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#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Form 8868 (Rev. 1-2022)

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 Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print NURSE-FAMILY PARTNERSHIP 20-0234163 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1900 GRANT STREET, SUITE 400 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. DENVER, CO 80203 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) JULIA TESKA The books are in the care of ▶ 1900 GRANT STREET, SUITE 400 - DENVER, CO 80203 Telephone No. ▶ (303)865-8393 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box AUGUST 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning OCT 1, 2021 SEP 30, 2022 , and ending Final return If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

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

### \*\* 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)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Secondarian   Comparison   Co	<u>A 1</u>	or tn	e 2021 calendar year, or tax year beginning OCT 1	, 2021 and	enaing S.	EP 30, 2022		
Doing business as THE NATIONAL SERVICE OFFICE FOR NURSE-PAULITY 20-0234163	<b>B</b> (	Check if applicab	C Name of organization			D Employer ide	ntifica	tion number
District State   Dis								
Number and street (of P.U. both final is not adviced to street adures)   Roomissile   E Telephonen number		Name	e Doing business as THE NATIONAL SERVICE	OFFICE FOR NURSE-F	AMILY	20-02341	.63	
190    08APT   STREET,   01TE 4.00   08APT		Initial	-	I to street address)	Room/suite	E Telephone nur	nber	
DEMVER, CO 80203   Financian and address of principal officer: CRARLOTTE MIN-BARRIS   For subcordinates?   Yes   X No MID   American address of principal officer: CRARLOTTE MIN-BARRIS   For subcordinates?   Yes   X No MID   American address of principal officer: CRARLOTTE MIN-BARRIS   For subcordinates?   Yes   X No MID   American address of principal officer: CRARLOTTE MIN-BARRIS   For subcordinates?   Yes   X No MID   American address of principal officer: Very No.   MID   MID   American address of principal officer: Very No.   MID   MI		Final returr	, 1900 GRANT STREET, SUITE 400					
Part				r foreign postal code		<b>G</b> Gross receipts \$		143,064,224
No   Tax exempt status   Significial   Solicial   Sol		returr	DENVER, CO 00203			H(a) Is this a grou	ıp retu	ırn
Make As C ABOVE   Solicy(3)   Solicy(1)   More   Make As C ABOVE   Make AB		Ition	F Name and address of principal officer: CHARLOTT	E MIN-HARRIS		for subordina	ates?	Yes X No
J. Website:   MVM. JUNSSPAMILVPARTNERSHIP. ORB		pena	SAME AS C ABOVE			H(b) Are all subordina	tes inclu	ided? Yes No
The part   Summary				insert no.) 4947(a)(1)	or 527	If "No," attac	ch a lis	t. See instructions
Part   Summary	<u>ا ل</u>	Websi	te: WWW.NURSEFAMILYPARTNERSHIP.ORG			H(c) Group exem	ption i	number 🕨
Briefly describe the organization's mission or most significant activities:   POSITIVELY TRANSFORMS THE LIVES OF VOLNERABLE BRAIES, MOTHERS AND FAMILIES.				tion Other >	<b>L</b> Year	of formation: 2003	MS	State of legal domicile; CO
2	Pa	art I	<del>-</del>					
Solution	Ф	1			VELY TRAN	ISFORMS THE LIV	/ES	
Solution	auc							
Solution	ern	2		·	sed of more	than 25% of its net	- 1	
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Prior Year   Current Year   39, 490, 511.   64, 361, 536.   11, 410, 447.   14, 393, 143.   10   Investment income (Part VIII, line 2g)   11, 410, 447.   14, 393, 143.   10   Investment income (Part VIII, column (A), lines 3, 4, and 7d)   463, 561.   1, 481, 207.   11   Other revenue (Part VIII, column (A), lines 3, 64, 8c, 9c, 10c, and 11e)   56, 776.   16, 955.   16, 955.   12   Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)   51, 421, 295.   80, 252, 841.   13   Grants and similar amounts paid (Part IX, column (A), lines 13)   5, 482, 887.   4, 637, 832.   14   Benefits paid to or for members (Part IX, column (A), lines 4)   0.   0.   0.   0.   0.   0.   0.   0	Act	7 a						
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising ees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 18 from line 20 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Signature Block 24 Index pensales (Part X, CPO 25 Total assets (Part X, line 26) 26 Net assets or fund balances. Subtract line 21 from line 20 27 Total liabilities (Part X, line 26) 28 Net assets or fund balances. Subtract line 21 from line 20 29 Signature Block 29 Signature Block 20 Total assets (Part X, line 26) 20 Firm's alme Preparer's signature Sarah HINTZ 20 Firm's alme Preparer's name Sarah HINTZ 20 Firm's alme Preparer's name Sarah HINTZ 20 Firm's alme Preparer's signature Sarah HINTZ 20 Firm's alme Preparer's lignature Sarah HINTZ 20 Firm's address Sarah HINTZ 20	_	b	Net unrelated business taxable income from Form 990-1	, Part I, line 11	·····		7b	
9 Program service revenue (Part VIII, line 2g) 11,410,447. 14,393,143. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 463,551. 1,491,207. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 56,776. 16,957. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 51,421,295. 80,252,841. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 5,482,887. 4,637,832. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 5,482,887. 4,637,832. 15 Sataries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 18,648,722. 19,805,166. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 0. 0. 0. 18 Total fundraising expenses (Part IX, column (A), line 25) 37,052,980. 19 Revenue less expenses. Subtract line 18 from line 12 13,103,195. 12,496,794. 19 Revenue less expenses. Subtract line 18 from line 12 14,186,491. 43,313,049. 20 Total assets (Part X, line 16) 58,934,670. 97,687,540. 21 Total liabilities (Part X, line 26) 51,036,789. 90,266,674.  22 Net assets or fund balances. Subtract line 21 from line 20 51,036,789. 90,266,674.  24 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.  25 Fight Tim's name  Preparer   Preparer's signature							1	
12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 10c, and 11e)   51, 421, 295. 80, 252, 841.     13 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   51, 421, 295. 80, 252, 841.     14 Benefits paid to or for members (Part IX, column (A), lines 1-3)   5, 482, 887. 4, 637, 832.     15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   18, 648, 722. 19, 805, 166.     16 Professional fundraising fees (Part IX, column (A), line 25)   0. 0. 0. 0.     17 Other expenses (Part IX, column (D), line 25)   3, 052, 980.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   37, 234, 804. 36, 939, 792.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   14, 186, 491. 43, 313, 049.     19 Revenue less expenses. Subtract line 18 from line 12   14, 186, 491. 43, 313, 049.     19 Revenue less expenses. Subtract line 18 from line 12   14, 186, 491. 43, 313, 049.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     11 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     11 Total liabilities (Part X, line 26)   7,	ne	8	5 (5 . ) (8 . )				-	· · · · · · · · · · · · · · · · · · ·
12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 10c, and 11e)   51, 421, 295. 80, 252, 841.     13 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   51, 421, 295. 80, 252, 841.     14 Benefits paid to or for members (Part IX, column (A), lines 1-3)   5, 482, 887. 4, 637, 832.     15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   18, 648, 722. 19, 805, 166.     16 Professional fundraising fees (Part IX, column (A), line 25)   0. 0. 0. 0.     17 Other expenses (Part IX, column (D), line 25)   3, 052, 980.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   37, 234, 804. 36, 939, 792.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   14, 186, 491. 43, 313, 049.     19 Revenue less expenses. Subtract line 18 from line 12   14, 186, 491. 43, 313, 049.     19 Revenue less expenses. Subtract line 18 from line 12   14, 186, 491. 43, 313, 049.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     11 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     11 Total liabilities (Part X, line 26)   7,	ē	9	. , , , , , , , , , , , , , , , , , , ,				· · · · · · · · · · · · · · · · · · ·	
12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 10c, and 11e)   51, 421, 295. 80, 252, 841.     13 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   51, 421, 295. 80, 252, 841.     14 Benefits paid to or for members (Part IX, column (A), lines 1-3)   5, 482, 887. 4, 637, 832.     15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   18, 648, 722. 19, 805, 166.     16 Professional fundraising fees (Part IX, column (A), line 25)   0. 0. 0. 0.     17 Other expenses (Part IX, column (D), line 25)   3, 052, 980.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   37, 234, 804. 36, 939, 792.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   14, 186, 491. 43, 313, 049.     19 Revenue less expenses. Subtract line 18 from line 12   14, 186, 491. 43, 313, 049.     19 Revenue less expenses. Subtract line 18 from line 12   14, 186, 491. 43, 313, 049.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     10 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     11 Total liabilities (Part X, line 26)   7, 897, 881. 7, 420, 866.     11 Total liabilities (Part X, line 26)   7,	Ŗ	10					_	
