILIATES	2,057,528.	COST	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,095,407.		
Part VIII Investments - Program Related.	on Form 000 Dort IV line 1	11. See Form 000 Dart V line 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d of your market yelue
	(D) DOOK Value	(c) Method of Valuation. Cost of end	u-or-year market value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
<u>(7)</u>			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line 1	11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1) INTERCOMPANY RECEIVABLES	•		16,271,390.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		16,271,390.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

(7) (8) (9)

VISITING	NURSE	ASSOCIATION	OF	THE
MTDT.ANDS				

47-0690207 Page 4

	dule D (Form 990) 2022 MIDLANDS		47-0690207	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial St	atements With Exper	ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		
Pa	t XIII Supplemental Information.			

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

PART V, LINE 4:

VNAM HAS A BENEFICIAL INTEREST IN A PERPETUAL TRUST WITH A FAIR MARKET
VALUE AT YEAR END OF \$1,037,879. AN ENDOWMENT OF \$578,904 IS ALSO
MAINTAINED BY VISITING NURSE FOUNDATION, AN AFFILIATE THAT WAS FORMED TO
FURTHER THE MISSION OF VISITING NURSE HEALTH SERVICES AND VISITING NURSE
ASSOCIATION OF THE MIDLANDS. BOTH ENDOWMENTS ARE MAINTAINED IN PERPETUITY
WITH INCOME USED TO SUPPORT THE OPERATIONS OF VISITING NURSE HEALTH
SERVICES AND VISITING NURSE ASSOCIATION OF THE MIDLANDS.

PART X, LINE 2:

THE ASSOCIATION ACCOUNTS FOR UNCERTAINTIES IN ACCOUNTING FOR INCOME TAX

ASSETS AND LIABILITIES USING GUIDANCE INCLUDED IN FASB ASC 740, INCOME

VISITING NURSE ASSOCIATION OF THE Schedule D (Form 990) 2022 MIDLANDS 47-0690207 Page 5 Part XIII Supplemental Information (continued) Continued) Continued
TAXES. THE ASSOCIATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY
IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. AT
DECEMBER 31, 2022 AND 2021, THE ASSOCIATION HAD NO UNCERTAIN TAX POSITIONS
ACCRUED.

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 7)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	•
Depar	tment of the Treasury	Attach to Form 990.		Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	<u> </u>	Inspe		
Nam	e of the organizatior		Employer ide			mber
Pa		MIDLANDS s Regarding Compensation	4/-06	59020	/	
Fd		s Regarding Compensation				
40	Chaoli the energy	ate her (es) if the exception provided any of the following to as fer a nersen listed on Ferm	000		Yes	No
а		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,			
			naluaa			
	First-class or c					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account				
			ii, chciy			
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
, N	-	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
_	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	.			
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	committee Written employment contract				
	Independent c	ompensation consultant X Compensation survey or study				
	X Form 990 of o		ommittee			
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 re	lated organization:				
а	Receive a severanc	e payment or change-of-control payment?		. 4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		. 4 b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		. 4c		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the re					37
a	The organization?			<u>5a</u>		X
b		ation?		5b		X
~		r 5b, describe in Part III.				
6	-	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the n	0				v
a	The organization?			<u>6a</u>		X
b		ation?		6b		X
-		r 6b, describe in Part III.				
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		v
~		ies 5 and 6? If "Yes," describe in Part III		. 7		X
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
~				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?		9	- 000	
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	n 990)	2022

Schedule J (Form 990) 2022

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

MIDLANDS

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NI compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JAMES SUMMERFELT	(i)	281,386.	39,115.	1,545.	7,371.	23,618.	353,035.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID VANLANDINGHAM	(i)	164,555.	0.	1,386.	5,122.	12,400.	183,463.	0.
VP FINANCE/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

47-0690207

VISITING	NURSE	ASSOCIATION	OF	THE
MIDLANDS				

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. VISITING NURSE ASSOCIATION OF THE



47 - 0690207

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

RESIDENTS OF OUR COMMUNITY BY DELIVERING THE HIGHEST QUALITY HOME AND

COMMUNITY-BASED HEALTH CARE SERVICES THAT PROVIDE PEACE OF MIND,

QUALITY OF LIFE AND INDEPENDENCE. THE AGENCY SERVES THE GREATER OMAHA

AREA AND SURROUNDING RURAL COMMUNITIES AS WELL AS PORTIONS OF SOUTHWEST

IOWA.

