

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 20 17

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization HOSPICE OF CENTRAL IOWA
 Doing business as HCI CARE SERVICES
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3000 EASTON BOULEVARD
 City or town, state or province, country, and ZIP or foreign postal code
DES MOINES, IA 50317-3124

D Employer identification number
42-1093718

E Telephone number
(515) 274-3400

F Name and address of principal officer: TRAY WADE
SAME AS C ABOVE

G Gross receipts \$ 22,968,099

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ HTTPS://WWW.HCICARESERVICES.ORG/

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1978

M State of legal domicile: IA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>HCI CARE SERVICES' MISSION IS "PROMOTING DIGNITY, INDEPENDENCE AND QUALITY OF LIFE THROUGH COMPASSIONATE AND EFFECTIVE COMMUNITY BASED CARE."</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	301
	6	Total number of volunteers (estimate if necessary)	6	425
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>1,143,027</u>	Current Year <u>1,184,898</u>
	9	Program service revenue (Part VIII, line 2g)	<u>16,610,872</u>	<u>16,608,547</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>525,895</u>	<u>594,016</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>(71,480)</u>	<u>208,226</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>18,208,314</u>	<u>18,595,687</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>21,769</u>	<u>24,267</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>10,424,057</u>	<u>10,643,219</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>191,767</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>8,015,134</u>	<u>8,241,084</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>18,460,960</u>	<u>18,908,570</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>(252,646)</u>	<u>(312,883)</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>23,329,804</u>	End of Year <u>23,765,678</u>
	21	Total liabilities (Part X, line 26)	<u>3,257,630</u>	<u>3,587,012</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>20,072,174</u>	<u>20,178,666</u>

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: _____
KELLY DENNIS, VICE PRESIDENT AND CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: NICOLE BENCIK Preparer's signature: Nicole Bencik Date: 12/18/2017 Check if self-employed PTIN: P00756195

Firm's name ▶ CROWE HORWATH LLP Firm's EIN ▶ 35-0921680

Firm's address ▶ 225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224 Phone no. (312) 899-7000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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

(Rev. January 2017)

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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

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

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

Type or print File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. HOSPICE OF CENTRAL IOWA	Employer identification number (EIN) or 42-1093718
	Number, street, and room or suite no. If a P.O. box, see instructions. 3000 EASTON BOULEVARD	Social security number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions. DES MOINES, IA 50317-3124		

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► KELLY DENNIS

Telephone No. ► (515) 333-4246 Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 20 18, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 ____ or

► tax year beginning 07/01, 20 16, and ending 06/30, 20 17.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

HCI CARE SERVICES PROVIDES END-OF-LIFE CARE FOR INDIVIDUALS AND FAMILIES LIVING WITH A SERIOUS ILLNESS. THESE SERVICES PROVIDE PHYSICAL, EMOTIONAL, SOCIAL AND SPIRITUAL CARE FOR PATIENTS WITH A LIMITED LIFE EXPECTANCY.

(CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 16,231,288 including grants of \$ 24,267) (Revenue \$ 16,615,543)

DONOR SUPPORT HELPS ENSURE ALL WHO NEED HCI CARE SERVICES' CARE RECEIVE IT. FROM JULY 1, 2016, THROUGH JUNE 30, 2017, QUALIFYING HCI CARE SERVICES PATIENTS IN NEED RECEIVED CHARITY CARE AT AN ESTIMATED COST OF APPROXIMATELY \$345,000. HCI CARE SERVICES ALSO RECEIVES SIGNIFICANT IN-KIND DONATIONS OF TIME AND EFFORT THROUGH ITS VOLUNTEERS. IN THE YEAR ENDING JUNE 30, 2017, MORE THAN 550 VOLUNTEERS DONATED 14,068 VOLUNTEER HOURS, EQUAL TO \$339,602 IN VALUE TO THE ORGANIZATION.

HCI CARE SERVICES OFFERS THE FOLLOWING SERVICES.

HCI HOSPICE CARE SERVICES:

- HCI HOSPICE CARE SERVICES IS A NON-PROFIT, COMMUNITY-BASED SERVICE SERVING 41 COUNTIES.