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   5,482,887.   4,637,832.     14   Benefits paid to or for members (Part IX, column (A), line 4)   0. 0. 0.     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   18,648,722.   19,805,166.     16   Professional fundraising fees (Part IX, column (A), line 11e)   0. 0.     17   Other expenses (Part IX, column (D), line 25)   3,052,980.     18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   37,234,804.   36,939,792.     19   Revenue less expenses. Subtract line 18 from line 12   14,186,491.   43,313,049.     20   Total assets (Part X, line 16)   58,934,670.   97,687,540.     21   Total liabilities (Part X, line 26)   7,897,881.   7,420,866.     22   Net assets or fund balances. Subtract line 21 from line 20   51,036,789.   90,266,674.     Part II   Signature Block	_	ויי						•
14   Benefits paid to or for members (Part IX, column (A), line 4)   0.   0.			<u> </u>					
To Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  18,648,722.  19,805,166.  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  31 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.  Part II Signature of officer  JULIA TESKA, CFO  Type or print name and title  Print/Type preparer's name  SARAH HINTZ  Part III Signature  SARAH HINTZ  Preparer  Firm's address  8390 EAST CRESCENT PARKWAY, SUITE 300  GREENWOOD VILLAGE, CO 80111  Phone no. (303) 779-5710		l				5,482,88	_	
16a Professional fundraising fees (Part IX, column (A), line 11e)   0.   0.   0.   0.   0.   1.						10 640 54		
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total expenses. Subtract line 18 from line 12  11 4,186,491.  12 14,186,491.  13 3,313,049.  13 6,939,792.  14 4,186,491.  43,313,049.  15 8 Beginning of Current Year End of Year  16 58,934,670.  17 897,881.  17 420,866.  18 1 Total liabilities (Part X, line 26)  19 Net assets or fund balances. Subtract line 21 from line 20  10 Total assets or fund balances. Subtract line 21 from line 20  10 Total diabilities (Part X, line 26)  11 Total liabilities (Part X, line 26)  12 Total exsets or fund balances. Subtract line 21 from line 20  13 7,234,804.  36,939,792.  14 4,186,491.  43,313,049.  Beginning of Current Year  End of Year  15 8,934,670.  97,687,540.  97,897,881.  7,420,866.  90,266,674.  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.  Signature of officer  10 Date  10 Date  10 JULIA TESKA, CFO  17 Type or print name and title  10 Print/Type preparer's name  20 Signature of officer  21 Total liabilities (Part X, line 26)  22 Part II Signature of officer  23 Date  24 Date  25 Date  26 Date  26 Date  27 Date  28 Date  29 Date  20 Of 15/23  20 Signature of officer  20 Date  20 Date  21 Firm's name  21 Check PTIN  22 SARAH HINTZ  23 Date  24 Date  24 Date  25 Date  26 Date  27 Date  28 Date  29 Date  20 Of 15/23  20 Signature of officer  29 Date  20 Of 15/23  20 Signature of officer  20 Of 15/23  20 Signature of officer  20 Of 15/23  21 Signature of officer  21 Date  22 Date  23 Date  24 Date  25 Date  26 Date  26 Date  27 Date  28 Date  28 Date  29 Date  29 Date  20 Of 15/23  20 Signature of officer  20 Of 15/23  21 Date  20 Of 15/23  21 Date  20 Of 15/23  21 Date  21 Date  21 Date  21 Date  22 Dat	es	15				18,648,72	_	
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total expenses. Subtract line 18 from line 12  11 4,186,491.  12 14,186,491.  13 3,313,049.  13 6,939,792.  14 4,186,491.  43,313,049.  15 8 Beginning of Current Year End of Year  16 58,934,670.  17 897,881.  17 420,866.  18 1 Total liabilities (Part X, line 26)  19 Net assets or fund balances. Subtract line 21 from line 20  10 Total assets or fund balances. Subtract line 21 from line 20  10 Total diabilities (Part X, line 26)  11 Total liabilities (Part X, line 26)  12 Total exsets or fund balances. Subtract line 21 from line 20  13 7,234,804.  36,939,792.  14 4,186,491.  43,313,049.  Beginning of Current Year  End of Year  15 8,934,670.  97,687,540.  97,897,881.  7,420,866.  90,266,674.  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.  Signature of officer  10 Date  10 Date  10 JULIA TESKA, CFO  17 Type or print name and title  10 Print/Type preparer's name  20 Signature of officer  21 Total liabilities (Part X, line 26)  22 Part II Signature of officer  23 Date  24 Date  25 Date  26 Date  26 Date  27 Date  28 Date  29 Date  20 Of 15/23  20 Signature of officer  20 Date  20 Date  21 Firm's name  21 Check PTIN  22 SARAH HINTZ  23 Date  24 Date  24 Date  25 Date  26 Date  27 Date  28 Date  29 Date  20 Of 15/23  20 Signature of officer  29 Date  20 Of 15/23  20 Signature of officer  20 Of 15/23  20 Signature of officer  20 Of 15/23  21 Signature of officer  21 Date  22 Date  23 Date  24 Date  25 Date  26 Date  26 Date  27 Date  28 Date  28 Date  29 Date  29 Date  20 Of 15/23  20 Signature of officer  20 Of 15/23  21 Date  20 Of 15/23  21 Date  20 Of 15/23  21 Date  21 Date  21 Date  21 Date  22 Dat	ens	16a					٠.	0,
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total expenses. Subtract line 18 from line 12  11 4,186,491.  12 14,186,491.  13 3,313,049.  13 6,939,792.  14 4,186,491.  43,313,049.  15 8 Beginning of Current Year End of Year  16 58,934,670.  17 897,881.  17 420,866.  18 1 Total liabilities (Part X, line 26)  19 Net assets or fund balances. Subtract line 21 from line 20  10 Total assets or fund balances. Subtract line 21 from line 20  10 Total diabilities (Part X, line 26)  11 Total liabilities (Part X, line 26)  12 Total exsets or fund balances. Subtract line 21 from line 20  13 7,234,804.  36,939,792.  14 4,186,491.  43,313,049.  Beginning of Current Year  End of Year  15 8,934,670.  97,687,540.  97,897,881.  7,420,866.  90,266,674.  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.  Signature of officer  10 Date  10 Date  10 JULIA TESKA, CFO  17 Type or print name and title  10 Print/Type preparer's name  20 Signature of officer  21 Total liabilities (Part X, line 26)  22 Part II Signature of officer  23 Date  24 Date  25 Date  26 Date  26 Date  27 Date  28 Date  29 Date  20 Of 15/23  20 Signature of officer  20 Date  20 Date  21 Firm's name  21 Check PTIN  22 SARAH HINTZ  23 Date  24 Date  24 Date  25 Date  26 Date  27 Date  28 Date  29 Date  20 Of 15/23  20 Signature of officer  29 Date  20 Of 15/23  20 Signature of officer  20 Of 15/23  20 Signature of officer  20 Of 15/23  21 Signature of officer  21 Date  22 Date  23 Date  24 Date  25 Date  26 Date  26 Date  27 Date  28 Date  28 Date  29 Date  29 Date  20 Of 15/23  20 Signature of officer  20 Of 15/23  21 Date  20 Of 15/23  21 Date  20 Of 15/23  21 Date  21 Date  21 Date  21 Date  22 Dat	X	_b				12 102 10	\_	10 406 704
19   Revenue less expenses. Subtract line 18 from line 12   14,186,491.   43,313,049.		1					_	
Beginning of Current Year   End of Year								
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Sign Here    Signature of officer   Date							i iliy ki	lowledge and belief, it is
Here  JULIA TESKA, CFO Type or print name and title  Print/Type preparer's name SARAH HINTZ Preparer  Firm's name CLIFTONLARSONALLEN LLP Firm's address 8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111  Phone no. (303) 779-5710	uuu	, 00110	is and complete. Declaration of preparer (other than officer) is a	asca on an information of wi	iicii proparci	nas any knowledge.		
Here  JULIA TESKA, CFO Type or print name and title  Print/Type preparer's name SARAH HINTZ Preparer  Firm's name CLIFTONLARSONALLEN LLP Firm's address 8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111  Phone no. (303) 779-5710	Sia	n	Signature of officer			Date		
Type or print name and title  Print/Type preparer's name SARAH HINTZ SARAH HINTZ Date O6/15/23 Self-employed P00492291  Preparer  Use Only Firm's address 8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111 Phone no. (303) 779-5710			JULIA TESKA CFO					
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Paid SARAH HINTZ SARAH HINTZ 06/15/23 II Self-employed P00492291  Preparer Use Only Firm's address 8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111 Phone no. (303) 779-5710			,	arer's signature	[	Date Check	(	] PTIN
Preparer Use Only Firm's address Saddress Saddr	Pair	j	1	•	lo	c (15 (02   if		P00492291
Use Only Firm's address 8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111 Phone no.(303) 779-5710					<u>F</u>	1 1 2 2 2 2 2		
GREENWOOD VILLAGE, CO 80111 Phone no. (303) 779-5710				SUITE 300		T IIIII O E IIV		
						Phone no	(303)	779-5710
	May	y the I	'	see instructions		,		