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

MIDLANDS

THE EXECUTIVE COMMITTEE SHALL EXERCISE THE AUTHORITY OF THE BOARD OF DIRECTORS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS; PROVIDED, HOWEVER, THAT THE EXECUTIVE COMMITTEE MAY NOT: (A) AUTHORIZE DISTRIBUTIONS; (B) APPROVE OR PROPOSE THE DISSOLUTION, MERGER OR SALE, PLEDGE OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS; (C) ELECT, APPOINT OR REMOVE DIRECTORS OR FILL VACANCIES ON THE BOARD OF DIRECTORS OR ANY OF ITS COMMITTEES; (D) ADOPT, AMEND OR REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS.

FORM 990, PART VI, SECTION A, LINE 7A:

VISITING NURSE ASSOCIATION OF THE MIDLANDS' BOARD MEMBERS ARE SELECTED BY VISITING NURSE HEALTH SERVICES' BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE BYLAWS MAY BE AMENDED UPON A TWO-THIRDS VOTE OF THE VISITING NURSE

ASSOCIATION OF THE MIDLANDS BOARD OF DIRECTORS. ALL AMENDMENTS MUST BE

REVIEWED AND APPROVED BY THE VISITING NURSE HEALTH SERVICES' BOARD OF

DIRECTORS BEFORE THE AMENDMENTS BECOME EFFECTIVE.

Schedule O (Form 990) 20	22					Page 2
Name of the organization	VISITING	NURSE	ASSOCIATION	OF	THE	Employer identification number
	MIDLANDS					47-0690207

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

VNAM WILL SHARE FORM 990 WITH THE GOVERNING BODY PRIOR TO SUBMISSION. IF A REGULARLY SCHEDULED MEETING DOES NOT OCCUR BEFORE FORM 990 DEADLINE FOR SUBMISSION, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS WILL MEET, REVIEW FORM 990, AND RELAY INFORMATION TO THE GOVERNING BODY AT THE NEXT REGULARLY SCHEDULED BOARD MEETING. THE VP FINANCE/CFO COORDINATES THE PREPARATION OF FORM 990 WITH AN OUTSIDE ACCOUNTING FIRM, AND REVIEWS A DRAFT COPY. THE PRESIDENT & CEO AND THE VP FINANCE/CFO WILL PROVIDE FORM 990 TO THE GOVERNING BODY.

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

DIRECTORS, OFFICERS AND KEY EMPLOYEES COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. ELECTRONIC COPIES ARE KEPT IN THE ADMINISTRATIVE OFFICE. MEMBERS OF THE BOARD OF DIRECTORS ARE AWARE OF THE POLICY AND EXCUSE THEMSELVES FROM THE VOTE WHEN APPROPRIATE. THE CONFLICT OF INTEREST POLICY STATEMENTS ARE REVIEWED BY THE PRESIDENT AND CEO, WHO MAKES HIMSELF AWARE OF ANY POTENTIAL CONFLICTS THAT MAY ARISE. ALL MEMBERS OF THE BOARD OF DIRECTORS AND LEADERSHIP TEAM COMPLETE AND SIGN CONFLICT OF INTEREST STATEMENTS. BOARD MEMBERS ARE REQUIRED BY THE ORGANIZATION'S BYLAWS TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST OR CONFLICT OF INTEREST TRANSACTIONS TO BE APPROVED BY BOARD VOTE.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS APPROVES THE COMPENSATION FOR THE CEO. SALARY COMPARISONS ARE CONDUCTED WHEN DETERMINED NECESSARY BY THE COMMITTEE; A PAID COMPARABILITY STUDY HAS BEEN USED, AND REVIEWS OF COMPARABLE ORGANIZATIONS' FORMS 990 HAVE BEEN DONE IN THE PAST, THE MOST

