Form 990	
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

Α	For the	2022 calendar year, or tax year beginning JUL 1, 2022 and	ending Ju	JN 30, 2023									
	Check if applicab	c Name of organization		D Employer identific	ation number								
	Addre chang												
	Name			42-1239748									
	Initial return	• • •	Room/suite	E Telephone number	,								
	Final return	3000 FASTON BLUD		515-274-3400									
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,112,860.								
	Amen return			H(a) Is this a group re	turn								
	Applic tion	F Name and address of principal officer. That was here		for subordinates	? Yes 🕱 No								
	pendi	⁹ SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No								
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	lf "No," attach a	list. See instructions								
	Websi			H(c) Group exemption	n number								
		organization: X Corporation Trust Association Other	L Year	of formation: 1984 🛛 🛛	State of legal domicile: IA								
Pa	art I	Summary											
-	1	Briefly describe the organization's mission or most significant activities:	TEP FOUND	ATION PROVIDES									
Governance		DEDICATED STEWARDSHIP AND CULTIVATION OF COMMUNITY GIFTS TO S	SUPPORT										
rna	2	Check this box if the organization discontinued its operations or dispos			ets.								
ove	3	Number of voting members of the governing body (Part VI, line 1a)			19								
ڻ م	4	Number of independent voting members of the governing body (Part VI, line 1b) $_{\sim}$		4	19								
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 0											
vitie	6	Total number of volunteers (estimate if necessary)			741								
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.								
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.								
				Prior Year	Current Year								
e	8	Contributions and grants (Part VIII, line 1h)		3,083,087.	1,911,375.								
enu	9	Program service revenue (Part VIII, line 2g)		0.	0.								
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,160,774.	449,943.								
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		302,894.	101,920.								
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,546,755.	2,463,238.								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,175,984.	1,682,846.								
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.								
se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \therefore		420,294.	449,160.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.								
ax	b	Total fundraising expenses (Part IX, column (D), line 25) 396, 3											
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		335,650.	313,490.								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,931,928.	2,445,496.								
	19	Revenue less expenses. Subtract line 18 from line 12	-385,173.	17,742.									
s or	E E		Ве	ginning of Current Year	End of Year								
Net Assets or	सू 20	Total assets (Part X, line 16)		17,100,014.	17,565,050.								
3t A	21	Total liabilities (Part X, line 26)		680,760.	165,663.								
		Net assets or fund balances. Subtract line 21 from line 20		16,419,254.	17,399,387.								
	art II	Signature Block											
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is								
true	e, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.									

Sign	Signature of officer	Date				
Here	TRAY WADE, PRESIDENT AND CEO					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	KATHY FAIRCHILD		02/14/24	self-employed	P00222608	
Preparer	Firm's name RSM US LLP			Firm's EIN 42-	-0714325	
Use Only	Firm's address 400 LOCUST ST, STE 640					
	DES MOINES, IA 50309-2354	4		Phone no. 515-55	58-6600	
May the I	RS discuss this return with the preparer shown ab	ove? See instructions			X Yes	No
					000	

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) HOSPICE OF CENTRAL IOWA FOUNDATION	42-1239748	Page 2
Pa	t 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 AND CULTIVATION OF		
	COMMUNITY GIFTS TO SUPPORT THE OPERATIONS OF EVERYSTEP. GIFTS ARE		
	DIRECTED TO DONOR-DESIGNATED PROGRAMS. IF A DONOR DOES NOT MAKE A		
	DESIGNATION, THEIR GIFTS ARE ALLOCATED TO ONE OF THE MORE THAN THIRTY		
2	Did the organization undertake any significant program services during the year which were not listed on the	 ,	Yes 🗴 No
	prior Form 990 or 990-EZ?		res 🔼 No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	 ,	
3	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 n	nessured by expens	202
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.		5, and
4a	(Code:) (Expenses \$ 1,682,846. including grants of \$ 1,682,846.) (Revenue	ie \$)
	EVERYSTEP FOUNDATION RAISES FUNDS TO SUPPORT THE MORE THAN 30		,
	NON-PROFIT PROGRAMS AND SERVICES OFFERED BY EVERYSTEP. EVERYSTEP IS A		
	TAX-EXEMPT ORGANIZATION.		
	THE MISSION OF EVERYSTEP IS: WE EMPOWER INDIVIDUALS, SUPPORT FAMILIES		
	AND STRENGTHEN COMMUNITIES. EVERYSTEP IS A NON-PROFIT, COMMUNITY-BASED		
	ORGANIZATION OFFERING A WIDE RANGE OF HEALTH CARE AND SOCIAL SUPPORT		
	SERVICES THAT SERVE NEARLY 60,000 IOWANS ACROSS THE STATE. EVERYSTEP'S		
	VITAL SERVICES OFFER SUPPORT, EDUCATION, HOME VISITS AND DEVELOPMENTAL		
	SCREENINGS TO YOUNG MOMS, BABIES AND GROWING FAMILIES; PROVIDE HOSPICE		
	AND HOME HEALTH CARE FOR THE SICK, INJURED AND DYING; AND OFFER COMPASSIONATE GRIEF AND LOSS SUPPORT TO INDIVIDUALS AND FAMILIES.		
4			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ie \$)
4c	(Code:) (Expenses \$) (Revenue)	e\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,682,846.		m 990 (2022)
		Ear	

Form 990 (2022) HOSPICE OF CENTRAL IOWA FOUNDATION
Part IV Checklist of Required Schedules

42-1239748 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		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,	110		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>		
b		11b		x
с	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			77
	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	45		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</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	<u> </u>		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

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Form **990** (2022)

Form 990 (CENTRAL		
Part IV	Checklist c	of Required S	scn	eaules (continu	ed)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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%			
	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	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			x
00	"Yes," complete Schedule L, Part IV	28c		x
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization requidate, terminate, or dissolve and cease operations: <i>If 'Yes,' complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete</i>			
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	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			
•.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	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		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Charle if Cabadula O constraints and the analysis in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			

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

1c

	990 (2		42-123974	8	P	_{age} 5		
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
					Yes	No		
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed fo	or the calendar year ending with or within the year covered by this return	2a 0					
b		ast one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b				
3a				3a		x		
b		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i>		3b				
		time during the calendar year, did the organization have an interest in, or a signature or other a						
Ĩ		ial account in a foreign country (such as a bank account, securities account, or other financial a	•	4a		x		
h		s," enter the name of the foreign country		та				
b		structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (ERAD)					
5a		he organization a party to a prohibited tax shelter transaction at any time during the tax year?	. ,	5a		х		
			ation?	5b		x		
b		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file Forms 2000 TO						
c		s" to line 5a or 5b, did the organization file Form 8886-T?		5c				
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did th				v		
	,	ontributions that were not tax deductible as charitable contributions?		<u>6a</u>		X		
b		s," did the organization include with every solicitation an express statement that such contributi	ons or gifts					
		not tax deductible?		6b				
7	-	nizations that may receive deductible contributions under section 170(c).						
а	Did the	e 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	s," did the organization notify the donor of the value of the goods or services provided?		7b	X			
С	Did th	e organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as required					
	to file	Form 8282?		7c		X		
d	If "Yes	s," indicate the number of Forms 8282 filed during the year	7d					
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e		X		
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X		
g								
h	If the	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C?	7h				
8	Spons	soring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the					
	spons	oring organization have excess business holdings at any time during the year?		8				
9	Spons	soring organizations maintaining donor advised funds.						
а	Did th	e sponsoring organization make any taxable distributions under section 4966?		9a				
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Sectio	on 501(c)(7) organizations. Enter:						
а	Initiati	on 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	Sectio	on 501(c)(12) organizations. Enter:						
а		income from members or shareholders	11a					
b	Gross	income from other sources. (Do not net amounts due or paid to other sources against						
		nts due or received from them.)	11b					
12a		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a				
		s," enter the amount of tax-exempt interest received or accrued during the year	12b					
13		on 501(c)(29) qualified nonprofit health insurance issuers.						
а		organization licensed to issue qualified health plans in more than one state?		13a				
		See the instructions for additional information the organization must report on Schedule O.						
b		the amount of reserves the organization is required to maintain by the states in which the						
		ization is licensed to issue qualified health plans	13b					
c		the amount of reserves on hand	13c					
14a			•	14a		x		
		s," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le Ο	14b				
15		organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune						
		s parachute payment(s) during the year?		15		x		
		s," see the instructions and file Form 4720, Schedule N.		1.5				
16		organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		x		
10				10				
17		s," complete Form 4720, Schedule O. 5,1 (c)(21) crachizations. Did the trust, or any disqualified or other person engage in any ac	tivition					
17		on 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		47				
		rould result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	II Yes	s." complete Form 6069.						