. u	Chack if Schoolula O contains a response or note to any line in this Bart III	X
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:	
'	REPLICATE THE NURSE-FAMILY PARTNERSHIP PROGRAM WHICH EMPOWERS MOTHERS	
	AFFECTED BY SOCIAL AND ECONOMIC INEQUALITY TO SUCCESSFULLY CHANGE	
	THEIR LIVES AND THE LIVES OF THEIR CHILDREN THROUGH EVIDENCE-BASED	
	NURSE HOME VISITING, CONTINUED ON SCHEDULE O.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	: 5 000 000 570	Yes X No
	prior Form 990 or 990-E2?  If "Yes," describe these new services on Schedule O.	res No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	res No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	evnences
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	
	revenue, if any, for each program service reported.	Aperises, and
 4а	00 000 100	12 817 092. \
та	NURSE-FAMILY PARTNERSHIP IS A COMMUNITY BASED HEALTH PROGRAM THAT	
	STRIVES TO SUCCESSFULLY CHANGE THEIR LIVES AND THE LIVES OF THEIR	
	CHILDREN THROUGH EVIDENCE-BASED NURSE HOME VISITING. EVERY YEAR,	
	APPROXIMATELY 700,000 CHILDREN ARE BORN TO LOW-INCOME FIRST-TIME	
	MOTHERS IN THE U.S. WHO ARE AT THE GREATEST RISK OF SUFFERING HEALTH,	
	EDUCATION AND ECONOMIC DISPARITIES. BY OFFERING SUPPORT TO THIS	
	POPULATION, NURSE-FAMILY PARTNERSHIP HELPS PREGNANT WOMEN AND THEIR	
	FAMILIES TO IMPROVE THEIR HEALTH, EDUCATION, AND ECONOMIC	
	SELF-SUFFICIENCY. EACH MOTHER IN OUR PROGRAM IS PARTNERED WITH A	
	REGISTERED NURSE EARLY IN HER PREGNANCY AND RECEIVES ONGOING NURSE HOME	
	VISITS THROUGH HER CHILD'S SECOND BIRTHDAY. THE PROGRAM'S THREE MAIN	
	GOALS ARE TO 1) IMPROVE PREGNANCY OUTCOMES, 2) IMPROVE CHILD HEALTH AND	
4b	(Code:) (Expenses \$ 6 , 442 , 433 . including grants of \$ 0 . ) (Revenue \$	1,593,006.)
	CHILD FIRST PROVIDES AN INNOVATIVE, EVIDENCE-BASED, TWO-GENERATION	· · · · · · · · · · · · · · · · · · ·
	MODEL THAT PARTNERS WITH CHILDREN AND FAMILIES AFFECTED BY TRAUMA,	
	CHRONIC STRESS, SOCIAL INEQUALITY, AND ECONOMIC INEQUALITY. THIS	
	PARTNERSHIP SERVES TO DECREASE STRESS WITHIN THE FAMILY, INCREASE	
	STABILITY, FACILITATE CONNECTION TO GROWTH-PROMOTING SERVICES, AND	
	SUPPORT THE DEVELOPMENT OF HEALTHY, NURTURING, PROTECTIVE	
	RELATIONSHIPS.	
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 ▶ 29,429,542.	Form <b>990</b> (2021)
		Form <b>330</b> (2021)

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### 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_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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		X
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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	175		
.5	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
•	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

132003 12-09-21

# Form 990 (2021) NURSE-FAMILY PARTNERSHIP Part 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
لم	any tax-exempt bonds?	24c 24d		<b>_</b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV	29	Х	<del></del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
~=	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai		, 55		
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	i

132004 12-09-21

Form **990** (2021)

A2725301

Form	990 (2021) NURSE-FAMILY PARTNERSHIP 20-02341	53	Р	age 5				
Par	t V 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 203	2b	Х					
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	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	١.						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country							
<b>-</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		Х				
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		_ A				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50						
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x				
b	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		<del> </del>				
b	was and have the dead to a Mile O	6b						
7	Organizations that may receive deductible contributions under section 170(c).	OD						
, 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?	7a		х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.5						
·	to file Form 8282?	7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.0						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders 11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans  13b	-						
C 140	Enter the amount of reserves on hand  Did the expanization receive any payments for indeed tenning convices during the tay year?	44-		Х				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>                                     </del>	^				
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<del>                                     </del>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x				
	excess parachute payment(s) during the year?  If "Ves " see the instructions and file Form 4720. Schedule N.	15		<u> </u>				
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х				
10	If "Yes," complete Form 4720, Schedule O.	10						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
"	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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Par	TVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year		100	110
·u	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>L</b>				
ь	Enter the number of voting members monaded on line ra, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			х
•	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			,,
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
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 to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AR, CA, CT, FL, GA, IL, KS, KY, MD, MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	only) a	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JULIA TESKA - (303)865-8393			
	1900 GRANT STREET, SUITE 400, DENVER, CO 80203			

Form 990 (2021) NURSE-FAMILY PARTNERSHIP 20-0234163 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title	(A)	(B)	J		((	<b>C)</b>			(D)	(E)	(F)
Note	Name and title	Average	(do					one	Reportable	Reportable	Estimated
Victor   Frank Datone   Chief Philanthropy Officer   Chief Philanthropy		1 :	box	, unle	ss per	rson i	s both	n an	I	•	
TRANK DAIDONE		1	<u> </u>	l a		l	174443				
TRANK DAIDONE		1 '	directo				_			•	'
TRANK DAIDONE			9e 0r	stee			nsate		_	•	
TRANK DAIDONE		1	trust	al tru		oyee	od uic		,	,	
TRANK DAIDONE		below	vidual	tution	Je.	empl	loyee	ner			organizations
PRESIDENT & CEO THRU 7/22		line)	Indi	Insti	0#ic	Key	High	Forn			
CALCES   C	(1) FRANK DAIDONE	40.00									
CHF CHILD FIRST & MENTAL HEALTH OFF.	PRESIDENT & CEO THRU 7/22				Х				270,218.	0.	62,429.
ALISON KOLWAITE	(2) DARCY LOWELL	40.00									
CHIEF PHILANTHROPY OFFICER THRU 2/22	CHF CHILD FIRST & MENTAL HEALTH OFF.				Х				235,949.	0.	24,848.
(4) TONY TROXELL	(3) ALISON KOLWAITE	40.00									
X	CHIEF PHILANTHROPY OFFICER THRU 2/22					Х			233,171.	0.	24,424.
SATE SIEGRIST	(4) TONY TROXELL	40.00									
CHIEF NURSING OFFICER	CFO THRU 8/22				Х				161,559.	0.	46,035.
CHARLOTTE MIN-HARRIS	(5) KATE SIEGRIST	40.00									
CHIEF OPERATING OFFICER	CHIEF NURSING OFFICER					Х			156,761.	0.	49,252.
CT	(6) CHARLOTTE MIN-HARRIS	1.00									
CHIEF LEGAL OFFICER & GEN COUNCIL	CHIEF OPERATING OFFICER				Х				167,825.	0.	32,913.
(8) WILLIAM WILLIAMS III	(7) ELIZABETH SLATER JASPER	40.00									
VICE PRESIDENT, HUMAN RESOURCES	CHIEF LEGAL OFFICER & GEN COUNCIL						Х		177,731.	0.	19,205.
(9) SARAH BECKER MCGEE CHIEF POLICY & GOVT AFFAIR OFFICER (10) TARA JETHWANI DEPUTY CHIEF, OPERATIONS (11) MARY K O'FALLON DIRECTOR OF QUALITY & CO THRU 2/22 (12) CHRISTIAN L. SOURA BOARD CHAIR BOARD CHAIR (13) BOBBIE BERKOWITZ DIRECTOR THRU 9/22 (14) PAURVI BHATT DIRECTOR (15) MARION BROOME DIRECTOR (16) STEPHANIE CARINO DIRECTOR THRU 3/22  X Y D.  0.  0.  0.  0.  0.  0.  0.  0.  0.	(8) WILLIAM WILLIAMS III	40.00									
CHIEF POLICY & GOVT AFFAIR OFFICER	VICE PRESIDENT, HUMAN RESOURCES						Х		146,314.	0.	43,924.
Column	(9) SARAH BECKER MCGEE	40.00									
DEPUTY CHIEF, OPERATIONS	CHIEF POLICY & GOVT AFFAIR OFFICER						Х		144,912.	0.	43,400.
Column	(10) TARA JETHWANI	40.00									
DIRECTOR OF QUALITY & CO THRU 2/22	DEPUTY CHIEF, OPERATIONS						Х		143,119.	0.	27,213.
Company	(11) MARY K O'FALLON	40.00									
BOARD CHAIR	DIRECTOR OF QUALITY & CO THRU 2/22						Х		146,185.	0.	18,220.
Column		2.00									
DIRECTOR THRU 9/22   X   0. 0. 0. 0. (14) PAURVI BHATT   2.00   X   0. 0. 0. 0. 0. 0. (15) MARION BROOME   2.00   DIRECTOR   X   0. 0. 0. 0. 0. (16) STEPHANIE CARINO   2.00   DIRECTOR THRU 3/22   X   0. 0. 0. 0. (17) FRED CERISE   2.00   DIRECTOR   X   0. 0. 0. 0. 0. 0.	BOARD CHAIR		Х		Х				0.	0.	0.
DIRECTOR   X   DIRECTOR   DIRECTOR THRU 3/22   X   DIRECTOR   X   DIRECTOR   X   DIRECTOR   X   DIRECTOR   X   DIRECTOR   X   DIRECTOR   DIRECTOR   X   DIRECTOR   X   DIRECTOR   DIRECTOR   X   DIRECTOR   DIRECTOR   X   DIRECTOR   DIRE		2.00									
DIRECTOR         X         0.         0.         0.           (15) MARION BROOME         2.00         0.         0	DIRECTOR THRU 9/22		Х						0.	0.	0.
(15) MARION BROOME     2.00       DIRECTOR     X     0.     0.     0.       (16) STEPHANIE CARINO     2.00     0.     0.     0.     0.       DIRECTOR THRU 3/22     X     0.     0.     0.     0.       (17) FRED CERISE     2.00     0.     0.     0.     0.       DIRECTOR     X     0.     0.     0.     0.		2.00									
DIRECTOR       X       0.       0.       0.         (16) STEPHANIE CARINO       2.00       0.       0.       0.         DIRECTOR THRU 3/22       X       0.       0.       0.       0.         (17) FRED CERISE       2.00       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.	DIRECTOR		Х						0.	0.	0.
(16) STEPHANIE CARINO     2.00       DIRECTOR THRU 3/22     X     0.     0.     0.       (17) FRED CERISE     2.00       DIRECTOR     X     0.     0.     0.		2.00	1								
DIRECTOR THRU 3/22 X 0. 0. 0. (17) FRED CERISE 2.00 X 0. 0. 0. 0. 0.			Х						0.	0.	0.
(17) FRED CERISE         2.00           DIRECTOR         X           0.         0.		2.00	1								
DIRECTOR X 0. 0. 0.	DIRECTOR THRU 3/22		Х						0.	0.	0.
	(17) FRED CERISE	2.00	1								
Form <b>990</b> (2021)	DIRECTOR		Х						0.	0.	L

