\*\* PUBLIC DISCLOSURE COPY \*\*

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A</u> F	or the	$\pm$ 2023 calendar year, or tax year beginning $$ JUL $1,$ $2023$ and	ت d ending	<u>JUN 30, 2024</u>					
	heck if pplicable	C Name of organization		D Employer identifie	cation number				
	Addres	HOSPICE OF CENTRAL IOWA FOUNDATION							
	Name	EVEDVENED FOINDAMION		42-12397	48				
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite						
	Final	3000 EASTON BLVD	1100111,001110	(515)274	-3400				
	termin ated	, , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	3,791,237.				
	_return	DES MOINES, IA 50317		H(a) Is this a group return					
	tion pendin	F Name and address of principal officer: IKAI WADE		for subordinates? Yes X No					
_		SAME AS C ABOVE	. —	H(b) Are all subordinates in					
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1	) or 527	<b>-</b>	list. See instructions				
	<u>Vebsit</u>			H(c) Group exemptio					
	orm of	organization: X Corporation Trust Association Other  Summary	L Year	of formation: 1904 N	M State of legal domicile: IA				
1 6		Briefly describe the organization's mission or most significant activities: EVEI	OVCMED	ECIMPATION I	DDOMIDEC				
ė		Briefly describe the organization's mission or most significant activities: <u>EVER</u> DEDICATED STEWARDSHIP AND CULTIVATION OF							
au	l	Check this box if the organization discontinued its operations or dispose							
Governance	l			3	19				
ő	I	Number of voting members of the governing body (rart vi, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)			19				
≪ ≪		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0				
Ė		Total number of volunteers (estimate if necessary)			683				
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
4	8	Contributions and grants (Part VIII, line 1h)		1,911,375.	2,826,396.				
ğ	9	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		449,943.	590,878.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		101,920.	151,179.				
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,463,238.	3,568,453.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,682,846.	1,211,011.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		449,160.	467,918.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
e x be	b	Total fundraising expenses (Part IX, column (D), line 25) 406, 9	914.						
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		313,490.	295,044.				
	I	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,445,496.	1,973,973.				
	19	Revenue less expenses. Subtract line 18 from line 12		17,742.	1,594,480.				
SOF	20 21 22		Ве	eginning of Current Year	End of Year				
Sset	20	Total assets (Part X, line 16)	·····	17,565,050.	21,406,120.				
et A	21	Total liabilities (Part X, line 26)		165,663. 17,399,387.	89,820. 21,316,300.				
	rt II	Net assets or fund balances. Subtract line 21 from line 20		11,333,301.	21,310,300.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedul	ac and etatam	ante and to the heet of my	knowledge and helief it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of v		•	knowledge and belief, it is				
truc	, 001100	t, and complete. Declaration of proparer (other than officer) is based on an information of v	villoit proparci	nas any knowledge.					
Sig	2	Signature of officer		Date					
Her		TRAY WADE, PRESIDENT AND CEO							
	Č	Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid	ı	ASHLEY R. MAHONEY ASHLEY R. MAHON	EY C	)4/15/25 if self-employ	P01603680				
	arer	Firm's name CLIFTONLARSONALLEN LLP	,		1-0746749				
-	Only	Firm's address 5550 WILD ROSE LANE, SUITE 300			·				
_		WEST DES MOINES, IA 50266		Phone no.51	5-222-4400				
Max	tho IE	RS discuss this return with the preparer shown above? See instructions		•	X Yes No				

Form	1 990 (2023) HOSPICE OF CENTRAL IOWA FOUNDATION 42-	1239748	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		_ X
1	Briefly describe the organization's mission:		
	EVERYSTEP FOUNDATION PROVIDES DEDICATED STEWARDSHIP ADN CULIV	VATION OF	7
	COMMUNITY GIFTS TO SUPPORT THE OPERATIONS OF EVERYSTEP. GIFTS		
	DIRECTED TO DONOR-DESIGNATED PROGRAMS. IF A DONOR DOES NOT ME		
	DESIGNATION, THEIR GIFTS ARE ALLOCATED TO ONE OF THE MORE THE		7
		1111111	•
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ?	L Yes	A No
	If "Yes," describe these new services on Schedule O.		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	tal expenses, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1, 211, 011. including grants of \$1, 211, 011. ) (Revenue \$		<u> </u>
	EVERYSTEP FOUNDATION RAISES FUNDS TO SUPPORT THE MORE THAN 3	0	
	NON-PROFIT PROGRAMS AND SERVICES OFFERED BY EVERYSTEP. EVERYS	STEP IS A	7
	TAX-EXEMPT ORGANIZATION.		
	THE MISSION OF EVERYSTEP IS: WE EMPOWER INDIVIDUALS, SUPPORT	FAMILIES	3
	AND STRENGTHEN COMMUNITIES. EVERYSTEP IS A NONPROFIT, COMMUNI		
	ORGANIZATION OFFERING A WIDE RANGE OF HEALTH CARE AND SOCIAL		
			C
	SERVICES THAT SERVE NEARLY 60,000 IOWANS ACROSS THE STATE. EVALUE OF THE STATE OF T		
	VITAL SERVICES OFFER SUPPORT, EDUCATION, HOME VISITS AND DEVI		
	SCREENING TO YOUNG MOMS, BABIES AND GROWING FAMILIES; PROVIDE		<u> </u>
	AND HOME HEALTH CARE FOR THE SICK, INJURED AND DYING; AND OF		
	COMPASSIONATE GRIEF AND LOSS SUPPORT TO INDIVIDUALS AND FAMIL		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4c	(Code:) (Expenses \$) (Revenue \$)		)
<b>4c</b>	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
			)
4c	Other program services (Describe on Schedule O.)		)
			)

332002 12-21-23

# 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	X	
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	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		<del></del>
0	, ,	8		x
•	Schedule D, Part III	<b>├°</b>		
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?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
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		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	

Page 4

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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%	1		.,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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		X
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		00-		x
	"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		<u> </u>
C	•	28c		X
20	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive more than \$25,000 in horizont contributions? If "Yes," complete Schedule M.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30		30		X
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	131		
O_	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		T
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	55		
•	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a		2		
b	Enter the Hamber of Forms W 2d included on the Tax. Enter of in the applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

332004 12-21-23

Form **990** (2023)

(gambling) winnings to prize winners?