Form	990 (2022) HOSPICE OF CENTRAL IOWA FOUNDATION 42-1239		Р	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and fo	ra "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a	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 1b	19		
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		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	. 3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	Х	
b	Each committee with authority to act on behalf of the governing body?	. <mark>8b</mark>	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
600	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.)			
40-		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		<u> </u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	х	<u> </u>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	. 120		
Ŭ		12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?		Х	
14	Did the organization have a written document retention and destruction policy?		Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))	3)s only) :	availal	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, a	nd financ	cial	
<u></u>	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TRAY WADE - (515) 333-4246 3000 EASTON BOULEVARD, DES MOINES, IA 50317-3124			

Form 990 (2022) HOSPICE OF CE									42-123974	8 Page 7
Part VII Compensation of Officers, D	•			s, K	(ey	En	nple	oyees, Highest Co	mpensated	
Employees, and Independen	t Contracto	ors								
Check if Schedule O contains a respo	onse or note to	any	/ line	in t	his F	Part	VII			X
Section A. Officers, Directors, Trustees, Key	Employees, ai	nd H	ligh	est (Com	per	isat	ed Employees		
 1a Complete this table for all persons required to List all of the organization's current officers Enter -0- in columns (D), (E), and (F) if no compension 	s, directors, tru	stee								
• List all of the organization's current key em	•		e th	e ins	struc	tion	is fo	r definition of "key emp	lovee."	
 List the organization's five current highest compensation (box 5 of I \$100,000 from the organization and any related o List all of the organization's former officers, 	ompensated en Form W-2, box rganizations. key employee	mplo 6 o [.] es, a	oyee f For nd h	s (ot m 1 ighe	ther 099- est c	thar MIS	n an iC, a	officer, director, trustee and/or box 1 of Form 10	e, or key employee) 99-NEC) of more than	,000 of
reportable compensation from the organization ar • List all of the organization's former directo more than \$10,000 of reportable compensation fr	rs or trustees om the organiz	tha zatio	t rec n ar	eive	d, ir				tor or trustee of the org	anization,
See the instructions for the order in which to list t	he persons ab	ove.								
Check this box if neither the organization no	or any related o	orga	niza			nper	Isate	ed any current officer, d	irector, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle: cer ar	ss per	son i	s both	n an	compensation	compensation	amount of
	week				liecto	i/iius		from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	trus		ee	npen		1099-NEC)	1099-INEC)	organization and related
	below	lual ti	tiona		nploy	st cor yee	L	1000 NEOF		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) TRAY WADE	4.00				×	1 0				
PRESIDENT & CEO	36.00			x				0.	383,593.	16,873.
(2) LYNN MICHL	4.00								,	, ,
VICE PRESIDENT & CFO	36.00			x				0.	231,424.	16,903.
(3) JIM KNOEPFLER	4.00									
VICE PRESIDENT, ADMINISTRA	36.00			х				0.	168,225.	19,278.
(4) JULIE MATTERNAS	40.00		Γ.							
EXECUTIVE DIRECTOR	0.00			х				0.	133,745.	9,923.
(5) BRANDON FOLDES	1.00									
BOARD CHAIR		х		х				0.	0.	0.
(6) BILL WARNER JR.	1.00									
PAST BOARD CHAIR		Х		х				0.	0.	0.
(7) ANN TORRY	1.00									
BOARD SECRETARY		х		х				0.	0.	0.
(8) CHRIS BRENDA	1.00									
BOARD TREASURER		Х		х				0.	0.	0.
(9) KATIE ADAMS	1.00									
TRUSTEE (TERM ENDED 2/2023)	1.00	х	<u> </u>					0.	0.	0.
(10) BILLY BACKER	1.00									0
TRUSTEE	1 00	Х						0.	0.	0.
(11) ERIN BAILEY TRUSTEE	1.00	x						0.	0.	0
(12) RYAN BOYINGTON	1.00	^	-					· ·	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
(13) KELLY CALDBECK	1.00	л						· · ·	••	0.
TRUSTEE	1.00	x						0.	0.	0.
(14) HOWARD EATON	1.00									••
TRUSTEE		x						0.	0.	0.
(15) LACEY GRUBB	1.00							¦``		
TRUSTEE		x						0.	0.	0.
(16) RENEE HAMLEN	1.00									•
TRUSTEE		x						0.	0.	0.
(17) MELISSA KNUTSON	1.00									
TRUSTEE		х						0.	0.	0.
000007 10 10 00										Form 990 (2022)

	CENTRAL IOWA	FO	UND.	ATI	ON				42-12	3974	3	P	age 8
Part VII Section A. Officers, Directors, Tr	ustees, Key Emp	ploy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do not check more than one							Reportable	.	Es	timate	ed
	hours per	box	, unles	ss per	rson i	is both pr/trus	n an	compensation	compensatio	I	an	nount	of
	week			uau	reciu)/irus	lee)	- from	from related			other	
	(list any hours for	irecto						the	organization			pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om th anizat	
	organizations	ruste	l trus		ee	npen		1099-NEC)	1033-1120)		•	d relat	
	below	ndividual trustee or director	nstitutional trustee	_	nploy	st coi	5	/ /				anizati	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former				5		
(18) MATT KOOPMAN	1.00												
TRUSTEE		х						0.		٥.			0.
(19) ALI PAYNE	1.00												
TRUSTEE		Х						0.		0.			0.
(20) JACKIE ROLOW	1.00									Ť			
TRUSTEE		Х						0.		٥.			٥.
(21) ELISABETH SANDERSFELD	1.00												
TRUSTEE		Х						0.		٥.			0.
(22) APRIL SCHMALTZ	1.00												
TRUSTEE		х						0.		٥.			٥.
(23) JEN STANBROUGH	1.00												
TRUSTEE (TERM ENDED 2/2023)	1.00	Х				-		0.		0.			٥.
(24) KIM WILLIS	1.00												0
TRUSTEE		Х				-		0.		0.			٥.
								\mathbf{N}					
1b Subtotal								0.	916,	987		62	977.
1b Subtotal c Total from continuation sheets to Part	VII Section A							0.	510,	0.		•=,	0.
							••	0.	916,	987.		62	977.
2 Total number of individuals (including but		ose	liste	d at		 .) wh	o re	eceived more than \$100	,			,	-
compensation from the organization	C					,				-			0
												Yes	No
3 Did the organization list any former office	er, director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on	ſ			
line 1a? If "Yes," complete Schedule J for	r such individual						-		-		3		х
4 For any individual listed on line 1a, is the	sum of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization	···· [
and related organizations greater than \$1	50,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual	-		4	Х	
5 Did any person listed on line 1a receive o													
rendered to the organization? If "Yes." co	omplete Schedule	e J fo	or sı	ich i	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest of	compensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	6100,000 of comp	oensat	ion fro	om	
the organization. Report compensation for	or the calendar ye	ear e	endir	ıg w	ith c	or wi	thin	the organization's tax y	ear.				
(A) Name and busine								(B) Description of s	ar iooo	0)		~
Name and busine		NO	NE					Description of s	services	0	ompe	nsatio	
2 Total number of independent contractors	(including but no	ot lin	nited	to to	thos	se lis	ted	above) who received m	ore than				
\$100.000 of compensation from the orga	nization				(0							