(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 16,231,288

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		✓
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	✓	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	✓	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a through 14b with various tax-related questions and numerical inputs.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
15a	The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
15b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process in 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?		<input checked="" type="checkbox"/>
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 KELLY DENNIS, 3000 EASTON BOULEVARD, DES MOINES, IA 50317-3124, (515) 333-4246

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GRAHAM COOK PAST CHAIR	1.0 2.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	
(2) DEBRA MILLIGAN BOARD CHAIR	1.0 2.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	
(3) JOHN PITTMAN BOARD SECRETARY	1.0 2.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	
(4) JESSE WURTH BOARD TREASURER	1.0 2.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	
(5) PAT BARRY DIRECTOR	1.0 2.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	
(6) MARK BEERMAN DIRECTOR	1.0 2.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	
(7) NICK HENDERSON DIRECTOR	1.0 2.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	
(8) GARY HOFF DIRECTOR	1.0 2.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	
(9) CONNIE ISAACSON DIRECTOR (TERM ENDED 9/2016)	1.0 2.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	
(10) KENT MAUCK DIRECTOR (TERM ENDED 9/2016)	1.0 2.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	
(11) JOHN PAULE DIRECTOR	1.0 2.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	
(12) REBECCA PURNELL DIRECTOR	1.0 2.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	
(13) JUDITH RALSTON-HANSEN DIRECTOR	1.0 2.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	
(14) SALLY REAVELY DIRECTOR	1.0 2.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	0 0	0 0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) PRISCILLA RUHE DIRECTOR	1.0 2.0	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	
(16) SCOTT SHUCK DIRECTOR	1.0 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	
(17) TOM TEMPLE DIRECTOR	1.0 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	
(18) KATIE TURNER DIRECTOR	1.0 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	
(19) KIM WILLIS DIRECTOR	1.0 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	
(20) BRAD WYCOFF DIRECTOR	1.0 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	
(21) TRAY WADE PRESIDENT & CEO	23.0 17.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	220,056	18,419	
(22) NORENE MOSTKOFF PRESIDENT & CEO (TERM ENDED 9/2016)	23.0 17.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	171,231	18,157	
(23) KELLY DENNIS VICE PRESIDENT & CFO	23.0 17.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	160,858	15,336	
(24) JIM KNOEPFLER VICE PRESIDENT, ADMINISTRATION	23.0 17.0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	94,310	26,283	
(25) THOMAS MOUSER CHIEF MEDICAL OFFICER	40.0 0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	221,237	0	28,777	
1b Sub-total							221,237	646,455	106,972	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							221,237	646,455	106,972	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HCI VNS CARE SERVICES, 3000 EASTON BOULEVARD, DES MOINES, IA 50317-3124	ADMINISTRATIVE OVERHEAD SUPPORT	1,584,043