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

Yes No 3 Х line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х

11

#### rendered to the organization? If "Yes." complete Schedule J for such person Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
UNIVERSITY OF COLORADO		
PO BOX 9102328, DENVER, CO 80291	PROGRAM RESEARCH	1,123,413.
CATAPULT SYSTEMS, LLC, 1221 S MOPAC		
EXPRESSWAY, SUITE 350, AUSTIN, TX 78746	IT SERVICES	521,742.
VERIZON WIRELESS		
PO BOX 660108, DALLAS, TX 75266	TELECOMMUNICATION SERVICES	521,619.
MICROSOFT CORPORATION, 1950 NORTH STEMMONS		
FWY SUITE 5010, DALLAS, TX 75207	IT SERVICES	435,916.
INNOVA SOLUTIONS		
2400 MEADOWBROOK PARKWAY , DULUTH, GA 30096	IT SERVICES	430,864.
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	
\$100,000 of compensation from the organization	26	
	·	- OOO (2224)

		(2021) NURSE-FAMILY PARTNER	RSHIP			20-023416	3 Page <b>9</b>
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line			(2)	
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
ς, ω	1 :	Federated campaigns 1a					
ant	b	Membership dues 1b					
£ 6	c	Fundraising events 1c					
iifts ar A	c	d Related organizations 1d					
s, G mils	e	Government grants (contributions) 1e	250,000.				
ion Si	f	All other contributions, gifts, grants, and					
a pot		similar amounts not included above <b>1f</b>	64,111,536.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contributions included in lines 1a-1f 1g \$	39,309.				
<u>လ</u> ရ	ŀ	Total. Add lines 1a-1f		64,361,536.			
			Business Code				
ce	2 a	PROGRAM SITE SUPPORT	541900	14,393,143.	14,393,143.		
ervi Je	k	·					
n Si	c	·					
Jran Rev	c	d					
Program Service Revenue	•						
щ		All other program service revenue		14,393,143.			
	3	Total. Add lines 2a-2f		11,333,143.			
	3	other similar amounts)	I	711,502.			711,502.
	4	Income from investment of tax-exempt bond pr					1 = - 7 1 1 = -
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	c	Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 63,581,088.					
	k	Less: cost or other basis					
ıυe		and sales expenses 7b 62,811,383.					
evenue		Gain or (loss) 769,705.		760 705			7.60 7.05
œ		d Net gain or (loss)	<b>&gt;</b>	769,705.			769,705.
Other	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See Part IV, line 18					
	r	Part IV, line 18 8a  Less: direct expenses 8b					
			<b></b>				
		a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
Ø			Business Code				
Miscellaneous Revenue	11 a	MISC. INCOME	900099	16,955.	16,955.		
llan	b						
Sce. Rev							
Ž	-	d All other revenue  Total. Add lines 11a-11d		16,955.			
		Total revenue. See instructions	·····		14,410,098.	0.	1,481,207.

132009 12-09-21

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	e or note to any line in t	his Part IX(B)	(C)	(D)
7b, 8	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,637,832.	4,637,832.		
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,				
	trustees, and key employees	1,739,108.	1,435,777.	181,999.	121,332
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	14,024,368.	10,226,269.	2,228,051.	1,570,048
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,310,422.	955,003.	208,578.	146,841
	Other employee benefits	1,530,020.	1,130,154.	234,926.	164,940
	Payroll taxes	1,201,248.	887,652.	184,253.	129,343
	Fees for services (nonemployees):				
	Management	3,850.	0.054	3,850.	455
	Legal	71,796.	2,851.	68,488.	457
	Accounting	41,175.	22,630.	15,229.	3,316
	Lobbying	656,339.	656,339.		
	Professional fundraising services. See Part IV, line 17	TO 100		TO 100	
	Investment management fees	72,408.		72,408.	
g	Other. (If line 11g amount exceeds 10% of line 25,	4 205 006	2 661 560	400 651	005 015
	column (A), amount, list line 11g expenses on Sch O.)	4,387,226.	3,661,560.	498,651.	227,015
	Advertising and promotion	948,375.	845,170.	2,456.	100,749
	Office expenses	1,763,609.	1,341,219.	199,631.	222,759
	Information technology	1,885,248.	1,568,266.	214,291.	102,691
	Royalties	612 745	400 000	67.007	62 760
	Occupancy	612,745.	480,988.	67,997.	63,760
	Travel	439,883.	343,738.	30,877.	65,268
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	294,658.	294,305.		353
	Conferences, conventions, and meetings	234,030.	234,303.		333
20	Interest				
	Payments to affiliates	781,556.	603,846.	91,712.	85,998
22 23	Depreciation, depletion, and amortization Insurance	59,758.	45,805.	7,201.	6,752
	Other expenses. Itemize expenses not covered	33,730.	13,003.	,,201.	0,732
2 <del>4</del>	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	STAFF DEVELOPMENT	148,858.	32,563.	105,951.	10,344
b	DUES AND SUBSCRIPTIONS	145,783.	127,298.	13,320.	5,165
c	EQUIPMENT RENTAL	141,622.	110,227.	16,253.	15,142
d	OTHER EXPENSES	40,483.	18,628.	11,148.	10,707
	All other expenses	1,422.	1,422.		•
	Total functional expenses. Add lines 1 through 24e	36,939,792.	29,429,542.	4,457,270.	3,052,980
26	Joint costs. Complete this line only if the organization		-		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2021) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			250,000.	1	250,000
	2	Savings and temporary cash investments			22,018,007.	2	77,384,375
	3	Pledges and grants receivable, net			7,257,643.	3	5,339,016
	4	Accounts receivable, net			1,644,840.	4	2,353,975
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
က္က	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Down and all accompanies are all all of control all accompanies			698,487.	9	704,46
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,663,057.			
	b	Less: accumulated depreciation	10b	5,144,737.	3,071,938.	10c	2,518,32
	11	Investments - publicly traded securities			23,931,928.	11	9,086,51
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	45,730.	14	45,73		
	15	Other assets. See Part IV, line 11			16,097.	15	5,14
	16	Total assets. Add lines 1 through 15 (must eq		ı	58,934,670.	16	97,687,54
	17	Accounts payable and accrued expenses			3,702,077.	17	3,245,35
	18	Grants payable		ı	1,677,297.	18	1,035,00
	19	Deferred revenue			2,391,111.	19	3,072,28
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		ı		21	
s	22	Loans and other payables to any current or for	mer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
ᅙ		controlled entity or family member of any of the				22	
<b>ا</b> ڏ	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate	ed third p			24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D			127,396.	25	68,22
	26	<b>-</b>			7,897,881.	26	7,420,860
		Organizations that follow FASB ASC 958, ch	eck her	x X			
Ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions		L	42,803,789.	27	84,333,67
Bal	28	Net assets with donor restrictions			8,233,000.	28	5,933,000
n D		Organizations that do not follow FASB ASC					
ᇎᅵ		and complete lines 29 through 33.					
S Q	29	Capital stock or trust principal, or current fund	s			29	
Set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			51,036,789.	32	90,266,674
-	33				58,934,670.	33	97,687,540