Name of the organization	VISITING NURSE A MIDLANDS	ASSOCIATION OF THE	Employer identification number 47-0690207
RECENT IN 20		EVALUATION PROCESS IS	
		EXECUTIVE COMMITTEE MA	

DETERMINATION OF THE CEO'S SALARY BASED ON THE EVALUATION PROCESS. ALL

DISCUSSIONS ARE RECORDED IN COMMITTEE MINUTES.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION B; FORM 990 PART VIII; AND FORM 990 PART IX: VISITING NURSE ASSOCIATION OF THE MIDLANDS (VNAM) SHARES ITS FACILITY, ITS EMPLOYEES AND OTHER EXPENSES WITH FIVE RELATED ORGANIZATIONS: VISITING NURSE HEALTH SERVICES, VISITING NURSE FOUNDATION, VISITING NURSE ASSOCIATION OF POTTAWATTAMIE COUNTY, EASTER SEAL SOCIETY OF NEBRASKA, INC., AND VNA HOSPICE OF SOUTHWEST IOWA. VNAM RECEIVES MANAGEMENT FEES AND EXPENSE SHARING FEES FROM THOSE ORGANIZATIONS AND ALSO PAYS MANAGEMENT FEES TO THOSE ORGANIZATIONS. FEES RECEIVED ARE REPORTED ON PART VIII, LINE 2 AND FEES PAID ARE REPORTED ON PART IX, LINE 11A. AS THE FEES ARE PAID TO A RELATED OPERATING CHARITABLE ENTITY, THE MANAGEMENT FEES PAID ARE NOT REPORTED AS AN INDEPENDENT CONTRACTOR PAYMENT ON PART VII, SECTION B.

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

LOSS ON BENEFICIAL INTEREST IN PERPETUAL TRUST

-262,656.

FORM 990, PART XI, LINE 2C:

THE FINANCE AND AUDIT COMMITTEE IS RESPONSIBLE FOR EVALUATION AND

Schedule O (Form 990) 2022	Page 2
Name of the organization VISITING NURSE ASSOCIATION OF THE MIDLANDS	Employer identification number $47-0690207$
OVERSIGHT OF THE FINANCIAL NEEDS AND STATUS OF THE VNA AND	FOR THE
ESTABLISHMENT AND REVIEW OF POLICIES DESIGNED TO MEET SUCH	NEEDS. THE
COMMITTEE REVIEWS AND RECOMMENDS APPROVAL OF THE ANNUAL OP	ERATING AND
CAPITAL BUDGETS, REVIEWS AND RECOMMENDS APPROVAL TO THE VN	A BOARD
MONTHLY FINANCIAL PROGRESS TOWARD ANNUAL BUDGET PLANS AS R	EPORTED BY
STAFF, ENSURES ACCURACY OF FINANCIAL REPORTING INCLUDING M	ONITORING OF
INTERNAL CONTROLS, OVERSEES THE ACCOUNTING AND FINANCIAL R	EPORTING
PROCESS AND THE INDEPENDENT AUDIT OF THE FINANCIAL STATEME	NTS AND
SELECTS, OVERSEES AND COMPENSATES THE EXTERNAL AUDITORS.	THIS PROCESS
HAS NOT CHANGED FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990) Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization VISITING NURSE ASSOCIATION OF THE MIDLANDS Employ 47									
Part I Identification	n of Disregarded Entities. Complet	te if the organization answered "Yes"	on Form 990, Part IV, line 33.						
	(a) ss, and EIN (if applicable) sregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year asset	(f) s Direct controlling entity			
HEALING MOTION - 81 12565 WEST CENTER F OMAHA, NE 68144		OUTPATIENT THERAPY CLINIC	NEBRASKA	0.	(VISITING NURSE ASSOCIATION OF THE .MIDLANDS			
		-							
		-							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
			501(c)(3))			Yes	No
VISITING NURSE HEALTH SERVICES - 47-0690286							
12565 WEST CENTER ROAD STE 100							
OMAHA, NE 68144	HOME CARE, PUBLIC HEALTH	NEBRASKA	501(C)(3)	LINE 7	N/A		Х
VISITING NURSE FOUNDATION - 47-0690846							
12565 WEST CENTER ROAD STE 100					VISITING NURSE		
OMAHA, NE 68144	FUNDRAISING, INVESTMENTS	NEBRASKA	501(C)(3)	LINE 12A, I	HEALTH SERVICES	Х	
VISITING NURSE ASSOCIATION OF POTTAWATTAMIE							
COUNTY - 42-0681048, 822 S. MAIN STE 102,					VISITING NURSE		
COUNCIL BLUFFS, IA 51503	HOME CARE, PUBLIC HEALTH	IOWA	501(C)(3)	LINE 7	HEALTH SERVICES	X	
EASTER SEAL SOCIETY OF NEBRASKA, INC							
47-0457872, 12565 WEST CENTER ROAD STE 100,					VISITING NURSE		
OMAHA, NE 68144	SERVICES FOR DISABLED	NEBRASKA	501(C)(3)	LINE 7	HEALTH SERVICES	Х	