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 1

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 131,359					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d 698,078					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 355,461					
	g	Noncash contributions included in lines 1a-1f: \$	338,558					
	h	Total. Add lines 1a-1f ▶		1,184,898				
Program Service Revenue	2a	<u>PATIENT SERVICE REVENUE</u>	Business Code 621610	16,608,547	16,608,547			
	b	-----						
	c	-----						
	d	-----						
	e	-----						
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f ▶		16,608,547				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		133,000			133,000	
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
	6a	Gross rents	(i) Real	(ii) Personal				
			b Less: rental expenses					
			c Rental income or (loss)	0	0			
			d Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales expenses	3,915,134	678,960			
			c Gain or (loss)	3,512,019	621,059			
			d Net gain or (loss) ▶	403,115	57,901	461,016		461,016
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a						
	b	Less: direct expenses b						
	c	Net income or (loss) from fundraising events . . ▶						
	9a	Gross income from gaming activities. See Part IV, line 19 a						
	b	Less: direct expenses b						
	c	Net income or (loss) from gaming activities . . ▶						
10a	Gross sales of inventory, less returns and allowances a							
		b Less: cost of goods sold b	440,564	239,334				
		c Net income or (loss) from sales of inventory . . ▶			201,230		201,230	
Miscellaneous Revenue		Business Code						
11a	<u>OTHER REVENUE</u>	900099	6,996	6,996				
b	-----							
c	-----							
d	All other revenue		0	0	0	0		
e	Total. Add lines 11a-11d ▶		6,996					
12	Total revenue. See instructions. ▶		18,595,687	16,615,543	0	795,246		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	24,267	24,267		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	284,256	284,256		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,450,451	8,070,853	379,598	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	186,886	186,886		
9 Other employee benefits	1,049,988	836,906	213,082	
10 Payroll taxes	671,638	599,339	72,299	
11 Fees for services (non-employees):				
a Management				
b Legal	2,103	2,103		
c Accounting	105,639	56,744	48,895	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,909,476	323,235	1,586,241	
12 Advertising and promotion				
13 Office expenses	342,946	331,786	11,160	
14 Information technology	79,214	77,200	2,014	
15 Royalties				
16 Occupancy	389,513	332,157	57,356	
17 Travel	634,019	626,841	7,178	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,140	5,140		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	524,140	503,509	20,631	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>CONTRACTED FACILITY AND ROOM & BOARD</u>	2,187,898	2,187,898		
b <u>PHARMACY & DIRECT PATIENT SUPPLIES</u>	825,585	825,585		
c <u>MEDICAL EQUIPMENT</u>	476,279	476,279		
d <u>PATIENT CARE</u>	401,150	401,091	59	
e All other expenses	357,982	79,213	87,002	191,767
25 Total functional expenses. Add lines 1 through 24e	18,908,570	16,231,288	2,485,515	191,767
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,475	1	2,775
	2 Savings and temporary cash investments	22,203	2	176,978
	3 Pledges and grants receivable, net	104,308	3	74,182
	4 Accounts receivable, net	1,974,955	4	1,928,620
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	35,582	9	79,745
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,992,455		
	b Less: accumulated depreciation	10b 6,712,364	6,917,126	10c 7,280,091
	11 Investments—publicly traded securities	5,435,717	11	5,625,730
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	8,681,336	13	8,420,737
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	156,102	15	176,820
16 Total assets. Add lines 1 through 15 (must equal line 34)	23,329,804	16	23,765,678	
Liabilities	17 Accounts payable and accrued expenses	1,303,787	17	1,877,051
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	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	1,953,843	25	1,709,961
	26 Total liabilities. Add lines 17 through 25	3,257,630	26	3,587,012
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,851,171	27	11,656,869
	28 Temporarily restricted net assets	8,211,445	28	8,512,239
	29 Permanently restricted net assets	9,558	29	9,558
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	20,072,174	33	20,178,666
34 Total liabilities and net assets/fund balances	23,329,804	34	23,765,678	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,595,687
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,908,570
3	Revenue less expenses. Subtract line 2 from line 1	3	(312,883)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,072,174
5	Net unrealized gains (losses) on investments	5	11,816
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	407,559
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,178,666

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization HOSPICE OF CENTRAL IOWA	Employer identification number 42-1093718
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,120,124	1,267,765	1,365,758	1,143,027	1,184,898	6,081,572
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	17,166,087	14,155,098	16,117,394	16,610,872	16,608,547	80,657,998
3 Gross receipts from activities that are not an unrelated trade or business under section 513	216,560	342,149	370,371	397,299	440,564	1,766,943
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	18,502,771	15,765,012	17,853,523	18,151,198	18,234,009	88,506,513
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						88,506,513

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	18,502,771	15,765,012	17,853,523	18,151,198	18,234,009	88,506,513
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	118,904	166,510	242,578	190,037	133,000	851,029
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	118,904	166,510	242,578	190,037	133,000	851,029
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	175,557	6,825	50,258	2,411	6,996	242,047
13 Total support. (Add lines 9, 10c, 11, and 12.)	18,797,232	15,938,347	18,146,359	18,343,646	18,374,005	89,599,589
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	98.78 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	98.78 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0.95 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	0.93 %
19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
5b	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?		
5c	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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in (a) 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 (a) and (b) 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? Provide details in Part VI .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Part VI

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART III, LINE 12 - OTHER INCOME	Other Income Type	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	(1) EDUCATION/INSTITUTE REVENUE	4,879	6,825	0	0	0	11,704
	(2) MISCELLANEOUS REVENUE	0	0	4,520	2,411	6,996	13,927
	(3) VNS PURCHASED SERVICES	170,678	0	0	0	0	170,678
	(4) GRANT/CONTRACT	0	0	45,738	0	0	45,738