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			841.
2	Total expenses (must equal Part IX, column (A), line 25)	2			792.
3	Revenue less expenses. Subtract line 2 from line 1	3	43,	313,	049.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			789.
5	Net unrealized gains (losses) on investments	5	-4,	083,	164.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	90,	266,	674.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** NURSE-FAMILY PARTNERSHIP 20-0234163 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sed	ction A. Public Support	7.1	•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	` ,	, ,	, ,			.,
·	membership fees received. (Do not						
	include any "unusual grants.")	29,060,296.	14,892,228.	31,879,192.	39,490,511.	64,361,536.	179,683,763.
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	29,060,296.	14,892,228.	31,879,192.	39,490,511.	64,361,536.	179,683,763.
	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)						82,553,216.
6	Public support. Subtract line 5 from line 4.						97,130,547.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	29,060,296.	14,892,228.	31,879,192.	39,490,511.	64,361,536.	179,683,763.
	Gross income from interest,	, ,	, ,	, ,	, ,		, ,
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	446,381.	608,330.	478,668.	431,336.	711,502.	2,676,217.
a	Net income from unrelated business		, , , , , , , ,			, , , , , , , , , , , , , , , , , , ,	
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,016.	2,768.	7,927.	56,776.	16,955.	86,442.
44	Total support. Add lines 7 through 10	=,===•	_,	.,-=	,		182,446,422.
	Gross receipts from related activities,	oto (soo instructio	nc)			12	53,018,196.
	First 5 years. If the Form 990 is for the			outh or fifth tax v			,,
13	organization, check this box and <b>stop</b>			•			ightharpoonup
Sec	etion C. Computation of Public						
	Public support percentage for 2021 (lin			olumn (f))		14	53.24 %
	Public support percentage for 2021 (iii					15	48.93 %
	33 1/3% support test - 2021. If the o						
100	<b>stop here.</b> The organization qualifies a						
h	33 1/3% support test - 2020. If the o						
	and <b>stop here.</b> The organization qualit	-					
170	10% -facts-and-circumstances test						
11 a							
	and if the organization meets the facts				agnization		$\sim$
L	meets the facts-and-circumstances test	-	•	*	-	72. and line 15 is:	
O	10% -facts-and-circumstances test	ū				•	1U70 UI
	more, and if the organization meets the				-		<b>_</b>
40	organization meets the facts-and-circu		-		• • •		······································
18	Private foundation. If the organization	i did not check a b	oox on line 13, 16a	i, 100, 17a, 0r 17b	, cneck this box ar	nd see instructions	

#### 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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
<b>11</b> N a	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.)

	Yes	No
1		
2		
_		
За		
3b		
3c		
4a		
44		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
Ioa		
10b		

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Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
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		
	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	tion 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 or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	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	tion 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	tion 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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
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		
	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):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
	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-function	ally integrated	d Type III supporting orga	nization (see
	inate actional	, 5	5 9-	`

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s <b>3</b>	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , ,	6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
<u></u>	Ente o amount divided by line o amount	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Carryover from 2016 not applied (see instructions)			
T	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
•	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
U	-			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
е	Excess from 2021			

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**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

2021

Employer identification number

NU	RSE-FAMILY PARTNERSHIP	20-0234163				
Organization type (check o	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	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					
	(r), (d), of (10) organization can officer boxes for both the deficial ride and a opecial ride	2. Occ mandonoris.				
General Rule	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	s. dee instructions.				
•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	•				
Special Rules						
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Fig. line 1. Complete Parts I and II.	that received from any one				
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.						
year, contributions is checked, enter l purpose. Don't co	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fore 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,	• •				

Schedule B (Form 990) (2021) Page **2** 

Name of organization

Employer identification number

NURSE-FAMILY PARTNERSHIP

20-0234163

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	### Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	### Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<b>No.</b> 5	Name, address, and ZIP + 4	* \$ 1,515,359.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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20 - 0234163

NURSE-FAMILY PARTNERSHIP

Name of organization Employer identification number

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

Name of or	rganization				Employer identification number
NURSE-FA	MILY PARTNERSHIP				20-0234163
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the follow charitable, etc., contributions of	ing line entry. For a	organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	cription of how gift is held
		(e) Trans	fer of gift		
_	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	cription of how gift is held
}		(e) Trans	fer of gift		
-	Transferee's name, address, and ZIP + 4			elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	cription of how gift is held
_		(e) Trans	fer of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(=) N =				T	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	cription of how gift is held
-		(a) Trans	fer of gift		
	Transferee's name, address, a			elationship of tra	nsferor to transferee
		_			_

#### SCHEDULE C (Form 990)

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

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

Name of org				Empl	oyer identification number
		LY PARTNERSHIP			20-0234163
Part I-A	Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 org	ganization.
2 Politica		ation's direct and indirect politic ures gn activities			0.
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(	3).	
		incurred by the organization und		<u> </u>	0.
2 Enter th	ne amount of any excise tax	incurred by organization manag			
		n 4955 tax, did it file Form 4720			
	" describe in Part IV.				
Part I-C	Complete if the org	anization is exempt und	ler section 501(c),	except section 501(c)	)(3).
1 Enter th	ne amount directly expended	by the filing organization for se	ection 527 exempt funct	tion activities > \$	
2 Enter th	ne amount of the filing organ	ization's funds contributed to of	ther organizations for se	ection 527	
exempt	t function activities			▶\$	
		. Add lines 1 and 2. Enter here a			
4 Did the	filing organization file Form	1120-POL for this year?			Yes No
made p contrib	payments. For each organiza utions received that were pro	nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to additional space is needed, pro	id from the filing organiz a separate political orga	zation's funds. Also enter the anization, such as a separate	amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
_					

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Schedule C (Form 990) 2021	NURSE-FAMILY PARTNERSHIP
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P	art II-A		n is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under
		section 501(h)).			
Α	Check 🕨	if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	group member's name	, address, EIN,
		expenses, and share of excess	s lobbying expenditures).		
В	Check 🕨	if the filing organization check	ed box A and "limited control" provisions apply.		
			oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1	a Total lo	bbying expenditures to influence publ	158,872.		
	<b>b</b> Total lo	bbying expenditures to influence a leg	islative body (direct lobbying)	497,467.	
	c Total lo	bbying expenditures (add lines 1a and	l 1b)	656,339.	
	<b>d</b> Other e	xempt purpose expenditures		33,230,472.	
	e Total ex	empt purpose expenditures (add lines	s 1c and 1d)	33,886,811.	
	f Lobbyir	ng nontaxable amount. Enter the amou	unt from the following table in both columns.	1,000,000.	
	If the an	nount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not ove	r \$500,000	20% of the amount on line 1e.		
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$1	7,000,000	\$1,000,000.		
	<b>g</b> Grassro	ots nontaxable amount (enter 25% of	line 1f)	250,000.	
	h Subtract line 1g from line 1a. If zero or less, enter -0-		0.		
	i Subtrac	t line 1f from line 1c. If zero or less, er	nter -0-	0.	
	j If there	is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720	_	
	reportin	g section 4911 tax for this year?			Yes No
			4 Voor Averaging Period Under Section 501/b)		

#### 4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	(e) Total			
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.			
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.			
<b>c</b> Total lobbying expenditures	674,032.	646,866.	686,716.	656,339.	2,663,953.			
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.			
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.			
f Grassroots lobbying expenditures	112,583.	123,934.	138,093.	158,872.	533,482.			