Part 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	2a					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X		
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).					
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit					
	any contributions that were not tax deductible as charitable contributions?		6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts					
	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required					
	to file Form 8282?		7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the					
			8				
9 Sponsoring organizations maintaining donor advised funds.							
a Did the sponsoring organization make any taxable distributions under section 4966?							
b			9b				
10	Section 501(c)(7) organizations. Enter:	1					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-				
11	Section 501(c)(12) organizations. Enter:	. l					
a	Gross income from members or shareholders	11a	$\dashv$				
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	441					
100	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	IZa				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	┪				
	Is the organization licensed to issue qualified health plans in more than one state?		13a				
u	Note: See the instructions for additional information the organization must report on Schedule O.		100				
h	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					
С	Enter the amount of reserves on hand	13c	1				
			14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		1				
	excess parachute payment(s) during the year?		15		x		
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.						

332005 12-21-23

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 19					
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, trustees, or key employees to a management company or other person?	3	X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6	Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a	Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b	Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
	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		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
	This cooler brogatale information about policies for required by the internal florence code.		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х		
	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	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	<b>12a</b> Did the organization have a written conflict of interest policy? <i>If</i> "No," go to line 13					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	on Schedule O how this was done	12c	X			
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			
	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 NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ble		
	for public inspection. Indicate how you made these available. Check all that apply.	,,				
	X Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial			
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and records					
	TRAY WADE - (515)333-4246					
	3000 EASTON BLVD., DES MOINES, IA 50317					

# 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	hours per   do not che		Posi heck i ss per	(C) Position neck more than one is person is both an id a director/trustee)			(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) TRAY WADE CEO	40.00			Х				0.	342,078.	24,750.
(2) LYNN MICHL	6.00								31270701	21//301
CFO THRU JAN 2024	40.00			х				0.	186,898.	31,818.
(3) JULIE MATTERNAS	40.00								200,0501	32,0200
EXECUTIVE DIRECTOR	0.00			х				0.	135,364.	15,599.
(4) BRANDON FOLDES	2.00								,	,
BOARD CHAIR	1.00	Х		х				0.	0.	0.
(5) BILL WARNER	1.00									
PAST BOARD CHAIR	0.00	Х		Х				0.	0.	0.
(6) ANN TORRY	1.00									
BOARD SECRETARY	0.00	Х		Х				0.	0.	0.
(7) CHRIS BENDA	1.00									
BOARD TREASURER	0.00	Х		Х				0.	0.	0.
(8) BILLY BACKER	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(9) RYAN BOYINGTON	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(10) KELLY CALDBECK	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(11) ERIN DEMICHELIS	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(12) HOWARD EATON	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(13) LACEY GRUBB	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(14) RENEE HAMLEN	1.00								_	_
TRUSTEE	0.00	Х						0.	0.	0.
(15) MATT KOOPMAN	1.00									
TRUSTEE	0.00	X				_	<u> </u>	0.	0.	0.
(16) MELISSA KNUTSON	1.00									_
TRUSTEE	0.00	X					-	0.	0.	0.
(17) ALI PAYNE	1.00									_
TRUSTEE	0.00	X						0.	0.	0.

332007 12-21-23

Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C	•			(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r			nne	Reportable	Reportable		Es	timat	ed
	hours per	box	, unle	ss per	son is	s both	an	compensation	compensation	n	an	nount	of
	week	_	cer an	nd a di	recto	r/trus	tee)	from	from related			other	r
	(list any	director						the	organizations			pens	
	hours for related	or dir	9			ated		organization	(W-2/1099-MIS	C/		om th	
	organizations	ustee	truste		a)	suadi		(W-2/1099-MISC/	1099-NEC)			aniza	
	below	ual tr	tional		ploye	t con	_	1099-NEC)				d rela anizat	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ai iiZai	.10113
(18) JACKIE ROLOW	1.00	=	=	0	~	T 60	Н.						
TRUSTEE	0.00	х						0.		0.			0.
(19) ELISABETH SANDERSFELD	1.00									-			
TRUSTEE	0.00	Х						0.		0.			0.
(20) APRIL SCHMALTZ	1.00							-					
TRUSTEE	0.00	Х						0.		0.			0.
(21) JODI SCHULTZ	1.00												
TRUSTEE	0.00	Х						0.		0.			0.
(22) KIM WILLIS	1.00												
TRUSTEE	0.00	Х						0.		0.			0.
1b Subtotal								0.	664,34	.01	7	2,1	67.
c Total from continuation sheets to Part VI	l, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								0.	664,34	10.	7	2,1	67.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													<u> </u>
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	сеу е	emplo	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for se	uch individual										3		X
4 For any individual listed on line 1a, is the su	•							•	•				
and related organizations greater than \$150	),000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	X	
5 Did any person listed on line 1a receive or a	•				,			•	dual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch p	ers	on .					5		X
Section B. Independent Contractors													
Complete this table for your five highest cor	•	•							•	ensa	tion fro	om	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng wi	ith c	or wi	thin T		ear.				
(A) Name and business	addross	3.77	\ <b>\</b> TT	7				<b>(B)</b> Description of s	onvices		)) (Campo		nn.
Name and business	address	N	ONE	<u> </u>			$\dashv$	Description of s	ervices		ompe	isalic	ווכ
							$\dashv$						
							$\dashv$						
-							$\dashv$						
-							$\dashv$						
2 Total number of independent contractors (in	ncludina but n	ot lir	nited	d to t	hos	e lis	ted	above) who received mo	ore than				

Form **990** (2023)

\$100,000 of compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII										
				(A)	(B)	(C)	(D)			
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under			
					lunction revenue	business revenue	sections 512 - 514			
υs	1	Federated campaigns 1a	856,175.							
Contributions, Gifts, Grants and Other Similar Amounts	•	Membership dues 1b	,							
9			108,621.							
fts,		d Related organizations 1d	100,021.							
ig ig		e Government grants (contributions)								
ons,		_								
utio		All other contributions, gifts, grants, and	961 600							
들 된			<u>861,600.</u>							
ont		Noncash contributions included in lines 1a-1f		2 926 206						
<u>0 g</u>		Total. Add lines 1a-1f		2,826,396.						
			Business Code							
Se	2	ı								
ë vi		·								
S										
ar.		d								
Program Service Revenue										
₫	1	All other program service revenue								
		Total. Add lines 2a-2f								
	3	Investment income (including dividends, interes	st, and							
		other similar amounts)		641,478.			641,478.			
	4	Income from investment of tax-exempt bond pr								
	5	Royalties								
		(i) Real	(ii) Personal							
	6	a Gross rents 6a								
		Less: rental expenses 6b								
		Rental income or (loss) 6c								
		Net rental income or (loss)								
		Gross amount from sales of (i) Securities	(ii) Other							
	,	100 001	(ii) Other							
		assets other than inventory  Less: cost or other basis								
ğ		and sales expenses 76 159,401.								
ther Revenue		Gain or (loss) 7c - 50,600.		E0 600			E0 600			
æ		Net gain or (loss)		-50,600.			-50,600.			
je	8	Gross income from fundraising events (not								
Ò		including \$ 108,621. of								
		contributions reported on line 1c). See								
			214,562.							
			63,383.							
		Net income or (loss) from fundraising events		151,179.			151,179.			
	9	a Gross income from gaming activities. See								
		Part IV, line 199a								
		Less: direct expenses 9b								
		Net income or (loss) from gaming activities								
	10	Gross sales of inventory, less returns								
		and allowances10a								
		Less: cost of goods sold 10b								
		Net income or (loss) from sales of inventory								
		, ,	Business Code							
sno	11 :	1								
nec Tue										
Miscellaneous Revenue										
Be		All other revenue								
Σ		Total. Add lines 11a-11d								
	12	Total revenue. See instructions		3,568,453.	0.	0.	742,057.			
	-			,-,,	,	,	, ~ ~ .			