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

HOSPICE OF CENTRAL IOWA

Employer identification number

42-1093718

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is 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

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization HOSPICE OF CENTRAL IOWA	Employer identification number 42-1093718
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 698,078	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	----- 131,359	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HOSPICE OF CENTRAL IOWA	Employer identification number 42-1093718
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Part II **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- -----	-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization HOSPICE OF CENTRAL IOWA	Employer identification number 42-1093718
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I			(d) Description of how gift is held
-----	-----	-----	-----

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: HOSPICE OF CENTRAL IOWA; Employer identification number: 42-1093718

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, and monitoring requirements. Includes a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,671,757	5,916,649	5,966,062	5,379,485	4,855,151
b Contributions				0	0
c Net investment earnings, gains, and losses	692,549	58,921	241,923	852,603	642,926
d Grants or scholarships				0	0
e Other expenditures for facilities and programs	286,589	303,813	291,336	266,026	118,592
f Administrative expenses				0	0
g End of year balance	6,077,717	5,671,757	5,916,649	5,966,062	5,379,485

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 92.48 %
- b** Permanent endowment ▶ 3.82 %
- c** Temporarily restricted endowment ▶ 3.70 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		✓
3a(ii)	✓	
3b	✓	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,068,532		1,068,532
b Buildings		9,539,507	3,691,801	5,847,706
c Leasehold improvements		115,620	115,620	0
d Equipment		3,268,796	2,904,943	363,853
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,280,091

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (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-year market value
(1) BENEFICIAL INTEREST IN NET ASSETS HELD BY HCI FOUNDATION	8,420,737	END OF YEAR MARKET VALUE
(2) INVESTMENT IN AFFILIATE	0	END OF YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►	8,420,737	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(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	1,709,961	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	1,709,961	

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

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	HCI FOUNDATION HOLDS ENDOWMENT FUNDS FOR THE BENEFIT OF THE ORGANIZATION; THESE ENDOWMENT FUNDS CONSIST OF NUMEROUS GIFTS ESTABLISHED TO FUND AND SUPPORT THE ORGANIZATION'S MISSION.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>THE ORGANIZATION IS EXEMPT FROM INCOME TAXES ON INCOME FROM RELATED ACTIVITIES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE AND CORRESPONDING STATE TAX LAW. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL OR STATE INCOME TAXES.</p> <p>U.S. GAAP REQUIRES THAT A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED.</p> <p>DUE TO ITS TAX EXEMPT STATUS, THE ORGANIZATION IS NOT SUBJECT TO U.S. FEDERAL INCOME TAX OR STATE INCOME TAX. THE ORGANIZATION'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 ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. THE ORGANIZATION RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. THE ORGANIZATION DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT JUNE 30, 2017 OR 2016.</p>

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

HOSPICE OF CENTRAL IOWA

Employer identification number

42-1093718

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Cat. No. 50055P

Schedule I (Form 990) (2016)

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>HCI CARE SERVICES' (HCI) QUALITY OF LIFE FUND IS MAINTAINED TO PROVIDE SERVICES AND/OR ITEMS NOT COVERED UNDER PER DIEM REIMBURSEMENT FOR HOSPICE CARE TO PATIENTS IN NEED AND TO PROVIDE OCCASIONAL SMALL LIFE AMENITIES THAT ENHANCE THE PATIENTS' AND FAMILIES' QUALITY OF LIFE. ALL HCI PATIENTS ARE ELIGIBLE FOR QUALITY OF LIFE FUND BENEFITS, AND ALL ATTEMPTS ARE MADE TO UTILIZE COMMUNITY RESOURCES PRIOR TO USING THE QUALITY OF LIFE FUND. BEST EFFORTS ARE USED TO ENSURE THAT ASSISTANCE IS PROVIDED FOR PATIENTS IN NEED AND WITHOUT OTHER MEANS OF ASSISTANCE OR ACCESS TO OTHER BENEFACTORS, AND THAT USE AND CIRCUMSTANCES FOR THE FUNDS IS CONSISTENT.</p> <p>THE AMOUNT OF FUNDS PROVIDED IS DETERMINED BY HCI FOUNDATION BOARD OF TRUSTEES WITHIN THE ANNUAL BUDGET. REPORTS OF FUND EXPENDITURES ARE SUBMITTED TO THE BOARD OF TRUSTEES ON THE STATEMENT OF REVENUE AND EXPENSE. ANY STAFF MEMBER MAY SUBMIT A WRITTEN OR VERBAL REQUEST FOR UTILIZATION OF QUALITY OF LIFE FUNDS. REQUESTS LESS THAN \$100 ARE APPROVED BY THE PATIENT'S TEAM DIRECTOR. REQUESTS MORE THAN \$100 ARE APPROVED BY A MEMBER OF THE EXECUTIVE TEAM, WHO ALSO ENSURES THAT APPROPRIATE OVERSIGHT AND REVIEW ARE CONDUCTED.</p>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HOSPICE OF CENTRAL IOWA