Schedule C (Form 990) 2021

20-0234163

Page 2

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

	"Yes" response on lines 1a through 1i below, provide in Part IV a detailed description (a)		(a)		(b)	
or the i	the lobbying activity.				ount	
1 [	During the year, did the filing organization attempt to influence foreign, national, state, or					
le	ocal legislation, including any attempt to influence public opinion on a legislative matter					
c	or referendum, through the use of:					
a ∖	Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c N	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
f(	Grants to other organizations for lobbying purposes?					
_	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h F	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	f "Yes," enter the amount of any tax incurred under section 4912					
	f "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	2 FO1/a\/F\	0r 000	tion		
)~~+	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 50 1 (0)(5),	, or sec	LION		
art	30 1(0)(0).					
art	301(3)(0).			Yes	N	
	Were substantially all (90% or more) dues received nondeductible by members?		. 1	Yes	N	
<b>1</b> V				Yes	Ne	
2 [ 3 [	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? 1 501(c)(5),	2 3 or sec	tion		
1 V 2 [ 3 [ Part	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."  Dues, assessments and similar amounts from members	e prior year? n 501(c)(5), No" OR (b	3 , or sec ) Part I	tion		
1 V 2 [ 3 [ Part	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? n 501(c)(5), No" OR (b	3 , or sec ) Part I	tion		
1 V 2 [ 3 [ 2 art	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? 1 501(c)(5), No" OR (b	g 3 , or sec ) Part I	tion		
1 V 2 [ 3 [ 2 art	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	e prior year? n 501(c)(5), No" OR (b	2 3 , or sec ) Part I	tion		
11 V 22 [ 33 [ 20 art  11 [ 22 [ 6	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the string of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the string of \$100 or \$	e prior year? n 501(c)(5), No" OR (b	2 3 , or sec ) Part I	tion		
1 \ \V2 \ \cdot \c	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the string of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the string of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	e prior year? n 501(c)(5), No" OR (b	2 3 or sec ) Part I	tion		
1 V 2 [ 3 [ 2 c 4 c l 5 c l 3 /	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the section \$01(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? n 501(c)(5), No" OR (b	2 3 or sec ) Part I	tion	3, is	
11 V 22 [ 33 [ 2art]  11 [ 22	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year?  1 501(c)(5),  No" OR (b	2 3 or sec ) Part I	tion		
11 V 2 [ 33 [ 33 [ 34 ] ] ]   11 [ 34 ]   12 [ 34 ]	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues for notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polynomials agree to carryover to the reasonable estimate of nondeductible lobbying and polynomials are not tree?	e prior year?  1 501(c)(5),  No" OR (b	2 3 or sec ) Part I	tion		
11 V 2 [ 33 [ 33 [ 34 ] ] ]   11 [ 34 ]   12 [ 34 ]	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization agree to carry over lobbying and political campaign activity expenditures from the solid the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year?  1 501(c)(5),  No" OR (b	2 3 or sec ) Part I	tion		

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

NURSE-FAMILY PARTNERSHIP

**Employer identification number** 20 - 0234163

Pai	t I Organizations Maintaining Donor Advised Funds	or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a)	Donor advised funds	(b) Funds and 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 adv	vised funds
	are the organization's property, subject to the organization's exclusive le	egal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in $\boldsymbol{\nu}$	writing that grant funds can b	be used only
	for charitable purposes and not for the benefit of the donor or donor adv	visor, or for any other purpos	se conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organization a	answered "Yes" on Form 990	D, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check a	all that apply).	
	Preservation of land for public use (for example, recreation or edu	cation) Preservation	of a historically important 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 consen	vation contribution in the for	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic structure inclu		
d	Number of conservation easements included in (c) acquired after 7/25/0		I I
_	listed in the National Register		
3	Number of conservation easements modified, transferred, released, extin	inguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is lo	<u> </u>	
5	Does the organization have a written policy regarding the periodic monit		
6		f violations, and enforcing as	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	i violations, and emorcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	ations and onforcing consor	vation assements during the year
′	\$\\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$	ations, and emorcing conser	valion easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy th	ne requirements of section 17	70(h)(4)(R)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easemen		
	balance sheet, and include, if applicable, the text of the footnote to the	•	
	organization's accounting for conservation easements.	•	
Par	t III Organizations Maintaining Collections of Art, His	torical Treasures, or (	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part I	IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to re	eport in its revenue statemen	t and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition	on, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statem	nents that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 958, to report	t in its revenue statement an	d balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition,	, education, or research in fu	rtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treasures, or o		
	the following amounts required to be reported under FASB ASC 958 rela	ating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for Form		Schedule D (Form 990) 2021

Pai	t III Organizations Maintaining Co	ollections of Ar	t, Historical T	reasures, or	Other S	imilar Asse	ets (continued)			
3	Using the organization's acquisition, accession	n, and other record	s, check any of th	e following that	make signi	ficant use of i	ts			
	collection items (check all that apply):									
а	Public exhibition	c	l Doan or e	xchange prograi	m					
b	Scholarly research	e	Other							
С	Preservation for future generations									
4										
5	During the year, did the organization solicit or	receive donations	of art, historical tre	easures, or other	r similar as	sets				
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's	collection?			Yes No			
Pai	t IV Escrow and Custodial Arrang	jements. Compl	ete if the organiza	tion answered "	Yes" on Fo	rm 990, Part I	V, line 9, or			
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for contribution	ons or other asse	ets not incl	uded				
	on Form 990, Part X?						Yes No			
b	If "Yes," explain the arrangement in Part XIII a									
							Amount			
С	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo				-	·	Yes     No			
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete if									
	-	(a) Current year	(b) Prior year	(c) Two years	s back (d)	Three years ba	ck (e) Four years back			
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	6								
	The percentages on lines 2a, 2b, and 2c should	•								
3a	Are there endowment funds not in the posses	sion of the organiza	ation that are held	and administere	ed for the o	organization	[ ]			
	by:						Yes No			
	(i) Unrelated organizations									
	(ii) Related organizations						3a(ii)			
b	If "Yes" on line 3a(ii), are the related organizat			?			3b			
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipme		) Doubly line dde	Caa Farra 000	Dart V. line	- 10				
	Complete if the organization answered		1							
	Description of property	(a) Cost or o		ost or other		umulated	(d) Book value			
		<del>-   `                                  </del>	nent) bas	is (other)	uepre	ciation				
	Land									
	Buildings			117 050		00 200	10 050			
	Leasehold improvements			117,050.		98,200.	18,850			
	Equipment			666,721.	A	580,464.	86,257. 2 413 213			
	Other			6,879,286.		,466,073.	2,413,213,			
rota	I. Add lines 1a through 1e. (Column (d) must ed	aual Form 990. Part	X. column (B). line	10c.)			2,518,320.			

) Book value	(c) Method of valuation: Cost or end-	of-year market value
	•	
) Book value	(c) Method of valuation: Cost or end-	of-year market value
	11d. See Form 990, Part X, line 15.	<b>411</b> D. J. J.
tion		(b) Book value
	<b>&gt;</b>	
990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
		(b) Book value
		68,223
		68,22
	n 990, Part IV, line	n 990, Part IV, line 11d. See Form 990, Part X, line 15.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Sche	dule D (Form 990) 2021 NURSE-FAMILY PARTNERSHIP			20-02341	.63 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Ret	turn.	_
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	76,101,273.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-4,083,167.		
b	Donated services and use of facilities		4,007.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	1 4 . 1			
е	Add lines 2a through 2d			2e	-4,079,160.
3	Subtract line 2e from line 1			3	80,180,433.
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	72,408.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	72,408.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	80,252,841.
Pai	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	36,871,391.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	4,007.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	4,007.
3	Subtract line 2e from line 1			3	36,867,384.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		72,408.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	72,408.
5	This must eduar only obe. Furth line 16.7			5	36,939,792.
	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	•		; Part X, line	2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional inform	ation.		
ח א ח ת	LV TIME 2.				
PART	YX, LINE 2:				
MILIDO	SE-FAMILY PARTNERSHIP (NFP) IS EXEMPT FROM FEDERAL INCOME TAX	ec imper			
NOKS	E-FAMILI FARINERSHIF (NFF) IS EXEMPT FROM FEDERAL INCOME TAX	ES UNDER			
SECT	TION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC); ACCORDINGLY	v NO			
SECI	ION SUI(C)(S) OF THE INTERNAL REVENUE CODE (IRC); ACCORDINGL	i, NO			
PROV	VISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING FINANO	СТАТ.			
IROV	ISION FOR INCOME TAXES IS INCUODED IN THE ACCOMPANITION FINANCE	CIAL			
STAT	PEMENTS. NFP RECEIVED FINAL DETERMINATION AS A PUBLIC CHARITY	IINDER			
51711	EMENTS, NII KEELIVES IIMIE SEIEKMINIITON INS IN TOSSETE CHIKITI	ONDER			
SECT	CION 501(C)(3) OF THE IRC IN DECEMBER 2007. NFP ASSESSES THE	T.TKET.THOOD			
DECI	TOW SUITCE CO. THE INC. IN DECEMBER 2007, NET ASSESSES THE	BIREBINOOD			
OF T	HE FINANCIAL STATEMENT EFFECT OF A TAX POSITION THAT SHOULD	RF.			
<u> </u>	THE TIMESTAL DIVIDENT BILDET OF IT THE TOUTION THAT BROOMS				
RECO	OGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WIL:	r. BE			
п	WALLES WITH IT IS NOW DIVIDED THAT NOT THAT THE POSITION WITH				
SUST	AINED UPON EXAMINATION BY A TAXING AUTHORITY BASED ON THE TE	CHNICAL			
MERT	TS OF THE TAX POSITION, CIRCUMSTANCES, AND INFORMATION AVAILA	ABLE AS OF			
	IND THE COLUMN AVAILABLE AND THE OWNER OF AVAILABLE	115 OF			
THE	REPORTING DATE. MANAGEMENT DOES NOT BELIEVE THAT THERE ARE A	NY TAX			
POSI	TIONS THAT WOULD RESULT IN AN ASSET OR LIABILITY FOR TAXES B	EING			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public