		(2022) HOSPICE OF CENTRAL IOWA FO	OUNDATI	ON		42-123974	8 Page 9
Ра	rt VI	II Statement of Revenue					_
		Check if Schedule O contains a response or note to	to any line	in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	a Federated campaigns 1a 92'	27,259.				
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	Membership dues 1b					
ng B	Ċ		28,456.				
ifts, r A		Related organizations 10					
, G	é						
Sir	f	All other contributions, gifts, grants, and					
her			55,660.			4	
ot	ç						
Con	ł	Total. Add lines 1a-1f		1,911,375.			
0.0			ess Code			\mathbf{O}	
Ð	2 8	a					
vic	_ k						
Ser	c						
Program Service Revenue	Ċ						
Be	e						
Pro	f	All other program service revenue					
	ç	— • • • • • • • • • • • • • • • • • • •					
	3	Investment income (including dividends, interest, and					
		other similar amounts)		592,246.			592,246.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			ersonal				
	6 a	a Gross rents 6a					
	k	b Less: rental expenses 6b					
	c						
	c	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities (ii) C	Other				
		assets other than inventory 7a 6,451,355.					
	k	Less: cost or other basis					
enue		and sales expenses					
ven	c	Gain or (loss)					
Re		I Net gain or (loss)		-142,303.			-142,303.
Other Rev	8 a	Gross income from fundraising events (not					
ð		including \$128,456. of					
		contributions reported on line 1c). See					
		/	57,884.				
			55,964.				
		Net income or (loss) from fundraising events		101,920.			101,920.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold					
		Net income or (loss) from sales of inventory	ess Code				
sn							
leo(11 a						
Miscellaneous Revenue	k						
sce Bev							
Ï		All other revenue					
	12	Total. Add lines 11a-11d Total revenue. See instructions		2,463,238.	0.	0.	551,863.
	14			-,,	••	· · ·	,

HOSPICE OF CENTRAL IOWA FOUNDATION

42-1239748 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (B) (D) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 1,682,846 1,682,846 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 122,045 450 trustees, and key employees 92,595. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 258,322 Other salaries and wages 62,334 195,988. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 39,668 12,714 26,954. Other employee benefits 9 7,028 29,125 22,097. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 18,000 18,000, С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 245,669 221,486 24,183. column (A), amount, list line 11g expenses on Sch 0.) 5,610 5,610. Advertising and promotion 12 26,480. 26,480. Office expenses 13 Information technology 14 15 Royalties 12,426. 12,426 Occupancy 16 3,258, 786. 2,472. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates ... 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) а b С d 2,047 2,047 All other expenses е 2,445,496 1,682,846 366,271 396,379. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

HOSPICE OF CENTRAL IOWA FOUNDATION
ince Sheet
k if Schedule O contains a response or note to any line in this Part X
- non-interest-bearing
gs and temporary cash investments
es and grants receivable, net
unts receivable, net

Pa		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part >		<u></u>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Cash - non-interest-bearing Savings and temporary cash investments		2	66,858,
	3	Pledges and grants receivable, net	······	3	236,675.
	4	Accounts receivable, net	······ /	4	138,741
	5	Loans and other receivables from any current or former officer, director,			,
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disgualified persons (as defined			4
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
6	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
		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	15,367,980.	11	16,471,079
	12	Investments - other securities. See Part IV, line 11		12	651,697
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	17,565,050
	17	Accounts payable and accrued expenses		17	50,928
	18	Grants payable		18	
	19	Deferred revenue		19	37,500
	20	Tax-exempt bond liabilities		20	
	21	Francisco en estado de la constructura de la construction de la Constr		21	
ß	22	Loans and other payables to any current or former officer, director,			
itie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ĕ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	77,235,
	26	Total liabilities. Add lines 17 through 25	680,760.	26	165,663
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
aŭ	27	Net assets without donor restrictions	14,502,371.	27	15,405,095
Ba	28	Net assets with donor restrictions	1,916,883.	28	1,994,292
pur		Organizations that do not follow FASB ASC 958, check here			
Ĕ.		and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31			31	
Net	32	Total net assets or fund balances		32	17,399,387.
	33	Total liabilities and net assets/fund balances		33	17,565,050.

Form 990 (2022)

Form 990 (2022)

Part X Bala

 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)) 	I 2 3 4 5 6 7 3	2	,445, 17, ,419,	238. 496. 742. 254. 391.
1 Total revenue (must equal Part VIII, column (A), line 12) 1 2 Total expenses (must equal Part IX, column (A), line 25) 2 3 Revenue less expenses. Subtract line 2 from line 1 2 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 2 5 Net unrealized gains (losses) on investments 2 6 Donated services and use of facilities 2 7 Investment expenses 2 8 Prior period adjustments 2 9 Other changes in net assets or fund balances (explain on Schedule O) 2 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 2	I 2 3 4 5 6 7 3	2	,445, 17, ,419,	496.
2 Total expenses (must equal Part IX, column (A), line 25) 2 3 Revenue less expenses. Subtract line 2 from line 1 2 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 2 5 Net unrealized gains (losses) on investments 2 6 Donated services and use of facilities 2 7 Investment expenses 7 8 Prior period adjustments 2 9 Other changes in net assets or fund balances (explain on Schedule O) 2 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 2	2 3 4 5 7 7	2	,445, 17, ,419,	496.
2 Total expenses (must equal Part IX, column (A), line 25) 2 3 Revenue less expenses. Subtract line 2 from line 1 2 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 2 5 Net unrealized gains (losses) on investments 2 6 Donated services and use of facilities 2 7 Investment expenses 7 8 Prior period adjustments 2 9 Other changes in net assets or fund balances (explain on Schedule O) 2 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 2	2 3 4 5 7 7	2	,445, 17, ,419,	496.
 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 	3 4 5 6 7 3		17, ,419,	742.
 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 	5 5 7 8	16	,419,	254.
5 Net unrealized gains (losses) on investments E 6 Donated services and use of facilities E 7 Investment expenses F 8 Prior period adjustments E 9 Other changes in net assets or fund balances (explain on Schedule O) E 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, E	5 5 7 8	16		
 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,) 7 3		962,	391.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	3			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 9	3			
9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	<u>, </u>			
				٥.
Column (B))		17	.399.	387.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				
			Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	′ Г			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
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	·····			
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 bas				
consolidated basis, or both:				
Separate basis X Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au	dit			
review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedul		20		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	00.			
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? 		ou		
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			990	(2022)
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Onen to Public

Inspection

Name o	of the organization							identification number		
		E OF CENTRAL IO						42-1239748		
Part	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The org	anization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)					
1	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).				
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)						
3	A hospital or a cooperative	hospital service orga	nization described in so	ection 170	(b)(1)(A)(ii	ii).				
4	A medical research organiz					•	(iii). Enter	the hospital's name.		
• –	city, and state:		,							
5	An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a do	vernmental u	nit describe	ed in		
5	section 170(b)(1)(A)(iv). (C		lege of aniversity owned		ca by a go					
c [antal wait described in	anation 17	70/6//4//4/	()				
6	A federal, state, or local gov	-						and the state of the state		
7 X	- 0		ntial part of its support fi	rom a gove	ernmental	unit or from tr	ie general p	Dublic described in		
• □	section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	_ ·			-						
9 🗌	An agricultural research org									
	or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
	university:									
10	An organization that norma									
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of its	s support f	rom gross investment		
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	ifter June 30, 1975.		
_	_ See section 509(a)(2). (Co		(
11	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).				
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
	more publicly supported or	ganizations describe	d in section 509(a)(1) c	r section	509(a)(2).	See section &	509(a)(3). (Check the box on		
_	lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	12g.			
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving		
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	Ipporting		
	organization. You must c	omplete Part IV, Se	ctions A and B.							
b [Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ring		
	control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported		
	organization(s). You mus	t complete Part IV,	Sections A and C.							
с [Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,		
	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.				
d [Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its suppor	ted organiz	zation(s)		
	that is not functionally int									
	requirement (see instruct	ons). You must con	nplete Part IV, Sections	A and D,	and Part	v .				
еГ	Check this box if the orga	· ·					I. Type III			
	functionally integrated, or					51 , 51	, ,,			
f Ei	nter the number of supported of	51		· · · · · · · · · · · · · · · · · · ·						
	rovide the following information	•	d organization(s).							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other		
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)		
			above (see instructions)							
Tata'										
Total								1		