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

42-1093718

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) </p>		
<p>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</p>	1b	
<p>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?</p>	2	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p>	4c	✓
<p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p>	5b	✓
<p>If "Yes" on line 5a or 5b, describe in Part III.</p>		
<p>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:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p>	6b	✓
<p>If "Yes" on line 6a or 6b, describe in Part III.</p>		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	✓
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	TRAY WADE	(i) 0	0	0	0	0	0	0
	PRESIDENT & CEO	(ii) 218,976	0	1,080	7,820	10,599	238,475	0
2	NORENE MOSTKOFF	(i) 0	0	0	0	0	0	0
	PRESIDENT & CEO (TERM ENDED 9/2016)	(ii) 171,231	0	0	6,234	11,923	189,388	0
3	KELLY DENNIS	(i) 0	0	0	0	0	0	0
	VICE PRESIDENT & CFO	(ii) 160,858	0	0	5,803	9,533	176,194	0
4	THOMAS MOUSER	(i) 221,237	0	0	7,009	21,768	250,014	0
	CHIEF MEDICAL OFFICER	(ii) 0	0	0	0	0	0	0
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(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.

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION</p>	<p>COMPENSATION FOR THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL IS ESTABLISHED AND PAID BY HCI VNS CARE SERVICES, A RELATED TAX-EXEMPT ORGANIZATION. HCI VNS CARE SERVICES UTILIZES THE FOLLOWING METHODS IN DETERMINING THE TOP MANAGEMENT OFFICIAL'S COMPENSATION: -INDEPENDENT COMPENSATION CONSULTANT -FORM 990 OF OTHER ORGANIZATIONS -COMPENSATION SURVEY OR STUDY -APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE</p>

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

HOSPICE OF CENTRAL IOWA

Employer identification number

42-1093718

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	✓		11,490	OTHER
5 Clothing and household goods	✓		245,881	OTHER
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SPECIALTY/MISC)	✓	11,115	64,438	OTHER
26 Other ▶ (MISCELLANEOUS)	✓	2,472	16,749	OTHER
27 Other ▶ ()				
28 Other ▶ ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0
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	Yes	No
30a		✓
b If "Yes," describe the arrangement in Part II.		
31	✓	
32a		✓
b If "Yes," describe in Part II.		
33		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	BOOKS AND PUBLICATIONS - NUMBER OF ITEMS RECEIVED CLOTHING AND HOUSEHOLD GOODS - NUMBER OF ITEMS RECEIVED OTHER - SPECIALTY/MISC NUMBER OF ITEMS RECEIVED OTHER - MISCELLANEOUS NUMBER OF ITEMS RECEIVED