Inspection

Name of the organization **Employer identification number** 20-0234163 NURSE-FAMILY PARTNERSHIP Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 1 X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) CARLE FOUNDATION HOSPITAL 611 W. PARK STREET 37-1119538 501(C)(3) 0 38,793,N/A N/A GROW THE NSO PROGRAM URBANA, IL 61801 CLARK COUNTY PUBLIC HEALTH PO BOX 9825 VANCOUVER, WA 98666 91-6001299 CLARK COUNTY 149,043,N/A N/A GROW THE NSO PROGRAM 0 EVERY CHILD SUCCEEDS 3333 BURNET AVENUE MLC 3005 31-1628467 501(C)(3) CINCINNATI, OH 45229 0 273,645, N/A N/A GROW THE NSO PROGRAM HEALTH CHOICE NETWORK OF FLORIDA INC. - 9064 NW 13TH TERRACE -65-0504316 501(C)(3) N/A DORAL FL 33172 0. 83 333. N/A GROW THE NSO PROGRAM HEALTHY START COALITION OF HILLSBOROUGH COUNTY - 2806 N. ARMENIA AVE., SUITE 100 - TAMPA, 116,250.N/A 59-3127943 501(C)(3) N/A GROW THE NSO PROGRAM FL 33607 0. HEALTHY START COALITION OF ST. LUCIE COUNTY - 117 ATLANTIC AVENUE - FT. PIERCE FL 34950 65-0466549 501(C)(3) 0. 153 762. N/A N/A GROW THE NSO PROGRAM 29. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0. 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) NURSE-FAMILY I	PARTNERSHIP						20-0234163 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELP ME GROW BRIGHTER FUTURES 241 TAYLOR STREET, SUITE 130 DAYTON, OH 45402	31-1221836	501(C)(3)	0.	228,184.	N/A	N/A	GROW THE NSO PROGRAM
MAHONING COUNTY EDUCATIONAL SERVICE CENTER - 7320 N. PALMYRA - CANFIELD, OH 44406	34-1504730	MAHONING COUNTY	0.	72,185.	N/A	N/A	GROW THE NSO PROGRAM
MARY'S CENTER FOR MATERNAL AND CHILD CARE INC - 2333 ONTARIO ROAD - WASHINGTON, DC 20009	52-1594116	501(C)(3)	0.	150,128.	N/A	N/A	GROW THE NSO PROGRAM
MCLEOD HEALTH FOUNDATION 800 E CHEVES ST SUITE 150 FLORENCE, SC 29506	57-0818672	501(C)(3)	0.	250,000.		N/A	GROW THE NSO PROGRAM
METROPOLITAN FAMILY SERVICES 1 DEARBORN, SUITE 1000 CHICAGO, IL 60602	36-2167940	501(C)(3)	0.	87,242.	N/A	N/A	GROW THE NSO PROGRAM
PRISMA HEALTH-UPSTATE 300 E. MCBEE AVE. SUITE 302 GREENVILLE, SC 29601	81-1723202	501(C)(3)	0.	277,700.	N/A	N/A	GROW THE NSO PROGRAM
SOUTHWEST HUMAN DEVELOPMENT 2850 N 24TH STREET PHOENIX, AZ 85008	86-0407179	501(C)(3)	0.	18,769.	N/A	N/A	GROW THE NSO PROGRAM
SPARTANBURG REGIONAL MEDICAL CENTER - 101 E. WOOD STREET - SPARTANBURG, SC 29303	57-6000934	501(C)(3)	0.	199,800.	N/A	N/A	GROW THE NSO PROGRAM
SPOKANE REGIONAL HEALTH DISTRICT 1101 W. COLLEGE AVENUE SPOKANE, WA 99201	91-1527532	SPOKANE COUNTY	0.	70,237.	N/A	N/A	GROW THE NSO PROGRAM

Schedule I (Form 990) NURSE-FAMILY PARTNERSHIP 20-0234163

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV. assistance appraisal, other) THE RESEARCH INSTITUTE AT NATIONWIDE CHILDRENS HOSPITAL -700 CHILDRENS DRIVE - COLUMBUS, OH 43205 02-0627166 501(C)(3) 0. 199,549, N/A N/A GROW THE NSO PROGRAM UNITED WAY OF CENTRAL JERSEY 32 FORD AVENUE MILLTOWN, NJ 08850 22-1520408 501(C)(3) 0 36,460,N/A N/A GROW THE NSO PROGRAM UNIVERSITY OF NEW MEXICO, HEALTH SCIENCES CENTER - MSC 09 5225 1 UNIVERSITY OF NEW MEXICO -85-6000642 NEW MEXICO ALBUQUERQUE, NM 87131 0. 37,154,N/A N/A GROW THE NSO PROGRAM YOUTH DEVELOPMENT INC 3411 CANDELARIA NE STE J ALBUQUERQUE, NM 87107-1960 85-0246036 501(C)(3) 0 498,958,N/A N/A GROW THE NSO PROGRAM CHILDREN'S TRUST OF SOUTH CAROLINA P.O. BOX 11644 57-0785431 501(C)(3) COLUMBIA, SC 29211 N/A 0. 424,233,N/A GROW THE NSO PROGRAM TEXAS A&M HEALTH SERVICES CENTER 400 HARVEY MITCHELL PARKWAY S. SUITE 300 - COLLEGE STATION, TX 77845 74-2907553 TEXAS 0. N/A GROW THE NSO PROGRAM 341,871,N/A PHOEBE PUTNEY MEMORIAL HOSPITAL P.O. BOX 3770 58-1928247 501(C)(3) ALBANY, GA 31706 0. 203,725,N/A N/A GROW THE NSO PROGRAM THOMPSON CHILD & FAMILY FOCUS 6800 ST. PETER'S LANE MATTTHEWS, NC 28105 56-0547460 501(C)(3) 0. 179,842,N/A N/A GROW THE NSO PROGRAM UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 UNIVERSITY BLVD NB 314 - BIRMINGHAM, AL 35294 20-0234163 501(C)(3) 0. 145 000. N/A N/A GROW THE NSO PROGRAM

Schedule I (Form 990)

Page 1

Schedule I (Form 990) NURSE-FAMILY PARTNERSHIP 20-0234163

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance noncash (book, FMV, assistance appraisal, other) CHILDREN'S HOME SOCIETY OF NORTH CAROLINA, INC - 604 MEADOW STREET - GREENSBORO, NC 27405 56-0529946 501(C)(3) 0. 100,000.N/A N/A GROW THE NSO PROGRAM POWER OF U P.O. BOX 1408 ELIZABETH CITY, NC 27906 56-2177076 501(C)(3) 0 99,734.N/A N/A GROW THE NSO PROGRAM SOUTHWESTERN CHILD DEVELOPMENT COMMISSION - P.O. BOX 250 -WEBSTER, NC 28788 23-7181553 501(C)(3) 0. 29,167,N/A N/A GROW THE NSO PROGRAM NORTHEAST FL HEALTHY START COALITION - 751 OAK STREET, SUITE 59-3139801 501(C)(3) 610 - JACKSONVILLE, FL 32204 0. 25,861,N/A N/A GROW THE NSO PROGRAM NURSE-FAMILY PARTNERSHIP BROWARD 200 OAKWOOD BLVD, SUITE 100 HOLLYWOOD, FL 33020 59-2274772 501(C)(3) 24,289,N/A N/A GROW THE NSO PROGRAM 0.

Page 1

NURSE-FAMILY PARTNERSHIP 20-0234163 Schedule I (Form 990) 2021 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (d) Amount of non-(c) Amount of (f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: GRANTS ARE ASSIGNED A PROJECT MANAGER WHO REVIEWS THE DETAILED EXPENSES FOR COMPLIANCE WITH THE GRANT AGREEMENT. THE FINANCE DEPARTMENT REVIEWS ALL GRANT EXPENDITURES FOR COMPLIANCE WITH ANY RESTRICTIONS.