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

Schedule R (Form 990) 2022

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section s contr organi:	rolled
				501(c)(3))		Yes	No
VNA HOSPICE OF SOUTHWEST IOWA - 47-0733773							
12565 WEST CENTER ROAD STE 100					VISITING NURSE		
OMAHA, NE 68144	HOSPICE	IOWA	501(C)(3)	LINE 10	HEALTH SERVICES	X	
	7						
	7						
	-						
	-						
	-						
	-						
	-						
	_						
	_						
	_						
	_						

MIDLANDS Schedule R (Form 990) 2022

47-0690207 Page 2

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

		,								-		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	ral or	Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	itions?	amount in box	part	ner?	Percentage ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No		Yes	es No	
	-											
	-											
	-											
	-											
	-											
	-											
	1											
	1											
	1											
							1	1	I	1		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(i conti ent	(i) ction (b)(13) trolled tity?
		country)				400010		Yes	No
]								
	1								
	1								

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 MIDLANDS

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)		X	
Dividends from related organization(s)	<u>1f</u>		
g Sale of assets to related organization(s)			
Purchase of assets from related organization(s)	1 h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		+
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)		X	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)		X	-
Reimbursement paid to related organization(s) for expenses		X	
Reimbursement paid by related organization(s) for expenses		X	
Other transfer of cash or property to related organization(s)	1r	x	
Other transfer of cash or property from related organization(s)	1s	X	

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) VISITING NURSE FOUNDATION	Q	582,058.	FAIR MARKET VALUE
VISITING NURSE ASSOCIATION OF (2) POTTAWATTAMIE COUNTY	Q	176,199.	FAIR MARKET VALUE
(3) EASTER SEAL SOCIETY OF NEBRASKA, INC.	Q	403,768.	FAIR MARKET VALUE
(4) VNA HOSPICE OF SOUTHWEST IOWA	E	1,217,600.	FAIR MARKET VALUE
(5) VISITING NURSE FOUNDATION	D	11,448,514.	FAIR MARKET VALUE
(6) EASTER SEAL SOCIETY OF NEBRASKA, INC.	D	353,327.	FAIR MARKET VALUE

VISITING NURSE ASSOCIATION OF THE MIDLANDS

Schedule R (Form 990)

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
VISITING NURSE ASSOCIATION OF			
(7) POTTAWATTAMIE COUNTY	D	84,949.	FAIR MARKET VALUE
(8)			
(9)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
_(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) 2022 MIDLANDS

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.