Supplemental Information to Form 990 or 990-EZ

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

2016

Open to Public Inspection

Name of the Organization
HOSPICE OF CENTRAL IOWA

Employer Identification Number
42-1093718

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	<p>FOUNDED IN 1978, HCI CARE SERVICES IS THE STATE'S OLDEST HOSPICE CARE PROVIDER. AN INDEPENDENT, NOT-FOR-PROFIT, COMMUNITY-BASED ORGANIZATION, THE ORGANIZATION'S MISSION IS: "PROMOTING DIGNITY, INDEPENDENCE AND QUALITY OF LIFE FOR ALL THROUGH EDUCATION, COMPASSIONATE AND EFFECTIVE COMMUNITY BASED CARE." THE ORGANIZATION IS ALSO GUIDED BY ITS VALUES:</p> <p>WE ACT WITH INTEGRITY AND RESPECT. WE SERVE WITH COMPASSION. WE LEAD THROUGH EXCELLENCE. WE UNITE THROUGH TEAMWORK.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION</p>	<p>- IN-HOME HOSPICE SERVICES, INCLUDING VISITS FROM NURSES, SOCIAL WORKERS, HOSPICE AIDES, SPIRITUAL CARE COUNSELORS, BEREAVEMENT COUNSELORS, VOLUNTEERS AND THERAPISTS. FOR THE FISCAL YEAR ENDING JUNE 30, 2017, HCI HOSPICE CARE SERVICES PROVIDED END OF LIFE CARE TO APPROXIMATELY 1,617 PATIENTS.</p> <p>- ACCESS TO CLINICIANS WHO HAVE RECEIVED SPECIALIZED TRAINING IN END-OF-LIFE CARE; MANY ARE CERTIFIED IN HOSPICE AND PALLIATIVE CARE.</p> <p>- TEAM PHYSICIANS AND NURSE PRACTITIONERS ON STAFF.</p> <p>- EXPERT PAIN AND SYMPTOM MANAGEMENT.</p> <p>- INTERDISCIPLINARY CARE TEAMS WHO PROVIDE PERSONALIZED, COORDINATED CARE.</p> <p>- DEDICATED HOSPICE ROOMS WITHIN HOSPITALS AND CARE FACILITIES IN OUR SERVICE AREA.</p> <p>- GRIEF SUPPORT GROUPS AND EDUCATIONAL RESOURCES.</p> <p>- ACCESS TO HIGHLY-SKILLED CLINICAL STAFF 24 HOURS A DAY, SEVEN DAYS A WEEK.</p> <p>- MEDICAL EQUIPMENT, SUPPLIES AND MEDICATIONS RELATED TO THE LIFE-LIMITING ILLNESS.</p> <p>- TWO RESIDENTIAL HOSPICE CARE FACILITIES IN IOWA: KAVANAGH HOUSE ON 56TH STREET IN DES MOINES OFFERS 15 PRIVATE PATIENTS ROOMS, GREATER REGIONAL HOSPICE HOME IN CRESTON OFFERS SIX PRIVATE ROOMS.</p> <p>- SPECIALIZED SERVICES FOR PATIENTS WHO ARE MILITARY VETERANS AND FOR PATIENTS WHO OWN PETS.</p> <p>- IN 2017 HCI CARE SERVICES RECEIVED A 2017 IOWA'S TOP WORKPLACES AWARD. THE AWARD WAS BASED SOLELY ON EMPLOYEE FEEDBACK THROUGH A SURVEY CONDUCTED BY AN INDEPENDENT THIRD PARTY.</p> <p>AMANDA THE PANDA: THE MISSION OF AMANDA THE PANDA IS TO PROVIDE INNOVATIVE GRIEF SUPPORT SERVICES THAT PROMOTE HOPE AND HEALING TO INDIVIDUALS, CHILDREN, AND FAMILIES. THE SERVICES OF AMANDA THE PANDA ARE SUPPORTED ENTIRELY BY INDIVIDUAL AND CORPORATE DONATIONS AND DELIVERED BY HUNDREDS OF VOLUNTEERS. IN THE FISCAL YEAR 2017, AMANDA THE PANDA PROVIDED HOPE AND HEALING TO 1,036 CHILDREN, TEENS AND ADULTS THROUGH SUPPORT GROUPS, SPRING AND FALL CAMPS, SCHOOL VISITS, FAMILY NIGHTS AND FUN DAYS. AMANDA THE PANDA VOLUNTEERS PROVIDED OVER 4,547 HOURS OF SUPPORT - A VALUE OF \$109,765.