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## SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

NURSE-FAMILY PARTNERSHIP

Employer identification number 20-0234163

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	, , , , , , , , , , , , , , , , , , , ,			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 (4958-6/c)?	a		1

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) FRANK DAIDONE	(i)	270,218.	0.	0.	28,002.	34,427.	332,647.	0.	
PRESIDENT & CEO THRU 7/22	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) DARCY LOWELL	(i)	235,949.	0.	0.	23,837.	1,011.	260,797.	0.	
CHF CHILD FIRST & MENTAL HEALTH OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) ALISON KOLWAITE	(i)	233,171.	0.	0.	23,317.	1,107.	257,595.	0.	
CHIEF PHILANTHROPY OFFICER THRU 2/22	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) TONY TROXELL	(i)	161,559.	0.	0.	17,783.	28,252.	207,594.	0.	
CFO THRU 8/22	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) KATE SIEGRIST	(i)	156,761.	0.	0.	17,128.	32,124.	206,013.	0.	
CHIEF NURSING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) CHARLOTTE MIN-HARRIS	(i)	167,825.	0.	0.	17,594.	15,319.	200,738.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) ELIZABETH SLATER JASPER	(i)	177,731.	0.	0.	17,774.	1,431.	196,936.	0.	
CHIEF LEGAL OFFICER & GEN COUNCIL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) WILLIAM WILLIAMS III	(i)	146,314.	0.	0.	15,672.	28,252.	190,238.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) SARAH BECKER MCGEE	(i)	144,912.	0.	0.	15,662.	27,738.	188,312.	0.	
CHIEF POLICY & GOVT AFFAIR OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) TARA JETHWANI	(i)	133,119.	10,000.	0.	14,778.	12,435.	170,332.	0.	
DEPUTY CHIEF, OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) MARY K O'FALLON	(i)	146,185.	0.	0.	14,834.	3,386.	164,405.	0.	
DIRECTOR OF QUALITY & CO THRU 2/22	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)					_			

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization Employer identification number NURSE-FAMILY PARTNERSHIP 20-0234163

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de noncash contribu		•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	4	39,309.	MARKET PRICE			
10	Securities - Closely held stock			,				
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( )							
26	Other							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement <b>29</b>			0	
						\	⁄es	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

NURSE-FAMILY PARTNERSHIP

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE	M, PART I, COLUMN (B):
NUMBER OF	CONTRIBUTIONS USED IN PART I.

### SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

**2021** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

NURSE-FAMILY PARTNERSHIP 20-0234163 ITEM C, DOING BUSINESS AS: THE NATIONAL SERVICE OFFICE FOR NURSE-FAMILY PARTNERSHIP AND CHILD FIRST FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: REPLICATE THE CHILD FIRST PROGRAM WHICH PARTNERS WITH CHILDREN AND THEIR FAMILIES TO HELP THEM HEAL FROM THE DEVASTATING EFFECTS OF TRAUMA AND CHRONIC STRESS BY FOSTERING THE MODEL EMBEDDED IN A SYSTEM OF WHICH WORKS TO ADDRESS THE DEVELOPMENT OF STRONG, NURTURING CAREGIVER-CHILD RELATIONSHIPS, PROMOTING ADULT SKILL-BUILDING, AND CONNECTING FAMILIES WITH SERVICES. FORM 990. PART III. LINE 4A. PROGRAM SERVICE ACCOMPLISHMENTS: DEVELOPMENT, AND 3) IMPROVE THE ECONOMIC SELF-SUFFICIENCY OF THE FAMILY. THREE RANDOMIZED CONTROLLED TRIALS OVER FORTY-FIVE YEARS. CONTINUING LONGITUDINAL FOLLOW-UP STUDIES HAVE CONFIRMED THE PROGRAM'S EFFECTIVENESS. THESE TRIAL OUTCOMES DEMONSTRATE THAT NURSE-FAMILY PARTNERSHIP DELIVERS AGAINST ITS THREE PRIMARY GOALS - MAKING MEASURABLE IMPACT ON THE LIVES OF CHILDREN, FAMILIES AND THE COMMUNITIES IN WHICH THEY LIVE. FOR EXAMPLE, THE FOLLOWING OUTCOMES HAVE BEEN OBSERVED AMONG PARTICIPANTS IN AT LEAST ONE OF THE TRIALS OF THE PROGRAM: 48% REDUCTION IN CHILD ABUSE AND NEGLECT; 56% REDUCTION IN EMERGENCY ROOM VISITS FOR ACCIDENTS AND POISONINGS; 59% REDUCTION IN ARREST AT CHILD AGE 15; 67% REDUCTION IN BEHAVIORAL AND INTELLECTUAL PROBLEMS AT CHILD AGE 6; AND 72% FEWER CONVICTIONS OF MOTHERS AT CHILD AGE 15. THE NURSE-FAMILY PARTNERSHIP NATIONAL SERVICE OFFICE (NSO) IS A

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2** 

Name of the organization **Employer identification number** NURSE-FAMILY PARTNERSHIP 20-0234163 501(C)(3) ORGANIZATION THAT PROVIDES LEADERSHIP, EDUCATION AND EXPERTISE TO IMPLEMENT AND SUSTAIN THE NURSE-FAMILY PARTNERSHIP PROGRAM NATIONWIDE. AS OF SEPTEMBER 30, 2022, THE NSO WAS SUPPORTING PROGRAM IMPLEMENTATION IN 40 STATES, INCLUDING WASHINGTON, D.C., THE U.S. VIRGIN ISLANDS AND SOME TRIBAL COMMUNITIES. SINCE REPLICATION OF THE PROGRAM BEGAN IN 1996, NURSE-FAMILY PARTNERSHIP HAS SERVED MORE THAN 376,000 FAMILIES AFFECTED BY SOCIAL AND ECONOMIC INEQUALITY. THE NSO IS SUPPORTED THROUGH EARNED REVENUE FOR ITS SERVICES TO IMPLEMENTING AGENCIES AND DONATIONS FROM INDIVIDUALS. CORPORATIONS AND PHILANTHROPIC FOUNDATIONS. AGENCIES IMPLEMENTING THE NURSE-FAMILY PARTNERSHIP PROGRAM AND SERVED BY NSO TYPICALLY INCLUDE COUNTY HEALTH DEPARTMENTS HOSPITALS AND NONPROFIT ORGANIZATIONS. FORM 990, PART VI, SECTION A, LINE 1A: THE FINANCE COMMITTEE HAS AUTHORITY TO ACT BETWEEN MEETINGS WHEN THE ENTIRE BOARD IS NOT AVAILABLE TO MAKE ANY GENERAL FINANCIAL DECISIONS. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE THE RETURN IS AVAILABILE. IT IS REVIEWED BY MANAGEMENT AND ANY CHANGES ARE INCORPORATED INTO THE DOCUMENT. A COPY OF FORM 990 IS PROVIDED TO THE ORGANIZATION'S FINANCE & AUDIT COMMITTEE FOR REVIEW, AND THEN A COPY IS DISTRIBUTED TO EACH BOARD MEMBER PRIOR TO FILING. FORM 990, PART V, LINE 2A

THE ORGANIZATION HAS AN AGREEMENT WITH A PROFESSIONAL EMPLOYMENT

<u>Schedule O (Form 990) 2021</u>

Name of the organization **Employer identification number** NURSE-FAMILY PARTNERSHIP 20-0234163 ORGANIZATION (PEO) AND LEASES EMPLOYEES FROM THE PEO, THEREFORE NO W-3 WAS ISSUED BY THE ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 12C: PARTIES WITH A POTENTIAL CONFLICT OF INTEREST (INTERESTED PARTIES) SHOULD DISCLOSE ANY POTENTIAL CONFLICTS PRIOR TO DISCUSSING OR DECIDING ON THE RELATED NFP TRANSACTIONS. INTERESTED PARTIES SHALL RECUSE THEMSELVES FROM DISCUSSIONS AND DECISIONS REGARDING THE PROPOSED TRANSACTION. EXERCISING DUE DILIGENCE. THE REMAINING PARTIES SHALL DETERMINE WHETHER NFP CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE CEO SHALL DETERMINE WHETHER THE TRANSACTION OR ARRANGEMENT IS IN NFP'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IF THE INTERESTED PARTY IS THE CEO, THE APPROPRIATE COMMITTEE OF THE BOARD OF DIRECTORS SHALL DETERMINE HOW TO PROCEED. FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION OF THE PRESIDENT AND CEO IS DETERMINED BY THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS USING MARKET BASED COMPARABLE DATA AND OTHER RELEVANT INFORMATION. COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY SENIOR MANAGEMENT USING THE SAME TYPE OF INFORMATION. THIS PROCESS WAS LAST COMPLETED IN MARCH OF 2023. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AR, CA, CT, FL, GA, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI SC, TN, UT, WI, WV, CO, LA, MO, ND, NV, VA, WA, DC, HI, ND, UT, WV, WI, CO

Schedule O (Form 990) 2021 Page **2** 

Schedule O (Form 990) 2021		Page :
Name of the organization  NURSE-FAMILY PARTNERSHIP		Employer identification number 20-0234163
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONF	LICT OF INTEREST	
POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANI	ZATION MAKES ITS	
FINANCIAL STATEMENTS AND FORM 990 AVAILABLE TO THE PUBL	IC ON ITS WEBSITE,	
OTHER CHARITABLE ORGANIZATION WEBSITES, AND UPON REQUES	T. THE	
ORGANIZATION'S FORM 1023 IS AVAILABLE UPON REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
OTHER MANAGEMENT FEE SERVICES:		
PROGRAM SERVICE EXPENSES	3,661,560.	
MANAGEMENT AND GENERAL EXPENSES	498,651.	
FUNDRAISING EXPENSES	227,015.	
TOTAL EXPENSES	4,387,226.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,387,226.	
FORM 990, PART XII, LINE 2C		
THE PROCESS FOR OVERSEEING AND SELECTING AN INDEPENDENT	ACCOUNTANT HAS	
NOT CHANGED FROM THE PRIOR YEAR.		