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl	lete all columns. All othe	er organizations must com	nolete column (A)	
Occii	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,211,011.	1,211,011.		
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	151,490.		36,555.	114,935.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	242 222		60.405	400 000
7	Other salaries and wages	249,208.		60,135.	189,073.
8	Pension plan accruals and contributions (include			4 505	E 400
	section 401(k) and 403(b) employer contributions)	7,145.		1,725.	5,420. 24,175.
9	Other employee benefits	31,864.		7,689.	24,175.
10	Payroll taxes	28,211.		6,807.	21,404.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	10.000		10.000	
С	Accounting	18,000.		18,000.	
	, , , , , , , , , , , , , , , , , , , ,				
е	, F				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	24 - 44 -		104 010	04 005
	column (A), amount, list line 11g expenses on Sch O.)	215,417.		194,212.	21,205. 6,023.
12	Advertising and promotion	6,023.			6,023.
13	Office expenses	29,810.		8,232.	21,578.
14	Information technology	4,887.		4,887.	
15	Royalties	10 110		10 110	
16	Occupancy	12,410.		12,410.	
17	Travel	4,087.		986.	3,101.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	4,410.		4,410.	
b		,		,	
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,973,973.	1,211,011.	356,048.	406,914.
26	<b>Joint costs.</b> 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)				
					000

Form 990 (2023)

Part X | Balance Sheet

Par	t X	Balance Sheet	<u> </u>			
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments	66,858.	2	689,548	
	3	Pledges and grants receivable, net	236,675.	3	1,131,453	
	4	Accounts receivable, net	138,741.	4	118,167	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
		controlled entity or family member of any of th	ese persons		5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
က္က	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9	B			9	370
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	. 10b		10c	
	11	Investments - publicly traded securities	16,471,079.	11	18,454,821	
	12	Investments - other securities. See Part IV, line	651,697.	12	959,617	
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0.	15	52,144
	16	Total assets. Add lines 1 through 15 (must ed		17,565,050.	16	21,406,120
	17	Accounts payable and accrued expenses		50,928.	17	52,320
	18	Grants payable		18		
	19	Deferred revenue	37,500.	19	37,500	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
ر در	22	Loans and other payables to any current or for				
Liabilities		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
፪		controlled entity or family member of any of th			22	
	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelat	ed third parties		24	
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on lin	es 17-24). Complete Part X			
		of Schedule D		77,235.	25	0
	26	Total liabilities. Add lines 17 through 25		165,663.	26	89,820
		Organizations that follow FASB ASC 958, cl	neck here X			
Ses		and complete lines 27, 28, 32, and 33.				
au	27	Net assets without donor restrictions		15,405,095.	27	18,543,118
Ra	28	Net assets with donor restrictions		1,994,292.	28	2,773,182
밀		Organizations that do not follow FASB ASC				
로		and complete lines 29 through 33.				
ğ	29	Capital stock or trust principal, or current fund	ls		29	
Set	30	Paid-in or capital surplus, or land, building, or			30	
As	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		17,399,387.	32	21,316,300
-	33	Total liabilities and net assets/fund balances		17,565,050.	33	21,406,120

Form **990** (2023)

						3-
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		,56		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,97	3,9	73.
3	Revenue less expenses. Subtract line 2 from line 1	3			80.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17	87.		
5	Net unrealized gains (losses) on investments	5	2	,32	2,4	33.
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,					
	coluṃn (B))	10	21	,31	6,3	00.
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>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audi	t			
	ar quality avalous valve on Cabadula O and describe any stone taken to undergo such audite					

332012 12-21-23

#### **SCHEDULE A**

(Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number HOSPICE OF CENTRAL IOWA FOUNDATION 42-1239748