</p> <p>EXTRACARE SERVICES: - NURSES, HOME HEALTH AIDES AND TRAINED COMPANIONS OFFER EXPERTISE AND COMPANIONSHIP RANGING FROM ONE HOUR/DAY TO 24-HOUR ASSISTANCE. - EXAMPLES OF SERVICES INCLUDE SKILLED NURSING SERVICES, ASSISTANCE WITH BATHING, GROOMING, DRESSING, TOILETING, LAUNDRY, LIGHT HOUSEKEEPING, TRANSPORTATION AND CHRONIC DISEASE CASE MANAGEMENT.</p> <p>HCI GIVING TREE: - HCI GIVING TREE IS A NON-PROFIT THRIFT STORE WITH TWO LOCATIONS: 3330 100TH ST. IN URBANDALE, IOWA, AND 521 E. LOCUST ST., SUITE 102, DES MOINES. - THE STORE SELLS AND ACCEPTS DONATIONS OF GENTLY-USED FURNITURE, CLOTHING AND HOME FURNISHINGS. - ALL PROCEEDS FROM STORE SALES SUPPORT SERVICES PROVIDED TO PATIENTS OF HCI HOSPICE CARE SERVICES, ENSURING CARE IS AVAILABLE TO ALL WHO NEED HOSPICE CARE SERVICES - REGARDLESS OF THEIR ABILITY TO PAY. - WITH THE EXCEPTION OF THREE PAID STAFF, THE STORE IS OPERATED BY A DEDICATED CORPS OF UNPAID VOLUNTEERS. - HCI GIVING TREE VOLUNTEERS PROVIDED 7,467 HOURS OF SERVICE TO THE STORE - A VALUE OF \$180,253.</p> <p>HCI CARE SERVICES ALSO OFFERS: - CAREGIVER TRAINING AND SUPPORT; - EDUCATIONAL CONFERENCES, SEMINARS AND RESOURCES; - FREE ADVANCE CARE PLANNING RESOURCES; AND</p> <p>GRIEF SUPPORT GROUPS, WHICH ARE FREE OF CHARGE AND ARE OPEN TO THE PUBLIC STRUCTURE: HCI CARE SERVICES IS COMMITTED TO THE COMMUNITIES IT SERVES AND TAKES ADVANTAGE OF EXPERT RESOURCES WITHIN THOSE COMMUNITIES FOR GUIDANCE, ADVOCACY, AND ASSISTANCE. HCI CARE SERVICES EMPLOYEES ARE GUIDED BY A VOLUNTEER BOARD OF DIRECTORS. THE ORGANIZATION'S FUNDRAISING SUPPORT COMES FROM THE HCI FOUNDATION, WHICH RECEIVES OVERSIGHT FROM ITS VOLUNTEER BOARD OF TRUSTEES. IN RURAL IOWA, EACH HCI CARE SERVICES OFFICE SERVES A MULTI-COUNTY AREA AND IS GUIDED BY A VOLUNTEER ADVISORY BOARD.</p> <p>SOURCES OF FUNDING: HCI CARE SERVICES IS SUPPORTED PRIMARILY THROUGH THIRD PARTY REIMBURSEMENTS. FOR THE FISCAL YEAR ENDING JUNE 30, 2017, APPROXIMATELY 91 PERCENT OF THE ORGANIZATION'S NET PATIENT REVENUE WAS DERIVED FROM MEDICARE AND MEDICAID PROGRAMS. HOWEVER, HCI CARE SERVICES ALSO RECEIVES SIGNIFICANT SUPPORT FROM DONOR CONTRIBUTIONS, BEQUESTS, GRANTS AND FUNDRAISING ACTIVITIES CONDUCTED THROUGH THE HCI FOUNDATION. DONORS MAY DESIGNATE THEIR GIFTS TO SPECIFIC AREAS SERVED BY HCI CARE SERVICES, WHICH REFLECTS THE ORGANIZATION'S COMMITMENT TO COMMUNITY-BASED CARE. HCI CARE SERVICE'S ADVISORY BOARDS HELP DETERMINE HOW LOCALLY-DESIGNATED DONATIONS ARE SPENT - BENEFITING THE ORGANIZATION AND THE COMMUNITY BY FUNDING, FOR EXAMPLE, BOOK DONATIONS ON END-OF-LIFE CARE TO LOCAL LIBRARIES OR HELPING ESTABLISH HOSPICE ROOMS IN LOCAL HOSPITALS AND NURSING CARE FACILITIES.</p> <p>GRIEF SUPPORT SERVICES: THROUGHOUT ITS SERVICE AREA, HCI CARE SERVICES OFFERS BEREAVEMENT CARE FOR PATIENTS, THEIR FAMILIES AND THE COMMUNITY AT LARGE. GRIEF SUPPORT GROUPS ARE OFFERED IN THE COMMUNITIES WE SERVE AT NO COST TO PARTICIPANTS AND ARE OPEN TO ALL WHO HAVE LOST A LOVED ONE - REGARDLESS OF WHETHER THEY HAVE BEEN SERVED BY HCI CARE SERVICES. GRIEF EDUCATION AND SPECIAL SUPPORT GROUPS ARE</p>