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	fails to qualify under the tests	listed below, plea	se complete Part II	I.)			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,104,567.	3,761,046.	3,758,747.	3,423,401.	2,072,024.	15,119,785.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					4	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,104,567.	3,761,046.	3,758,747.	3,423,401.	2,072,024.	15,119,785.
5	The portion of total contributions					\sim	
	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,				$\langle \rangle$		
	column (f)						327,263.
	Public support. Subtract line 5 from line 4.						14,792,522.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,104,567.	3,761,046.	3,758,747.	3,423,401.	2,072,024.	15,119,785.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	328,575.	106,872.	388,598.	1,094,917.	592,246.	2,511,208.
9							
	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.)	48,474.	18,582.	40,617.	340,314.	157,884.	605,871.
	Total support. Add lines 7 through 10						18,236,864.
12						12	
13	First 5 years. If the Form 990 is for the						
80	organization, check this box and stop						
	ction C. Computation of Publi						01 11 0/
	Public support percentage for 2022 (I					14	81.11 % 82.14 %
	Public support percentage from 2021					15	/
102	a 33 1/3% support test - 2022. If the o	-					T
	stop here. The organization qualifies		•				······
Ľ	33 1/3% support test - 2021. If the o	-					
47	and stop here. The organization qual						
1/8	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te	•	•		•	To and line 15 is 1	
Ľ	10% -facts-and-circumstances test more and if the organization mosts the	-					U% UI
	more, and if the organization meets the	ie lacis-anu-circum	istances test, chec	n unis dox suo st	op nere. ⊏xpiaiñ li	i rait vi now the	

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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Schedule A (Form 990) 2022

%

%

Schedule A (Form 990) 2022 Part II

A (Form 990) 2022				FOUNDATION		42-123974
Support Schedule	for Organizat	tions Des	cribe	ed 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

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-					7	
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf					\mathbf{D}	
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge \dots						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			5			
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		(-) 0010	(1) 0010	(-) 0000	(.)) 0001	(-) 0000	(1) T . + .
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		2				
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VL)						
	Total support. (Add lines 9, 10c, 11, and 12.)			for which an COUL to	 		
14	First 5 years. If the Form 990 is for the	0					
Sa	check this box and stop here						
	•			(f)		45	
	Public support percentage for 2022 (-			15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves		•	10			
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						is not
ŀ	more than 33 1/3%, check this box as 33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization			•		•	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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га	Supporting Organizations (continued)			
			Yes	N
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
ec	tion B. Type I Supporting Organizations		-	
			Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations		-	
			Yes	Ν
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ec	tion D. All Type III Supporting Organizations			
			Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
ec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	N
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
,				

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "*Yes*" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

3b | Schedule A (Form 990) 2022

3a

(Form 990) 2022				IOWA	FOUNDATION
Supporting Organiza	ations _{(Co}	ontii	nued)		

Schedule A

Part IV

Sche	dule A (Form 990) 2022 HOSPICE OF CENTRAL IOWA FOUNDATION			42-1239748	Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting (Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying to	rust or	n Nov. 20, 1970 (<i>explain in</i> F	Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations must co		,		
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):		•		
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally in	ntegra	ted Type III supporting organ	nization (see	
	instructions)				

Schedule A (Form 990) 2022

c Excess from 2020 d Excess from 2021 e Excess from 2022

	dule A (Form 990) 2022 HOSPICE OF CENTRAL 3				42-1239748	Page
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continue}	<u>d)</u>		
ecti	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1		
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
0	Line 8 amount divided by line 9 amount		!	10		
		(i)	(ii) Underdistributions		(iii) Distributab	
ecti	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2022		Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - <i>explain in</i> Part VI). See instructions.					
	Excess distributions carryover, if any, to 2022					
	From 2017					
	From 2018					
	From 2019					
	From 2020					
	From 2021					
	Total of lines 3a through 3e					
_	Applied to underdistributions of prior years			_		
	Applied to 2022 distributable amount					
<u> </u>	Carryover from 2017 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
6	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, <i>explain in</i>					
7	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
		I		-		
	and 4c.					
8	Breakdown of line 7: Excess from 2018					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 HOSPICE OF CENTRAL IOWA FOUNDATION 42-1239748 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	on C,
\sim	
<u>C</u>	

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

Department of the Treasury Inte

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

2022

n number

Internal Revenue Service		
Name of the organization		Employer identification nur
НО	SPICE OF CENTRAL IOWA FOUNDATION	42-1239748
Organization type (check of		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	A
	527 political organization	\mathcal{A}
Form 990-PF	501(c)(3) exempt private foundation	<u> </u>
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	s covered by the General Rule or a Special Rule.	
Note: Only a section 501(c)	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	. See instructions.
General Rule	S	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling a contributor. Complete Parts I and II. See instructions for determining a contributor's	
, , , , ,		
Special Rules	.0	
	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to	
	and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Fe	
	, line 1. Complete Parts I and II.	
	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	
	g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scie	
	onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (en) instead of the contributor name and address), II, and III.	tering
For an organizatio	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	ny one contributor, during the
year, contribution	s exclusively for religious, charitable, etc., purposes, but no such contributions totaled mo	re than \$1,000. If this box
*	here the total contributions that were received during the year for an <i>exclusively</i> religious,	
	mplete any of the parts unless the General Rule applies to this organization because it re	,
religious, charitab	le, etc., contributions totaling \$5,000 or more during the year	\$
Caution: An organization t	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo	rm 990) but it must

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

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

IOSPICE	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
		\$100,00	00. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$60,00	Person X Payroll Noncash Image: Noncash Image: Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$40,00	0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$38,72	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$80,00	00. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	i	\$59,57	Person X Payroll

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

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$927,259	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$40,000	Person X Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$40,000	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number

me of or	ganization	Emp	bloyer identification numbe
SPICE (OF CENTRAL IOWA FOUNDATION		42-1239748
art II	Noncash Property (see instructions). Use duplicate copies of Pa	nt 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
		\$	4
(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. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2022)

	B (Form 990) (2022)			Page 4			
Name of o	rganization		Employer identification	1 number			
HOSPICE	OF CENTRAL IOWA FOUNDATION		42-1239748				
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 fo	or the year			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	through (e) and the following line ent	ry. For organizations				
	Use duplicate copies of Part III if additional s	pace is needed.					
(a) No. from							
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	¦a			
-		(.) Turne (
		(e) Transfer of gif					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
Ī	······································						
(a) No.							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	ld			
Part I							
		(e) Transfer of gif	t				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	ld			
Part I							
		(e) Transfer of gif	t				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	Id.			
Part I	(b) Fullpose of gift	(c) Use of gift		u			
ł		(e) Transfer of gif	t				
		. •					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
		[

		.					
	HEDULE D n 990)	Supplementa Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered "Y	es" on Form 990,		OMB No. 1545-0047	
	ment of the Treasury	Α	ttach to Form 990.		Open to Pub		
	I Revenue Service	Go to www.irs.gov/Form99	0 for instructions and	the latest information.		Inspection	
Nam	e of the organization	n HOSPICE OF CENTRAL IOWA FOU	NDATION	yer identification number 42-1239748			
Pa	rt I Organizat	tions Maintaining Donor Advise		Similar Funds or Ad	counts		
		answered "Yes" on Form 990, Part IV, lin					
	-		(a) Donor advi	sed funds	(b) Funds	and other accounts	
1	Total number at end	l of year			. ,		
2		contributions to (during year)					
3		grants from (during year)					
4		end of year				4	
5		inform all donors and donor advisors in v	writing that the assets	held in donor advised fund	ds		
	are the organization	's property, subject to the organization's	exclusive legal control	?		Yes No	
6	Did the organization	n inform all grantees, donors, and donor a	dvisors in writing that	grant funds can be used o	only		
	for charitable purpo	ses and not for the benefit of the donor o	r donor advisor, or for	any other purpose conferr	ing		
	impermissible privat					Yes No	
Pa	rt II Conserva	tion Easements. Complete if the org	ganization answered	res" on Form 990, Part IV	, line 7.		
1		rvation easements held by the organization	· · · · ·	<u> </u>			
	Preservation of	of land for public use (for example, recrea	tion or education)	Preservation of a histo	-		
	=	natural habitat	L	Preservation of a cert	ified histo	ric structure	
	Preservation of			\wedge			
2		nrough 2d if the organization held a qualif	ied conservation contr	ibution in the form of a co			
	day of the tax year.					eld at the End of the Tax Year	
a					2a		
b	-				2b		
C		ation easements on a certified historic structure			2c		
d		ation easements included in (c) acquired a		not on a	2d		
3		ted in the National Register		r torminated by the organi	<u> </u>	ring the tax	
3	year	ation easements modified, transferred, rei	eased, extinguished, o	r terminated by the organ	Ization du	ning the tax	
4	-	here property subject to conservation eas	ement is located				
5		on have a written policy regarding the per		ection, handling of			
•	0	rcement of the conservation easements it	la a la la O			Yes No	
6		hours devoted to monitoring, inspecting,					
			0	0		0,	
7	Amount of expense	 s incurred in monitoring, inspecting, hanc	lling of violations, and	enforcing conservation ea	sements o	during the year	
8	Does each conserva	ation easement reported on line 2(d) abov	e satisfy the requireme	ents of section 170(h)(4)(B)	(i)		
	and section 170(h)(4	4)(B)(ii)?				Yes No	
9	In Part XIII, describe	how the organization reports conservation	on easements in its rev	venue and expense statem	nent and		
	balance sheet, and	include, if applicable, the text of the footr	note to the organization	n's financial statements the	at describ	es the	
Dee		unting for conservation easements.					
Pa		ions Maintaining Collections of	-	reasures, or Other S	oimilar A	Assets.	
	X	he organization answered "Yes" on Form					
1 a	•	lected, as permitted under FASB ASC 95	•				
		sures, or other similar assets held for pub			nce ot put	DIIC	
•		Part XIII the text of the footnote to its finar			obset	orizo of	
b		lected, as permitted under FASB ASC 95					
		res, or other similar assets held for public	exhibition, education,	or research in furtherance	e ot public	service,	
	•	g amounts relating to these items:			φ.		
		ed on Form 990, Part VIII, line 1			•		
2	.,	l in Form 990, Part X eceived or held works of art, historical tre		assets for financial dain	_		
2		eceived or neid works of art, historical treats required to be reported under FASB A			provide		
а	•	n Form 990, Part VIII, line 1	•		\$		
-		···· , · • • • • • • • • • • • • • • • • •			······ * -		