πı	Reason for Public C	inarity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.					
organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck 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).)										
	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
	A medical research organization	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	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental unit describe	ed in				
	section 170(b)(1)(A)(iv). (C	Complete Part II.)									
	A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
X	An organization that norma	lly receives a substar	ntial part of its support for	rom a gove	ernmental i	unit or from the general	public described in				
	section 170(b)(1)(A)(vi). (C	omplete Part II.)									
Щ	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Par	t II.)							
	An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a land-grant	college				
	or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of the college	e or				
	university:										
	-	•				· ·	*				
		•	•				•				
			(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.				
		•									
H		· ·	•	•			_				
Ш		•	•	•		•	•				
							Sheck the box on				
	7						_::				
		•	•	•	-						
	• • • • •			majority o	or the direc	tors or trustees of the st	upporting				
	¬ -	-		ion with its		d arganization(a) by bay	ina				
		•					-				
	-			arrie perso	iis iiiai coi	ittoi oi manage the supp	ported				
	¬ • • • • • • • • • • • • • • • • • • •			in connect	tion with a	and functionally integrate	ad with				
						• •	ou with,				
	¬ ''' *		·				zation(s)				
		•				•	` '				
	•	-		-		='					
	¬ '	· ·	-								
	-					, , , , , , , , , , , , , , , , , , ,					
Ente	er the number of supported o	organizations									
(		(ii) EIN				` '	(vi) Amount of other				
	organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
	organ	organization is not a private found A church, convention of chi A school described in secti A hospital or a cooperative A medical research organizative, and state: An organization operated for section 170(b)(1)(A)(iv). (Cooperative) A federal, state, or local goooding and a section 170(b)(1)(A)(vi). (Cooperative) An organization that norman section 170(b)(1)(A)(vi). (Cooperative) An agricultural research orgon or university or a non-land-good university: An organization that norman activities related to its exemplication organization organized and an organization organized and an organization organized and an organization organized and an organization organized organization. You must off the supported organization organization. You must off the supported organization organization organization organization organization organization. You must off the supported organization organization. You must off the supported organization orga	organization is not a private foundation because it is: (i  A church, convention of churches, or association  A school described in section 170(b)(1)(A)(ii). (ii). A hospital or a cooperative hospital service organization operated in corcity, and state:  An organization operated for the benefit of a colsection 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmix. An organization that normally receives a substant section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1) An agricultural research organization described or university or a non-land-grant college of agriculturies related to its exempt functions, subject income and unrelated business taxable income See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusing more publicly supported organizations described lines 12a through 12d that describes the type of Type I. A supporting organization operated, such supported organization supervised control or management of the supporting organization. You must complete Part IV, See Type III. A supporting organization supervised control or management of the supporting organization organization(s). You must complete Part IV, Type III functionally integrated. A supporting its supported organization(s) (see instructions). Type III non-functionally integrated. The organization requirement (see instructions). You must complete Part IV, Integral III on-functionally integrated. The organization of the supported organization received and functionally integrated. A supporting organization organization organization organization organization. Integrated organization organization organization organization organization organization.  Provide the following information about the supported organization	organization is not a private foundation because it is: (For lines 1 through 12, c A church, convention of churches, or association of churches described A school described in section 170(b)(1)A(iii). (Attach Schedule E (Form A hospital or a cooperative hospital service organization described in set A medical research organization operated in conjunction with a hospital city, and state: An organization operated for the benefit of a college or university owner section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part An agricultural research organization described in section 170(b)(1)(A)(or university or a non-land-grant college of agriculture (see instructions). university: An organization that normally receives (1) more than 33 1/3% of its suppactivities related to its exempt functions, subject to certain exceptions; a income and unrelated business taxable income (less section 511 tax) from See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public sa An organization organized and operated exclusively for the benefit of, to more publicly supported organizations described in section 509(a)(1) complete Part IV, sections 4 and B.  Type II. A supporting organization operated, supervised, or controlled the supported organization(s) the power to regularly appoint or elect a organization. You must complete Part IV, Sections A and B.  Type III. A supporting organization supervised or controlled in connect control or management of the supporting organization operated its supported organization(s) (see instructions). You must complete Part IV, Sections A and C.  Type III functionally integrated. A supporting organization operated its supported organization(s) (see instructions). You must complete Part IV, Sections Check this box if the organization received a written determination for functi	organization is not a private foundation because it is: (For lines 1 through 12, check only A church, convention of churches, or association of churches described in section A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)  A hospital or a cooperative hospital service organization described in section 170 and state:  An organization operated for the benefit of a college or university owned or operate section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An arganization that normally receives a substantial part of its support from a governmental virus or a non-land-grant college of agriculture (see instructions). Enter the university or a non-land-grant college of agriculture (see instructions). Enter the university or a non-land-grant college of agriculture (see instructions). Enter the university or a non-land-grant college of agriculture (see instructions). Enter the university is elabeled to its exempt functions, subject to certain exceptions; and (2) no income and unrelated business taxable income (less section 511 tax) from business exection 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See:  An organization organized and operated exclusively for the benefit of, to perform it more publicly supported organizations described in section 509(a)(1) or section lines 12a through 12d that describes the type of supporting organization and complete Part IV, Sections A and B.  Type II. A supporting organization operated, supervised, or controlled by its supported organization (s) the power to regularly appoint or elect a majority organization. You must complete Part IV, Sections A and C.  Type III functionally integrated. A supporting organization operated in connect its supported organization) (s) (see instructions). You must complete	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)(ii). (Attach Schedule E (Form 990).)  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).  A medical research organization operated in conjunction with a hospital described in sectio city, and state:  An organization operated for the benefit of a college or university owned or operated by a go section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A).  A norganization that normally receives a substantial part of its support from a governmental section 170(b)(1)(A)(iv). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjuor university or a non-land-grant college of agriculture (see instructions). Enter the name, city university.  An organization that normally receives (1) more than 33 1/396 of its support from contribution activities related to its exempt functions, subject to certain exceptions; and (2) no more than income and unrelated business taxable income (less section 501 tax) from businesses acquit See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(2). (Insies 12 through 12d that describes the type of supporting organization and complete lines business taxable income (less section 509(a)(1) or section 509(a)(2). [insies 12a through 12d that describes the type of supporting organization and complete lines organization (spental) and operated exclusively for the benefit of, to perform the function more publicly supporting organization sdescribed in section 509(a)(1) or section 509	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 170b()(1)A(ii).  A school described in section 170b()(1)A(iii). (Attach Schedule E (Form 990).)  A hospital or a cooperative hospital service organization described in section 170b(1)A(iii).  A medical research organization operated in conjunction with a hospital described in section 170b()(1)A(iii). Enter city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit describes section 170b()(1)A(iii). (Complete Part II).  A federal, state, or local government or governmental unit described in section 170b()(1)A(iv).  An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170b(1)(1)A(iv). (Complete Part II).  A community trust described in section 170b(1)(1)A(iv). (Complete Part III).  An organization that normally receives (1) more than 33 1/39/s of its support from contributions, membership fees, an activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/39/s of its support from contributions, membership fees, an activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/39/s of its support from contributions of its support income and unrelated business taxable income (less section 504(a)) from businesses acquired by the organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Ilines 12 a through 12d that describes the type of supporting organization and complete lines 12e, 12t, and 12g.  Type II. A supporting organization operated, supervised, or controlled by its supported organization(s), by must complete Part IV, Sections A and B.  Typ				

332021 12-21-23

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

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

Sec	ction A. Public Support	71	1	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	, ,	•	
	membership fees received. (Do not						
	include any "unusual grants.")	3761046.	3758747.	3423401.	1911375.	2826396.	15680965.
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	3761046.	3758747.	3423401.	1911375.	2826396.	15680965.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						450,615.
	Public support. Subtract line 5 from line 4.						15230350.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	3761046.	3758747.	3423401.	1911375.	2826396.	15680965.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	106,872.	388,598.	1094917.	592,246.	641,478.	2824111.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	18,582.	40,617.	340,314.			399,513.
11	<b>Total support.</b> Add lines 7 through 10						18904589.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	253,117.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I					14	80.56 %
	Public support percentage from 2022					15	81.11 %
16a	33 1/3% support test - 2023. If the o						
	<b>stop here.</b> The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	•		•		*	
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		Ш
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
						Schedule A	(Form 990) 2023