(a)	(b)	(c)		16	2	(f)	(g)	0	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(€ Are partner 501(c org:	all	Share of	Share of		opor-	Code V-UBI	U General o	
of entity	T findary doctivity	(state or foreign	(related, unrelated,	501(0	c)(3)	total	end-of-year	tion	opor- nate tions?	amount in box 20	managin	ownership
		country)		Yes		income			No		Yes NC	1
				res	NO			res	NO	(1011111000)	Tes NC	·

Schedule R (Form 990) 2022

 VISITING NURSE ASSOCIATION OF THE

 Schedule R (Form 990) 2022
 MIDLANDS

 47-0690207
 Page 5

Part VII Supplemental Information

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

SCHEDULE R, PAGE 3, PART V, LINE 2:

VISITING NURSE ASSOCIAION OF THE MIDLANDS SHARES ITS FACILITY WITH FIVE

AFFILIATES, EASTER SEAL SOCIETY OF NEBRASKA, INC., VNA HOSPICE OF

SOUTHWEST IOWA, VISITING NURSE FOUNDATION, VISITING NURSE ASSOCIATION

OF POTTAWATTAMIE COUNTY, AND VISITING NURSE HEALTH SERVICES. USE OF THE

FACILITY BY THE FIVE ORGANIZATIONS OVERLAPS. THEREFORE, IT IS DIFFICULT

TO QUANTIFY THE COST OF THE PORTION USED BY EACH ORGANIZATION.

Form 8925	Report of Employer-Owned Life Insurance Co	ntracts	OMB No. 1545-2089
(Rev. September 2017) Department of the Treasury Internal Revenue Service (99)	Attachment Sequence No. 160		
	E ASSOCIATION OF THE	Identifying	number 47-0690207
MIDLANDS Name of policyholder, if o	ifferent from above		umber, if different from above
Type of business	ALTHCARE		
	employees the policyholder had at the end of the tax year	1	28.
	employees included on line 1 who were insured at the end of the tax year under the		
policyholder's emplo	ver-owned life insurance contract(s) issued after August 17, 2006. See Section		
1035 exchanges for a	n exception	2	1.
3 Enter the total amount	t of employer-owned life insurance in force at the end of the tax year for employees		
who were insured un	der the contract(s) specified on line 2	3	750,000.
4a Does the policyholde	r have a valid consent for each employee included		
I' 00 0			

b	If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid		
	consent	4b	

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Eile e	concrete	application	for oach	roturn
File a	separate	application	tor each	return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. VISITING NURSE ASSOCIATION OF THE		Taxpayer identification number (TIN)					
F ile bardha	MIDLANDS			47-0690207				
File by the due date for filing your return. See	he for Number, street, and room or suite no. If a P.O. box, see instructions.							
instructions								
Enter the	e Return Code for the return that this application is for (file	e a separat	te application for each return)					
Applica	tion	Return	Application			Return		
Is For			Is For			Code		
Form 990 or Form 990-EZ			Form 1041-A			08		
Form 4720 (individual)			Form 4720 (other than individual)			09		
Form 990-PF			Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11		
Form 990-T (trust other than above)			Form 8870			12		
Form 99	0-T (corporation)	07						
 If the If this box 1 1 th th 	hone No. ► (402)930-4064 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ► (equest an automatic 6-month extension of time until e organization named above. The extension is for the organization named above. The extension is for the organization appeared above. The extension is for the organization the tax year beginning	Group Exe and atta NOVE1 anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>MBER 15, 2023</u> , to file return for: d ending	f this is fo all memb	r the whole ers the exte npt organiza	group, check this nsion is for.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			•		
	any nonrefundable credits. See instructions.			<u>3a</u>	\$	0.		
	······································			3b		0		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.		
	alance due. Subtract line 3b from line 3a. Include your pa	•				0		
	ing EFTPS (Electronic Federal Tax Payment System). See : If you are going to make an electronic funds withdrawal ons.			3c 153-TE and	d Form 887	0 • 9-TE for payment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)