 b
 Assets included in Form 990, Part X

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

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Sche	dule D (Form 990) 2022 HOSPICE OF	CENTRAL IOWA FO	DUNDATION		42-123	9748	Page 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tre	easures, or Othe	er Similar Assets	s (continu	ied)
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that make s	significant use of its		
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exc	hange program			
b	Scholarly research	е	Other				
с	Preservation for future generations						
4	Provide a description of the organization's c	ollections and explair	n how they further th	ne organization's exe	mpt purpose in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations o	of art, historical trea	sures, or other simila	r assets	_	
_	to be sold to raise funds rather than to be m					Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	on answered "Yes" o	n Form 990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa						
1a	Is the organization an agent, trustee, custod					_	
	on Form 990, Part X?				L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			• <u> </u>	
						Amount	
С	Beginning balance						
d	Additions during the year						
e	Distributions during the year				<u>1e</u>		
f	Ending balance				1 f		
	Did the organization include an amount on F				• • • • • • • • • • • • • • • • • • • •	Yes	No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete					<u></u>	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance	7,970,639.	8,940,239.		6,910,699.	-	565,147.
h	Contributions	135,851.	17_917.	218,505.			L15,716.
с С	Net investment earnings, gains, and losses	833,787.	-948,813.	1,875,803.	'		18,096.
d	Grants or scholarships						
	Other expenditures for facilities						
Ū	and programs	410,602.	38,704.		627,402.	2	288,260.
f	Administrative expenses				, ,		/
g	End of year balance	8,529,675.	7,970,639.	8,940,239.	6,845,931.	6,5	910,699.
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a)) held as:		i	
а	Board designated or quasi-endowment	94.8000	%	,,			
b	Permanent endowment 5.2000	%					
с	Term endowment	%					
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.					
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held ar	nd administered for t	he	_	
	organization by:					`	Yes No
	(i) Unrelated organizations					3a(i)	X
							X
b	If "Yes" on line 3a(ii), are the related organization					3b	
4	Describe in Part XIII the intended uses of the		wment funds.				
Par	t VI Land, Buildings, and Equipm						
	Complete if the organization answere	ed "Yes" on Form 990					
	Description of property	(a) Cost or o	• •		Accumulated	(d) Book	value
		basis (investr	nent) basis	(other) de	epreciation		
1a	Land						
b	Buildings						
	Leasehold improvements						
d	Equipment						
	Other				 		
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. column (B), line 1</u>	<u>0c.)</u>			٥.

Schedule D (Form 990) 2022

Dort VII Invootmonto	Othor Soouriti	00			
Schedule D (Form 990) 2022	HOSPICE OF	CENTRAL	IOWA	FOUNDATION	

Complete if the organization answered "Yes" on Form 990 Part IV line 11b, See Form 990 Part X line 12

Complete il the organization answered res			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-y	ear 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, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-y	ear market value
(1)	(-)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(2)			
(3)			
(4)(5)			
(5)			
(6)			
(7)			
(8)	(<u> </u>	
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	()		
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(1) D 1
(a)	Description		(b) Book value
(1)			
(2)	<u>S</u>		
(3)			
(4)			
(5)	1		
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	. 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO AFFILIATES			77,235.
(3)			· · · · ·
(4)			
(5)			
(6)			
(7)			
(8)			
(9) T			77 725
Total. (Column (b) must equal Form 990, Part X, col. (B) line			77,235.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements that re	ports the

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

Part VII Investments - Other Securities.

Sche	dule D (Form 990) 2022 HOSPICE OF CENTRAL IOWA FOUNDATION		42-1239748	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	а.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	
4		4a		
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)			
	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>		
b	Other (Describe in Part XIII.)			
_c	Add lines 4a and 4b			
5 Pai	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I. line 18.)</i> rt XIII Supplemental Information.		5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV/ lines 1h and 2h: Part V	/ line /: Part X line 2: P	art XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		v, iii le 4, Fait A, iii le 2, Fo	art Al,
11100				
PART	V, LINE 4:			
THE	ORGANIZATION'S ENDOWMENT FUNDS CONSIST OF NUMEROUS GIFTS ESTA	ABLISHED		
TO F	UND AND SUPPORT THE THE OPERATIONS OF EVERYSTEP.			
PART	Y X, LINE 2:			
THE	FOUNDATION IS EXEMPT FROM INCOME TAXES ON INCOME FROM RELATED)		
<u>х с</u> шт	WINTED DECENTON $501/0/2$ OF THE IL C. INTERNAL DEVENTE (
ACTI	VITIES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE C	LODE AND		
CORR	SESPONDING STATE TAX LAW. ACCORDINGLY, NO PROVISION HAS BEEN M	ADE FOR		
FEDE	RAL OR STATE INCOME TAXES.			
u.s.	GAAP REQUIRES THAT A TAX POSITION IS RECOGNIZED AS A BENEFIT	F ONLY IF		
IT I	S "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTA	AINED IN A		
TAX	EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR.	THE		
232054	4 09-01-22		Schedule D (For	rm 990) 202

2 Schedule D (Form 990) 20

Schedule D (Form 990) 2022 HOSPICE OF CENTRAL IOWA FOUNDATION	42-
Part XIII Supplemental Information (continued)	
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 FOUNDATION'S FORM 990 HAS NOT BEEN SUBJECT TO EXAMINATION BY THE	
INTERNAL REVENUE SERVICE OR THE STATE OF IOWA FOR THE LAST THREE YEARS.	
THE FOUNDATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX	
BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. THE FOUNDATION	0
RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN	
INCOME TAX EXPENSE. THE FOUNDATION DID NOT HAVE ANY AMOUNTS ACCRUED FOR	
INTEREST AND PENALTIES AT JUNE 30, 2023 OR 2022.	

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19 ,	or if the	20	22
Department of the Treasury Internal Revenue Service		Attach to Form 990						Open te Inspec	o Public
Name of the organization		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information	1.	Employer ic	-	
		CENTRAL IOWA FOUNDATION					42-1239		
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ne 1	7. Form 990-E	Z filers a	re not
 a X Mail solicitat b X Internet and c Phone solici d In-person so 	tions email solicitations tations licitations	f X Solicita g	ation of ation of I fundra	non-g gover ising (overnment grants nment grants events		1		
key employees list	ed in Form 990, P highest paid indiv	or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu organization.	orofessio	onal fi	undraising services?		X Ye		No No
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by fundraiser listed in col. (i)							tò (or i	mount paid retained by) anization	
KRIS M DEE - 922 5 WEST DES MOINES, I	1	CONTRACTED FUNDRAISING	Yes	No X	0.		0	•	44,590.
)				
				2					
			Р						
		G							
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
		0							
	$\overline{\diamond}$								
Total       3 List all states in whi	ich the organizatio	n is registered or licensed to solicit	contribu	utions	or has been notified	it is e	exempt from I	registratic	44,590. n
or licensing.									