# 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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

332023 12-21-23

Schedule A (Form 990) 2023

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
0.2		
3с		
50		
4a		
40		
ЛL		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

332024 12-21-23

Par	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
b	A family member of a person described on line 11a above?	lb		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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 contained or rectifications, if any, applied to each power during the tax year.	1		
	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,			
Caat		2		
Seci	tion C. Type II Supporting Organizations	$\neg$		
			Yes	No
	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			
Soot	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion D. All Type III Supporting Organizations	$\neg$	1	
			Yes	No
	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			
	, , , , , , , , , , , , , , , , , , , ,	1		
	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	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).  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 <b>Part VI</b> the role the organization's			
		3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion	3)	
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			
		а		
	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			
		b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		а		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Schedule	Α	(Form	990)	2023

5

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

3

4 5

6

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Schedule A (Form 990) 2023

e Excess from 2023

# Schedule B

(Form 990)

**Schedule of Contributors** 

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

HOSPICE OF CENTRAL IOWA FOUNDATION

42-1239748

Organization type (check one):								
Filers of	:	Section:						
Form 99	0 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	nly a section 501(c)(	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
	•	i filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <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	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify grequirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

# HOSPICE OF CENTRAL IOWA FOUNDATION

42-1239748

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>856,175.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 239,299.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>189,500.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# HOSPICE OF CENTRAL IOWA FOUNDATION

42-1239748

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

Daga **4** 

Schedule B (Form 990) (2023)

Name of organization Employer identification number

SPIC	E OF CENTRAL IOWA FOUN	DATION		42-1239748
art III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	through <b>(e) and</b> the following line enticharitable, etc., contributions of <b>\$1,000 or I</b>	v. For organizations	
) No. rom rart I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, a	(e) Transfer of gift		ansferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
_		(e) Transfer of giff		
_	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, a	Relationship of tra	ansferor to transferee	
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee

## **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

HOSPICE OF CENTRAL IOWA FOUNDATION

**Employer identification number** 42-1239748

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Bonor advised funds	(b) i dilas ana otner accounts
2	Total number at end of 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 advi	sed funds
_	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	•	
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relations made develop to memoring, inspecting,	Thanking or violations, and officioning con-	oor valien eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1, 3,	3	3
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2023

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

Par	t III Organizations Maintaining Co	llections of Art	t, Historical Tre	asures, or Othe	r Simila	ır Assets	(contin	ued)	
3	Using the organization's acquisition, accessio	n, and other records	s, check any of the f	ollowing that make s	significant	use of its	-	-	
	collection items (check all that apply).								
а	Public exhibition d Loan or exchange program								
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	how they further th	e organization's exe	mpt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be mai	ntained as part of th	ne organization's col	lection?			Yes		No
Par	t IV Escrow and Custodial Arrang	ements Complete	te if the organization	answered "Yes" on	Form 990	), Part IV, li	ne 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	s or other assets no	t included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amount	t	
С	Beginning balance				1c				
	Additions during the year								
е	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on Fo				lity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been p	orovided in Part XIII					
Par	t V Endowment Funds Complete if t	he organization ans	wered "Yes" on For	m 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	8,529,675.	7,970,639.	8,940,239.	6,	845,931.	6 ,	910,	699.
b	Contributions	352,947.	135,851.	17,917.		218,505.		276,	730.
С	Net investment earnings, gains, and losses	853,000.	833,787.	-948,813.	1,	875,803.		285,	904.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	171,063.	410,602.	38,704.				627,	402.
f	Administrative expenses								
g	End of year balance	9,564,559.	8,529,675.	7,970,639.	8,	940,239.	6,	845,	931.
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	94.8000	%	•					
b	Permanent endowment 5.2000	%	_						
С	Term endowment .0000 %	<del></del>							
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
За	Are there endowment funds not in the posses	sion of the organiza	tion that are held an	d administered for t	he				
	organization by:	· ·					ſ	Yes	No
	(i) Unrelated organizations?						3a(i)		Х
	(ii) Related organizations?						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat						3b		
4	Describe in Part XIII the intended uses of the							•	
Par	t VI Land, Buildings, and Equipme	ent							
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or o	. ,	1 ' '	Accumulate preciation		(d) Bool	k value	Э
1a	Land								
b	Buildings	I							
c	Leasehold improvements								
d	Equipment	<b>I</b>							
	Other	I							
	. Add lines 1a through 1e. (Column (d) must eq		X. line 10c. column	(B))					0.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 HOSPICE OF	CENTRAL IOWA	FOUNDATION	42-1239748 <sub>Page</sub> ;
Part VII Investments - Other Securities	<u> </u>	T O OTI DITT TOTI	12 2203710 Tage
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Table (Oal (b) reveal across Forms 2000 Point V, line 40, and (P))			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	or true doe from doo, francia, line fo.	(b) Book value
(1)	, 2000		(5) 25511 141415
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
			1

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

Schedule D (Form 990) 2023

(8) (9)

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

SPICE	OF	CENTRAL	IOWA	FOUNDATION	42-1239748	Page 4						
evenue pe	venue per Audited Financial Statements With Revenue per Return											

Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		ii nevellue per ne	turri	
1				1	5,954,269.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
– a	Net unrealized gains (losses) on investments	2a	2,322,433.		
b	Donated services and use of facilities		, - ,	1	
c	Recoveries of prior year grants			1	
d	Other (Describe in Part XIII.)		63,383.	1	
e	Add lines 2a through 2d			2e	2,385,816.
3	Subtract line 2e from line 1			3	3,568,453.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				.,,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	3,568,453.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments Wi	th Expenses per F	₹eturr	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	2,037,356.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses	1 1			
d	Other (Describe in Part XIII.)	2d	63,383.		
е	Add lines 2a through 2d			2e	63,383.
3	Subtract line 2e from line 1			3	1,973,973.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,973,973.
Pa	rt XIII Supplemental Information				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines 1	b and 2b; Part V, line 4	; Part >	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional info	ormation.		
PAI	RT V, LINE 4:				
TH	E ORGANIZATION'S ENDOWMENT FUNDS CONSIST	OF NUM	EROUS GIFTS	ESTA	ABLISHED
		~			
TO	FUND AND SUPPORT THE OPERATIONS OF EVERY	STEP.			
יית	OM V I INTO O.				
PAI	RT X, LINE 2:				

THE ORGANIZATION AND ITS AFFILIATES ARE EXEMPT FROM INCOME TAXES ON INCOME FROM RELATED ACTIVITIES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND CORRESPONDING STATE TAX LAW.

ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL OR STATE INCOME TAXES.

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

Part XIII Supplemental Information (continued) IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED. THE ORGANIZATION'S FORMS 990 HAVE NOT BEEN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) OR THE STATE OF IOWA FOR THE LAST THREE YEARS. THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. THE ORGANIZATION RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. THE ORGANIZATION DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT JUNE 30, 2024 OR 2023. PART XI, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES 63,383. PART XII, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES 63,383.

### **SCHEDULE G** (Form 990)

Department of the Treasury

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 42-1239748 HOSPICE OF CENTRAL IOWA FOUNDATION Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081 09-13-23

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

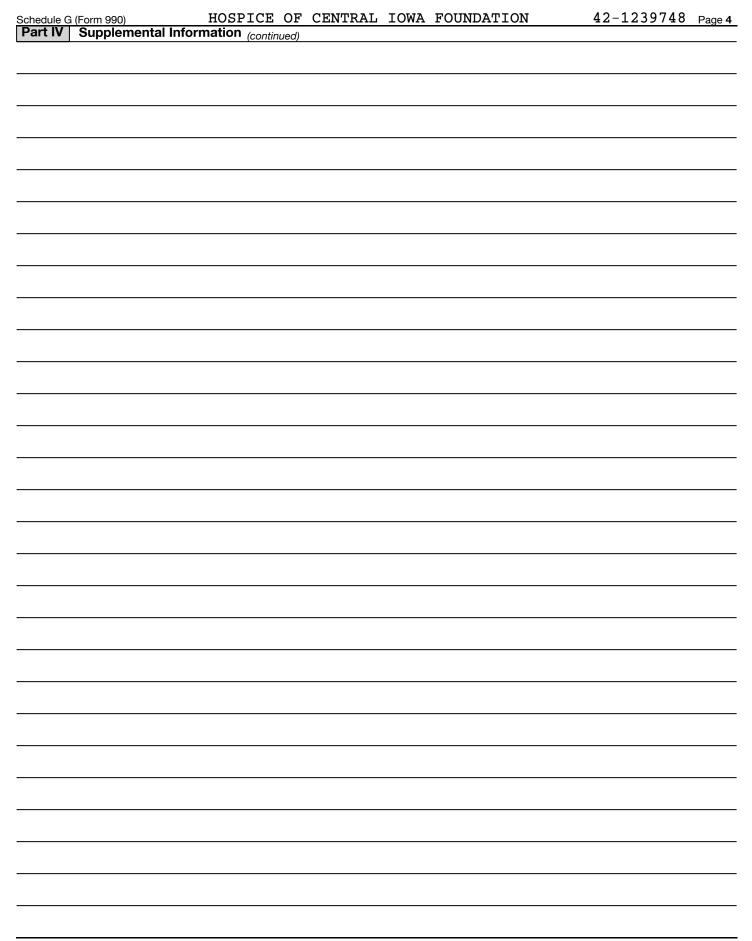
Schedule G (Form 990) 2023

**Part II** Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.					
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events					
			SIP, SAVOR &	GOOD GRIEF		(add col. (a) through					
			SUPPORT	GOLF	1	col. <b>(c)</b> )					
اه			(event type)	(event type)	(total number)	551. <b>(6</b> )/					
Revenue											
Š	1	Gross receipts	229,253.	49,075.	44,855.	323,183.					
			02 562	F 500	0 556	100 601					
	2	Less: Contributions	93,563.	5,502.	9,556.	108,621.					
	•	Cross income (line 1 minus line 2)	135,690.	43,573.	35,299.	214,562.					
	<u> </u>	Gross income (line 1 minus line 2)	133,030.	45,575	33,233.	214,502.					
	4	Cash prizes									
	•										
	5	Noncash prizes									
ses											
sua	6	Rent/facility costs	7,092.	5,880.	100.	13,072.					
Direct Expenses											
ect	7	Food and beverages	14,752.	5,099.	1,538.	21,389.					
ä											
		Entertainment	20,273.	4,873.	3,777.	28,923.					
		Other direct expenses			· ·	63,384.					
		Direct expense summary. Add lines 4 through				151,178.					
Pa	11 Net income summary. Subtract line 10 from line 3, column (d)   151,178.  Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than										
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•						
<sub>0</sub>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add					
Jug			(u) Billigo	bingo/progressive bingo	(o) Other gaming	col. (a) through col. (c))					
Revenue											
_	1	Gross revenue									
	_	Cook with									
ses	2	Cash prizes									
Seus	3	Noncash prizes									
Direct Expenses	Ŭ	Nonoden prizee									
ect	4	Rent/facility costs									
ᅙ											
	5	Other direct expenses									
			Yes %	Yes %	Yes %						
	6	Volunteer labor	No No	No	No						
	_										
	7	Direct expense summary. Add lines 2 through	5 in column (d)								
	٥	Net gaming income summary. Subtract line 7	from line 1 column (d)								
		Net garning income summary. Subtract line r	mont line 1, column (a)								
9	En	ter the state(s) in which the organization condu	cts gaming activities:								
		the organization licensed to conduct gaming ac				Yes No					
		'No," explain:									
	_										
	_										
		ere any of the organization's gaming licenses re			ear?	Yes No					
b	If "	'Yes," explain:									
	_										

332082 09-13-23 Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 HOSPICE OF CENTRAL IOWA FOUNDATION 42-	L2397	48	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	es	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102		
•	Enter the hame and address of the person who propares the organization organization of garming special events been and records.			
	Name			
	- Name			-
	Address			
	Audiess			
45-	Does the averagination have a contract with a third part from whom the averagination was in a consider we want		es	No
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀 🗥	62	NO
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
C	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	birector/officer Employee independent contractor			
47	Mandatan diatributiona			
	Mandatory distributions:			
а	solution Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. L Y	es	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines	s 9, 9l	o, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			



#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HOSPICE OF CENTRAL IOWA FOUNDATION								9748
Part I General Information on Grants and	nd Assistance							
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection		
criteria used to award the grants or assis	tance?						X Yes	No No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.				
Part II Grants and Other Assistance to I	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
recipient that received more than \$	· · · · · · · · · · · · · · · · · · ·		1		(c) Mathemaliae		T	
(a) Name and address of organization or government	(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 noncash assistance	(h) Purpose of gra or assistance	ınt
VISITING NURSE SERVICES OF IOWA (DBA EVERYSTEP) - 3000 EASTON BLVD - DES MOINES , IA 50317	42-0680446	501(C)(3)	1,211,011.	0.	N/A	N/A	GENERAL SUPPORT	
2 Enter total number of section 501(c)(3) ar	-		ne line 1 table					1.
3 Enter total number of other organizations	s listed in the line 1	table						0.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	<u> </u>  uired in Part I, lin	e 2; Part III, column	<u> </u>	l Iditional information.	
PART I, LINE 2:					
ALL GRANTS GIVEN ARE REVIEWED AND	APPROVED	BY THE OGI	RANIZATION'	S BOARD OF	
TRUSTEES. THE GRANTEE ORGANIZATION	S REPORT	THE USE OF	F FUNDS BAC	K TO THE	
ORGANIZATION'S BOARD OF TRUSTEES TO					
THE INTENDED PURPOSE.					

# SCHEDULE J (Form 990)

Department of the Treasury

**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.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

Employer identification number

HOSPICE OF CENTRAL IOWA FOUNDATION

Part I | Questions Regarding Compensation

42-1239748

			Yes	No
<b>1</b> a	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 Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
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		X
	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		<u>X</u>
b	Any related organization?	5b		X
	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:			
	The organization?	6a		<u>X</u>
b	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		<u>X</u>
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		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	I-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)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TRAY WADE	(i)	0.	0.	0.	0.	0.	0.	0.
CEO	(ii)	322,439.	19,639.	0.	9,900.	14,850.	366,828.	0.
(2) LYNN MICHL	(i)	0.	0.	0.	0.	0.	0.	0.
CFO THRU JAN 2024	(ii)	186,898.	0.	0.	6,237.	25,581.	218,716.	0.
(3) JULIE MATTERNAS	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	112,101.	23,263.	0.	4,091.	11,508.	150,963.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HOSPICE OF CENTRAL IOWA FOUNDATION

Employer identification number 42-1239748

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

THE OPERATIONS OF VISITING NURSE SERVICES OF IOWA, DOING BUSINESS AS

EVERYSTEP. THE MISSION OF EVERYSTEP IS TO EMPOWER INDIVIDUALS, SUPPORT

FAMILIES AND STRENGTHEN COMMUNITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROGRAMS WHERE THE NEED IS THE GREATEST.

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

THE BOARD OF TRUSTEES MAY ESTABLISH ONE OR MORE COMMITTEES OF THE BOARD AND APPOINT MEMBERS OF THE BOARD TO SERVE ON THEM. EACH COMMITTEE SHALL HAVE

THE POWERS AND DUTIES DELEGATED TO IT BY THE BOARD OF TRUSTEES. EACH SHALL HAVE A SEPARATE CHARTER ESTABLISHED BY THE BOARD OF TRUSTEES SPECIFYING THE SCOPE OF THE COMMITTEE'S AUTHORITY. THE CURRENT BOARD OF TRUSTEES

COMMITTEES CONSIST OF GOVERNANCE, FINANCE, AUDIT, COMMUNICATIONS, AND DEVELOPMENT.

FORM 990, PART VI, SECTION A, LINE 3:

THE FOUNDATION ENTERED INTO A MANAGEMENT AND SUPPORT SERVICES AGREEMENT

WITH VISITING NURSE SERVICES OF IOWA (VNS) ON JULY 1, 2019. ON BEHALF OF

THE FOUNDATION, VNS SHALL ARRANGE FOR, COORDINATE, SUPERVISE, ADMINISTER,

CONDUCT, AND MANAGE ALL ORGINARY ACTIVITIES AND SERVICES REQUIRED FOR THE

DAY-TO-DAY MANAGEMENT, ADMINISTRATION AND SUPPORT OF THE FOUNDATION'S

BUSINESS. IN CONNECTION WITH MANAGEMENT SERVICES, VNH ISS AUTHORIZED TO

HANDLE FUNDS OF THE FOUNDATION ON ITS BEHALF. ALL MANAGEMENT SERVICES SHALL

BE PROVIDED BY VNS ACTING AS AN AGENT OF THE FOUNDATION AND AT THE EXPENSE

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023 Page 2

Name of the organization

HOSPICE OF CENTRAL IOWA FOUNDATION

Employer identification number 42-1239748

OF THE FOUNDATION. VNS SHALL BE SOLEY RESPONSIBLE FOR TEH EMPLOYMENT OF ALL
PERSONNEL PROVIDING THE MANAGEMENT SERVICES, INCLUDING HIRING, TRAINING,
SUPERVISION, PROMOTION, AND DISCHARGING, AND FOR THE COSTS AND EXPENSES
ASSOCIATED WITH SUCH PERSONNEL. MANAGEMENT SERVICES PROVIDED BY VNS WILL BE
PERFORMED WITH THE SAME DEGREE OF CARE EXERCISED IN PERFORMING SUCH
SERVICES ON ITS OWN BEHALF, BUT NO LESS THAN REASONABLE CARE AND IN
COMPLIANCE WITH ALL APPLICABLE LEGAL AND REGULATORY REQUIREMENTS.

FORM 990, PART VI, SECTION A, LINE 4:

ORIGINALLY, BOARD MEMBERS COULD SERVE (2), THREE-YEAR CONSECUTIVE TERMS ON
THE BOARD. AFTER THE CHANGE, BOARD MEMBERS CAN NOW SERVE THREE (3),
THREE-YEAR CONSECUTIVE TERMS.

FORM 990, PART VI, SECTION A, LINE 6:

THE FOUNDATION'S SOLE MEMBER IS VISITING NURSE SERVICES OF IOWA, DBA

EVERYSTEP, AN IOWA NONPROFIT CORPORATION.

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

THE FOUNDATION'S TRUSTEES ARE APOINTED BY VISITING NURSE SERVICES OF IOWA,

DBA EVERYSTEP; ANY TRUSTEE OF THE FOUNDATION MAY BE REMOVED EITHER FOR OR

WITHOUT CAUSE BY EVERYSTEP.