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

HOSPICE OF CENTRAL IOWA FOUNDATION

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.
			<b>(a)</b> Event #1	(b) Event #2	(c) Other events	(d) Total events
			SIP SAVOR SUPPORT	GOOD GRIEF GOLF	1	(add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	206,635.	40,595.	39,110.	286,340.
	2	Less: Contributions	73,505.	26,250.	28,701.	128,456.
	3	Gross income (line 1 minus line 2)	133,130.	14,345.	10,409.	157,884.
	4	Cash prizes		1,983.	$\sim$	1,983.
	5	Noncash prizes				
senses	6	Rent/facility costs	14,404.	6,400.	1,182.	21,986.
Direct Expenses	7	Food and beverages	11,380.	2,795.	0	14,175.
Dir	8	Entertainment				
	9	Other direct expenses	10,950.	1,044.	5,826.	17,820.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			55,964.
		Net income summary. Subtract line 10 from lin				101,920.
Pa	rt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
nue		\$13,000 011 0111 350°L2, line ba.	<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	$\sim$			
se	2	Cash prizes	S			
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain: ______

232082 10-27-22

Yes

Yes

No

No

Sch	nedule G (Form 990) 2022 HOSPICE OF CENTRAL IOWA FOUNDATION 42	-123974	48	Page 3	;
11	Does the organization conduct gaming activities with nonmembers?		Yes	No	,
12	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?		Yes	No No	,
	Indicate the percentage of gaming activity conducted in:	1			
	a The organization's facility				6
	a An outside facility	13b		9	6
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes		'
	o If "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				
17	Mandatony distributions:				
17	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Yes		,
I	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—			
	organization's own exempt activities during the tax year \$				
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	'art III, lir	nes 9,	9b, 10b,	
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				_
					_
					-
	•				
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					-

Part IV	Supplemental Information (continued)
	1
	$\sim 0^{\circ}$
	$\sim$

SCHEDULE I (Form 990)											
(			ete if the organizatio					2022			
Department of the Treasury Internal Revenue Service		Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.									
Name of the organizat	ion HOSPICE OF CEN	NTRAL IOWA FOU	NDATION					Employer identification number 42-1239748			
Part I General II	nformation on Grants ar	nd Assistance									
1 Does the organiz	zation maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	วท			
criteria used to a	award the grants or assis	tance?						X Yes No			
	IV the organization's pro										
	d Other Assistance to E hat received more than \$	-					Yes" on Form 990, Part	IV, line 21, for any			
	ddress of organization vernment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance			
VISITING NURSE SI (DBA EVERYSTEP) - - DES MOINES, IA	- 3000 EASTON BLVD	42-0680446	501(C)(3)	1,682,846.	S	N/A	N/A	GENERAL SUPPORT			
- DES MOINES, IA	50517	42-0080440	501(0)(3)	1,002,040.	0.	N/A	N/A	GENERAL SUFFORI			
		•									
		8									
	<	$\mathcal{O}$									
2 Enter total numb	per of section 501(c)(3) ar	nd government org	anizations listed in th	e line 1 table	•		·	1.			
3 Enter total numb	per of other organizations	listed in the line 1	table					0.			
LHA For Paperwork	Reduction Act Notice,	see the Instruction	ons for Form 990.					Schedule I (Form 990) 2022			

				CO.	
			¢.		
			S		
		C			
Part IV Supplemental Information. Provide the information requ	uired in Part I, Iir	ne 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:		9			
ALL GRANTS GIVEN ARE REVIEWED AND APPROVED BY THE O	RGANIZATION	'S BOARD OF			
TRUSTEES. THE GRANTEE ORGANIZATIONS REPORT THE USE	OF FUNDS BAC	СК ТО ТНЕ			
ORGANIZATION'S BOARD OF TRUSTEES TO DOCUMENT THAT T	THE FUNDS WEF	RE USED FOR			
THE INTENDED PURPOSE.					
X					

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of

recipients

(c) Amount of

cash grant

(d) Amount of non-

cash assistance

**(e)** Method of valuation (book, FMV, appraisal, other)

(f) Description of noncash assistance

Sche	dule	l (Fo	orm	990)	20	)22	
		-					

22 HOSPICE OF CENTRAL IOWA FOUNDATION

(a) Type of grant or assistance

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees, Compensated Employees, Compensated Employees, Complete if the organization answered "Yes" on Form 990, Part IV, Iine 23, Match to Form 990. Name of the organization Name of the organization Name of the organization organization answered "Yes" on Form 990, Part IV, Iine 23, Match to Form 990. Name of the organization Name of the organization Name of the organization Name of the organization provided any of the following to or for a person listed on Form 990, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VI, Section A, 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 reinformers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors. 2 and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization allowing expenses incurred by all directors. 2 and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 4 During the year, did any person listed on Form 990, Part VII, Section A line 1a with respect to the filing organization or an elated organization. 4 During the year, did any person listed on Form 990, Part VII, Sec
Department of the Treative Internal Revise         Complete if the organization answered "Yes" on Form 990, Part N, line 23. Attach to Form 990. G to www.irs.gov/Form990 for instructions and the latest information.         Open to Public Impediation           Name of the organization         NoPFICE 0F CENTERAL IOWA FOUNDATION         Employer identification number 42-1239748           Part I         Questions Regarding Compensation         Yes         No           1a         Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these litems.         First-Class or charter travel         Housing allowance or residence of personal use Payments for business use or personal residence           Image: Travel for companions         Payments for business use or personal residence Travel for companions or all of the expenses described above? If "No." complete Part III to explain         1b           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         Id 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 estabilish compensation orthe CEO/Executive Director, but
Dependence         Open to Fublic Inspection           Name of the organization         Employer identification number 42-1239748           Dependence         Employer identification number 42-1239748           Part I         Questions Regarding Compensation         Yes         No           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.         Yes         No           Part I indemnification and grossup payments         Health or social club dues or initiation fees         Impediate box(es) if the organization provide above? If 'No,' complete Part III to provide above? If 'No,' complete Part III to explain         Impediate box(es)         Impediate box(es)           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         Impediate box(es)         Impe
Name of the organization       Los FICE OF CENTRAL I OWA FOUNDATION       Employer identification number 42-1239748         Part 1       Questions Regarding Compensation       42-1239748         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Compensation Payments for business use of personal use Payments for business use of personal residence         Image: Company payments       Health or social club dues or initiation fees       Discretionary spending account       Personal services (such as maid, chauffeur, cheft         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish the compensation of the OEO/Executive Director, but explain in Part III.       2         Compensation committee       Compensation committee       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 a related organization:       4a       X         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 organiz
BOSPICE OF CENTRAL IONA FOUNDATION     42-1239748  Part 1 Questions Regarding Compensation      Acheck 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.     Housing allowance or residence for personal use     Part and the compensation and gross-up payments     Health or social club dues or initiation fees     Discretionary spending account     Personal services (such as maid, chauffeur, chait)     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     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?     Did the following the organization used to establish the compensation of the organization to     establish compensation consultant     Compensation committee     Discretionary payment or change of control payment?     Approval by the board or compensation committee     Approval by the applic
Part I       Questions Regarding Compensation         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         Image: Comparison of the travel of the organization and gross-up payments       Image: Payments for business use of personal residence         Image: Comparison of the travel of the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incured by all directors.       1b         2       Indicate which, if any, of the following the organization used to establish the compensation of the compensation of the CEO/Executive Director, regarding the items checked on line 1a?       1b         2       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain IP art III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation committee       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A line 1a, with respect to the filing organization:       4a       X         4       During
1       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.       Yes       No         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Company Section 2000 (Section 2000) (Sec
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         Image: First-class or charter travel       Image: Payments for business use of personal use         Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companication and gross-up payments       Personal services (such as maid, chauffeur, cheft)         Image: Travel for companication 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?       Image: Travel for the following the organization used to establish the compensation organization to consultant<
Image: Constraint of the second se
Image:
Discretionary spending account       Personal services (such as maid, chauffeur, chaft         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?       1b         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       2         Independent compensation consultant       Compensation survey or study       6         Form 990 of other organization:       Approval by the board or compensation committee       4a         4 During the year, did any person listed on Form 990, Part VII, Section A line 1a, with respect to the filing organization:       4a       X         Approval by the board or receive payment from a supplemental nonqualified retirement plan?       4a       X         • Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         • Participate in or receive payment from an equity-based compensation arrangement?       4b       X         • Participate in or receive payment from an
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
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.       2         Compensation committee       Written employment contract       2         Independent compensation consultant       Compensation survey or study       3 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:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         f "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       0       0         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 compensatio
<ul> <li>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?</li> <li>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.</li> <li>Compensation committee</li> <li>Written employment contract</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>Participate in or receive payment or change-of-control payment?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation compensation contingent on the revenues of:</li> </ul>
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.       Image: Compensation committee       Image: Compensation commitee       Image: Compensation committee
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.       Image: Compensation committee       Image: Compensation commitee       Image: Compensation committee
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation committee       Image:
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation committee       Image:
establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation committee       Image: Written employment contract         Independent compensation consultant       Compensation survey or study       Image: Compensation committee       Image: 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:       Image: Compensation committee         a       Receive a severance payment or change-of-control payment?       Image: Compensation arrangement?       Image: Compensation arrangement?         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       Image: Compensation arrangement?       Image: Compensation arrangement?         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Compensation arrangement?       Image: Compensation arrangement?         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation compensation contingent on the revenues of:       Image: Compensation arrangement?       Image: Compensation arrangement and compensation arrangement?
<ul> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Independent compensation consultant</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>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:</li> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation compensation contingent on the revenues of:</li> </ul>
<ul> <li>Independent compensation consultant</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>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:</li> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation compensation contingent on the revenues of:</li> </ul>
<ul> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>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:</li> <li>Receive a severance payment or change-of-control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation compensation contingent on the revenues of:</li> </ul>
<ul> <li>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:</li> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> <li>if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>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:</li> </ul>
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       4       4       4       4
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       4       4       4       4
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       4       4       4       4       4       5
b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4
c       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.       4c       X         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:       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4       4
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:
<ul> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>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:</li> </ul>
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:
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:
contingent on the revenues of:
a The organization?
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: a The organization? 6a X
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.
<ul> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments</li> </ul>
not described on lines 5 and 6? If "Yes," describe in Part III
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2022