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

NONE OF THE FOUNDATION'S ASSETS OR ANY OTHER RIGHTS THERETO, WHETHER REAL,

PERSONAL, OR INTANGIBLE, SHALL BE SOLD, CONVEYED, ASSIGNED, TRANSFERRED,

MORTGAGED, ENCUMBERED, EXCHANGED, ALIENATED, OR LEASED WITHOUT THE PRIOR

APPROVAL OF VISITING NURSE SERVICES OF IOWA. THE FOUNDATION'S SOLE

CORPORATE MEMBER, THE FOUNDATION SHALL NOT BE A PARTY TO ANY MERGER,

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization
HOSPICE OF CENTRAL IOWA FOUNDATION

Employer identification number 42-1239748

ACQUISITION, CONSOLIDATION, JOINT VENTURE, REORGANIZATION, RESTRUCTUTING OR
SIMILAR EVENT, NOR SHALL IT BECOME A MEMBER, PARTNER, SHAREHOLDER, TRUSTEE
OR OTHER FUDICIARY OR ANY OTHER ORGANIZATION OR ENTITY, WITHOUT THE PRIOR
APPROVAL OF VISITING NURSE SERVICES OF IOWA. THE FOUNDATION'S SOLE
CORPORATE MEMBER, NO AMENDMENT, ALTERATION OR REPEAL OF ANY THE PROVISIONS
OF THE FOUNDATION'S BYLAWS SHALL BE ADOPTED WITHOUT THE PRIOR APPROVAL OF
VISITING NURSE SERVICES OF IOWA, THE FOUNDATION'S SOLE CORPORATE MEMBER.

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

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

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

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

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

OF TRUSTEES, THE FORM 990 IS FILED WITH THE IRS.

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

THE ORGANIZATION HAS AN ELECTRONIC, AUTOMATED SYSTEM THAT HAS BEEN BUILT

FOR POLICY MANAGEMENT. WITHIN THE SYSTEM, EACH POLICY IS SCHEDULED TO BE

REVIEWED ONCE A YEAR, EVERY TWO YEARS, OR EVERY THREE YEARS. THIS FREQUENCY

TYPICALLY DEPENDS ON REGULATORY REQUIREMENTS. WE UTILIZE OUR LEADERS AND

SUBJECT MATTER EXPERTS TO REVIEW THE CONTENT OF THE POLICIES AND UPDATE

ACCORDINGLY. IF THERE ARE ANY REGULATORY CHANGES THAT COME THROUGH, WE WILL

EITHER UPDATE AN EXISTING POLICY, OR CREATE A NEW POLICY. ALL NEW POLICIES,

AND POLICY CHANGES ARE REFLECTED MONTHLY IN OUR ELECTRONIC PLATFORM, SO ALL

STAFF ARE MADE AWARE OF CHANGES. HIGH PRIORITY POLICIES, SUCH AS FRAUD,

WASTE, AND ABUSE, ARE ACKNOWLEDGED BY STAFF ANNUALLY IN OUR LEARNING

MANAGEMENT SYSTEM.

Schedule O (Form 990) 2023 Page **2** 

Schedule O (Form 990) 2023	Page 2
Name of the organization HOSPICE OF CENTRAL IOWA FOUNDATION	Employer identification number 42-1239748
FORM 990, PART VI, SECTION B, LINE 15:	
A COMPENSATION ANALYSIS WAS COMPLETED BY NEWPORT RETIREMEN	IT SERVICES TO
DETERMINE REASONABLENESS OF KEY EMPLOYEE COMPENSATION. RES	ULTS ARE SHARED
WITH THE BOARD, WHO APPROVES CEO COMPENSATION.	
THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2024.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE MOST CURRENT AUDITED FINANCIAL STATEMENTS ARE MADE AVA	LILABLE TO THE
PUBLIC ON THE ORGANIZATION'S WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	194,212.
FUNDRAISING EXPENSES	21,205.
TOTAL EXPENSES	215,417.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	215,417.

#### SCHEDULE R (Form 990)

Part I

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

HOSPICE OF CENTRAL IOWA FOUNDATION

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

2023

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Schedule R (Form 990) 2023

42-1239748

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inc	(d) Total income		assets Direct co		<b>(f)</b> controlling ntity	9		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organizatio	n answered "Yes" on Form 990	D, Part IV, line 34,	becaus	e it had one	or more re	lated tax-exe	mpt			
(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	de Public charity status (if section 501(c)(3))		Exempt Code section Public chari status (if section			(f) controlling entity	Section 512(b)(13 controlled entity?	rolled ity?
VISITING NURSE SERVICES OF IOWA DBA				3,	01(0)(0))			Yes	No		
EVERYSTEP - 42-0680446, 3000 EASTON BLVD., DES MOINES, IA 50317	HEALTH CARE AND SOCIAL SUPPORT	IOWA	501(C)(3)	LINE	7	N/A			х		
HOSPICE OF CENTRAL IOWA DBA EVERYSTEP HCI											
CARE SERVICES - 42-1093718, 3000 EASTON						HCI VNS					
BLVD., DES MOINES, IA 50317	HOSPICE/HEALTH CARE	IOWA	501(C)(3)	LINE	10	SERVICES	5		X		
HCI VNS CARE SERVICES DBA EVERYSTEP -											
45-5189289, 3000 EASTON BLVD., DES MOINES, IA 50317	ADMINISTRATIVE AND MANAGEMENT SERVICES	IOWA	501(C)(3)	LINE	12B, II	N/A			х		
					, –						

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

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	
		country)		or trusty		233013		Yes	No
	-								
								$\vdash$	

Schedule R (Form 990) 2023

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

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed in	Parts II-IV?				
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
	Gift, grant, or capital contribution to related organization(s)				1b	X		
	Gift, grant, or capital contribution from related organization(s)				1c		X	
	Loans or loan guarantees to or for related organization(s)				1d	X		
	Loans or loan guarantees by related organization(s)				1e		X	
f	Dividends from related organization(s)				1f		X	
	Sale of assets to related organization(s)				1g		X	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X	
n	m Performance of services or membership or fundraising solicitations by related organization(s)							
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
0	Sharing of paid employees with related organization(s)				10		X	
р	Reimbursement paid to related organization(s) for expenses				1p	X		
	Reimbursement paid by related organization(s) for expenses				1q		X	
r	Other transfer of cash or property to related organization(s)				1r		X	
s	Other transfer of cash or property from related organization(s)				1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered rel	lationships and transaction thresholds.				
	(a) (b) (c) (d)  Name of related organization Transaction type (a·s) Amount involved Method of determining amount							
(1)	VISITING NURSE SERVICES OF IOWA	В	1,211,011.					
(2) <sup>'</sup>	VISITING NURSE SERVICES OF IOWA	P	120,000.					

(2) VISITING NURSE SERVICES OF IOWA

(3) VISITING NURSE SERVICES OF IOWA

(4)

(5)

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000