42-1239748

### 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	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	OX I		reported as deferred on prior Form 990
(1) TRAY WADE (i)	0.	0.	0.	0.	0.	0.	٥.
PRESIDENT & CEO (ii)		73,675.	828.	9,150.	7,723.	400,466.	٥.
(2) LYNN MICHL (i)		0.	0.	0.	0.	0.	٥.
VICE PRESIDENT & CFO (ii)		44,650.	2,376.	6,706.	10,197.	248,327.	٥.
(3) JIM KNOEPFLER (i)		0.	0.	0.	٥.	0.	٥.
VICE PRESIDENT, ADMINISTRA (ii)		28,500.	2,001.	5,294.	13,984.	187,503.	٥.
(i)							
(ii)							
(i)			S				
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)		V					
(ii)							
(i)		/					
(ii)		-					
(i)							
(ii)							
(i)							
(i)							
(i)							
(i) (ii)							
(i)							
(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	Supplemental Information to Form 990 or	990-F7	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific question		2022
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		Open to Public Inspection
Name of the organizatio	Go to www.irs.gov/Form990 for the latest information.	Employe	r identification number
	HOSPICE OF CENTRAL IOWA FOUNDATION	42-1	239748
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
THE OPERATIONS OF	VISITING NURSE SERVICES OF IOWA, DOING BUSINESS AS		
EVERYSTEP. THE MIS	SION OF EVERYSTEP IS TO EMPOWER INDIVIDUALS, SUPPORT		
FAMILIES AND STREN	GTHEN COMMUNITIES.		
		0	
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
PROGRAMS WHERE THE	NEED IS THE GREATEST.		
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
EVERYSTEP ACTS AS	A CRITICAL REFERRAL POINT TO OTHER COMMUNITY AND		
GOVERNMENTAL AGEN	TIES THAT HELP ENSURE ACCESS TO CARE AND SUPPORT FOR		
COMMUNITY MEMBERS	AND CLIENTS.		
DONOR SUPPORT HELI	S ENSURE ALL WHO NEED EVERYSTEP'S SERVICES ARE ABLE		
TO RECEIVE IT. FRO	M JULY 1, 2022 THROUGH JUNE 30, 2023, EVERYSTEP		
FOUNDATION WAS ABI	E TO PROVIDE CHARITY CARE AND QUALITY-OF-LIFE NEEDS		
TOTALING \$1,686,67	1. GRANTS FROM INDIVIDUAL, CORPORATE, COMMUNITY		
ORGANIZATIONS AND	GOVERNMENT FUNDERS HELP SUPPORT VITAL COMMUNITY-BASED		
PROGRAMS THAT SERV	E VULNERABLE POPULATIONS.		
	,		
741 EVERYSTEP VOLU	NTEERS DONATED 10,391 HOURS OF TIME TO THE		
ORGANIZATION'S MAN	Y PROGRAMS, EQUAL TO \$330,434 IN VALUE TO THE ENTIRE		
ORGANIZATION.			

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

42-1239748
<u> </u>
8
8
8

# 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 APPOINTED 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, ACQUISITION,
CONSOLIDATION, JOINT VENTURE, REORGANIZATION, RESTRUCTURING OR SIMILAR
EVENT, NOR SHALL IT BECOME A MEMBER, PARTNER, SHAREHOLDER, TRUSTEE OR OTHER
FIDUCIARY OF 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 OF 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 ADVISERS 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.

Schedule O (Form 990) 2022

HOSPICE OF CENTRAL IOWA FOUNDATION

Name of the organization

Page **2** 

Employer identification number

42-1239748

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization	Employer identification number
HOSPICE OF CENTRAL IOWA FOUNDATION	42-1239748
FORM 990, PART V, LINE 1A - FORM 1096 REPORTING - COMMON PAYMASTER	
VISITING NURSE SERVICES OF IOWA (EIN: 42-0680446) IS THE COMMON	
PAYMASTER FOR HOSPICE OF CENTRAL IOWA FOUNDATION; THEREFORE ALL	
VENDORS, INCLUDING INDEPENDENT CONTRACTORS, ARE PAID AND REPORTED BY	4
VICIAINO NUDCE CEDVICEC OF TOWN ON DEVALE OF AUECE NAMED ENALTIES	
VISITING NURSE SERVICES OF IOWA ON BEHALF OF THESE NAMED ENTITIES.	
FORM 990, PART V, LINE 2A - FORM W-3 AND W-2 REPORTING - COMMON PAYMASTER	$\sim$
REFER TO NARRATIVE FOR PART V, LINE 1A.	$\mathbf{O}$
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL OFFICERS AND MEMBERS OF THE BOARD OF TRUSTEES ARE REQUIRED TO PROMPTLY	
REPORT ANY ONGOING OR INCIDENTAL MATERIAL INTERESTS OR AFFILIATIONS WHICH	
COULD RESULT IN A POTENTIAL CONFLICT OF INTEREST. BOARD TRUSTEES ARE ALSO	
REQUIRED TO SIGN A CONFLICT OF INTEREST DECLARATION ANNUALLY, AND ALSO	
COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. ANY CONFLICTS ARE	
REPORTED TO THE BOARD CHAIR, CEO AND CFO TO DETERMINE IF ANY POTENTIAL OR	
ACTUAL CONFLICTS EXIST. ANY TRUSTEE	
DETERMINED TO HAVE A CONFLICT OF INTEREST IS REQUIRED TO ABSTAIN FROM ANY	
DECISION OR VOTING PROCESS RELATING TO THE CONFLICTING ISSUE.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES ARE PAID BY VISITING NURSE	
SERVICES OF IOWA (EIN: 42-0680446), A RELATED TAX-EXEMPT ORGANIZATION;	
THEREFORE LINES 15A AND 15B HAVE BEEN ANSWERED "NO" IN ACCORDANCE WITH THE	
FORM 990 INSTRUCTIONS. BELOW IS THE PROCESS USED BY VISITING NURSE SERVICES	
OF IOWA TO REVIEW AND APPROVE COMPENSATION FOR THE ORGANIZATION'S OFFICERS	

AND KEY EMPLOYEES.

Schedule O (Form 990) 2022 Name of the organization HOSPICE OF CENTRAL IOWA FOUNDATION	Page 2 Employer identification number 42-1239748
EVERY TWO YEARS, THE ORGANIZATION'S BOARD OF DIRECTORS ENGAGES AN	
INDEPENDENT COMPENSATION CONSULTANT TO PERFORM A COMPENSATION ANALYSIS	
JSING COMPARABILITY DATA FOR THE ORGANIZATION'S SENIOR OFFICERS. THE LAST	
SUCH STUDY WAS COMPLETED IN JUNE 2022 BY NEWPORT RETIREMENT SERVICES -	
CHICAGO. THE FINDINGS OF THE ANALYSIS ARE PRESENTED TO THE EXECUTIVE	
COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE MEMBERS USE	7
THE ANALYSIS TO REVIEW AND ESTABLISH THE AMOUNT OF COMPENSATION FOR THE	$\sim$
PRESIDENT & CEO. THE REVIEW PROCESS IS DOCUMENTED IN THE EXECUTIVE	V
COMMITTEE MEETING MINUTES.	
THE PRESIDENT AND CEO USE THE ANALYSIS TO REVIEW AND ESTABLISH COMPENSATION	
FOR THE FOLLOWING OFFICERS AND KEY EMPLOYEES: VICE PRESIDENT & CFO, VICE	
PRESIDENT OF ADMINISTRATION, AND THE CHIEF MEDICAL OFFICER. THE BOARD OF	
DIRECTORS HAS OVERSIGHT TO THE COMPENSATION SET BY THE PRESIDENT AND CEO.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON REQUEST.	
FORM 990, PART VII, SECTION A, LINE 1A -COMPENSATION PAID BY RELATED ENTITY	
THE ORGANIZATION'S OFFICERS ARE PAID BY VISITING NURSE SERVICES OF	
IOWA, A RELATED TAX EXEMPT ORGANIZATION, FOR SERVICES PROVIDED TO	
HOSPICE OF CENTRAL IOWA FOUNDATION AND VISITING NURSE SERVICES OF IOWA.	
PER THE FORM 990 INSTRUCTIONS, TOTAL COMPENSATION PAID BY VISITING	
NURSE SERVICES OF IOWA IS REPORTED IN ITS FORM 990, PART VII, SECTION	
A, LINE 1A, COLUMNS (D) AND (F); ADDITIONALLY, TOTAL COMPENSATION PAID	
BY VISITING NURSE SERVICES OF IOWA IS ALSO REPORTED IN HOSPICE OF	
CENTRAL IOWA FOUNDATION'S FORM 990, PART VII, SECTION A, LINE 1A,	
COLUMNS (E) AND (F) (AS COMPENSATION PAID BY A RELATED ORGANIZATION).	

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization HOSPICE OF CENTRAL IOWA FOUNDATION	Employer identification number 42-1239748
THE TIME EACH OFFICER DEVOTES TO EACH RESPECTIVE ORGANIZATION IS SHOWN	
IN FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (B).	
FORM 990, PART VII, SECTION B, LINE 1 - INDEPENDENT CONTRACTORS:	
VISITING NURSE SERVICES OF IOWA (EIN: 42-0680446) IS THE PARENT	
ORGANIZATION TO AND COMMON PAYMASTER FOR HOSPICE OF CENTRAL IOWA	4
FOUNDATION; THEREFORE ALL VENDORS, INCLUDING INDEPENDENT CONTRACTORS,	$\mathbf{X}$
ARE PAID AND REPORTED BY VISITING NURSE SERVICES OF IOWA ON BEHALF OF	<u> </u>
THESE NAMED ENTITIES. INDEPENDENT CONTRACTOR INFORMATION IS ENTERED IN	
PART VII, SECTION B, AT THE ORGANIZATIONAL LEVEL AS THE PAYMENTS RELATE	
TO EACH ENTITY'S BUSINESS.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES 0.	
MANAGEMENT AND GENERAL EXPENSES 221,486.	
FUNDRAISING EXPENSES 24,183.	
TOTAL EXPENSES 245,669.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 245,669.	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Comple	Related Organizations te if the organization answered "Y Attac Go to www.irs.gov/Form990 for	OMB No. 154	22 Public				
Name of the organiza	ation HOSPICE OF CENTRAL IC	•		mornation		Employer id 42-12	dentification n	
Part I Identifica	ation of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.	7			
	<b>(a)</b> Idress, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	or (d) Total inco	(e) End-of-year		<b>(f)</b> Direct controllin entity	g
		-						
			S					
Identifica	ation of Related Tax-Exempt Organiza	tions. Complete if the organization a	answered "Yes" on Form 990	) Part IV line 34 t	pecause it had one	or more related t	ax-exempt	
	ions during the tax year.			T	1	1		
	<b>(a)</b> ame, address, and EIN f related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct contro entity	lling _{con}	(g) 512(b)(13) trolled htity?
	RAL IOWA, DBA EVERYSTEP; HCI 42-1093718, 3000 EASTON MOINES, IA 50317-3124	HOSPICE/HEALTH CARE	IOWA	501(C)(3)	LINE 10	HCI VNS CARE SERVICES		x
EVERYSTEP - 42-	SERVICES OF IOWA, DBA 0680446, 3000 EASTON MOINES, IA 50317	HOSPICE, HEALTHCARE, HEALTH AND HEALTH RELATED SERVICES	IOWA	501(C)(3)	LINE 7	N/A		x
	RVICES, DBA EVERYSTEP - 0 EASTON BOULEVARD, DES 17-3124	ADMINISTRATIVE AND MANAGEMENT SERVICES (MSO)	IOWA	501(C)(3)	LINE 12B, II	N/A		x

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)	(h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	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? Yes No	amount in box 20 of Schedule	managing partner?	Percenta ownersh
	-					R				
	-					5				
	-				S-×					
	-									
t IV Identification of Related Or organizations treated as a co	rganizations Taxable	as a Corpo	ration or Trust. Co /ear.	omplete if the organizat	ion answered "Yes	s" on Form 990, Pa	art IV, line 34	4, because it had c	one or mo	ore relate
(a)			(b)	(c) (d)	(e	) (f		(g)	(h)	(i)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	<b>i)</b> tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b contr enti	o)(13) olled ity?
		country)		01 (1000)		400010		Yes	No

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

				<b></b>				
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<b>1</b> a	x	X				
	Gift, grant, or capital contribution to related organization(s)							
С	Gift, grant, or capital contribution from related organization(s)							
	Loans or loan guarantees to or for related organization(s)	1d	x	X				
е	e Loans or loan guarantees by related organization(s)							
f	Dividends from related organization(s)	1f		X X				
g	g Sale of assets to related organization(s)							
h	Purchase of assets from related organization(s)	1h		X X				
i	i Exchange of assets with related organization(s)							
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X				
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		X				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X				
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
o	Sharing of paid employees with related organization(s)	10		X				
р	Reimbursement paid to related organization(s) for expenses	1p	Х					
q	Reimbursement paid by related organization(s) for expenses	1q		X				
r	Other transfer of cash or property to related organization(s)	1r		X				
<u> </u>	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 who must complete this line, including covered relationships and transaction thresholds.							
	(a) (b) (c) (d)							
	Name of related organization Transaction Amount involved Method of determining amount invo	unt involved						
	type (a-s)							
<u>(1)</u>								
(2)								
(3)								
<u>(4)</u>								
<u>(5)</u>								
(6)								

### Schedule R (Form 990) 2022 HOSPICE OF CENTRAL IOWA FOUNDATION

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c)( orgs.	Share of	Share of	Dispropo tionate allocation		General o	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.		end-of-year assets		of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes N	No	255615	Yes N	o (Form 1065)	Yes NO	
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			C							
			C							
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Schedule R (Form 990) 2022

# Schedule R (Form 990) 2022 HOSPIC Provide additional information for responses to questions on Schedule R. See instructions. 1