Return Reference - Identifier	Explanation
	ALSO OFFERED TO YOUTHS AND TO NURSING CARE FACILITY STAFF. IN THE YEAR ENDING JUNE 30, 2017, BEREAVEMENT COUNSELORS HELD 221 BEREAVEMENT SUPPORT GROUPS AND MEMORIAL EVENTS, PROVIDED 877 HOURS OF BEREAVEMENT SERVICES TO SURVIVORS SERVED BY HCI CARE SERVICES, AND PROVIDED 139 HOURS OF BEREAVEMENT SERVICES TO NON-SERVED SURVIVORS.
FORM 990, PART V, LINE 1A - FORM 1096 REPORTING - COMMON PAYMASTER	HCI VNS CARE SERVICES (EIN: 45-5189289) IS THE PARENT ORGANIZATION TO AND COMMON PAYMASTER FOR HCI CARE SERVICES, VISITING NURSE SERVICES OF IOWA, AND HCI FOUNDATION; THEREFORE ALL VENDORS, INCLUDING INDEPENDENT CONTRACTORS, ARE PAID AND REPORTED BY HCI VNS CARE SERVICES ON BEHALF OF THESE NAMED ENTITIES.
FORM 990, PART V, LINE 2A - FORM W-3 AND W-2 REPORTING - COMMON PAYMASTER	HCI VNS CARE SERVICES (EIN: 45-5189289) IS THE PARENT ORGANIZATION TO AND COMMON PAYMASTER FOR HCI CARE SERVICES, VISITING NURSE SERVICES OF IOWA, AND HCI FOUNDATION; THEREFORE ALL APPLICABLE IRS TAX COMPLIANCE FILINGS ARE REPORTED BY HCI VNS CARE SERVICES ON BEHALF OF THESE NAMED ENTITIES. HCI CARE SERVICES HAS APPROXIMATELY 308 EMPLOYEES. HCI VNS CARE SERVICES, THE COMMON PAYING AGENT, REPORTED 553 EMPLOYEES ON FORM W-3 FOR 2016.
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE BOARD OF DIRECTORS MAY ESTABLISH ONE OR MORE COMMITTEES OF THE BOARD, INCLUDING AN EXECUTIVE COMMITTEE, AND APPOINT MEMBERS OF THE BOARD TO SERVE ON THEM. EACH COMMITTEE SHALL HAVE THE POWERS AND DUTIES DELEGATED TO IT BY THE BOARD OF DIRECTORS. EACH COMMITTEE SHALL HAVE A SEPARATE CHARTER ESTABLISHED BY THE BOARD OF DIRECTORS SPECIFYING THE SCOPE OF THE COMMITTEE'S AUTHORITY. THE CURRENT COMMITTEES CONSIST OF AN EXECUTIVE, GOVERNANCE, FINANCE, AUDIT, QUALITY AND COMPLIANCE.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	THE ORGANIZATION'S SOLE MEMBER IS HCI VNS CARE SERVICES, AN IOWA NONPROFIT CORPORATION.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	ALL CORPORATION DIRECTORS ARE APPOINTED BY HCI VNS CARE SERVICES, THE ORGANIZATION'S SOLE MEMBER; ANY DIRECTOR OF THE ORGANIZATION MAY BE REMOVED EITHER FOR OR WITHOUT CAUSE BY HCI VNS CARE SERVICES.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	<p>NONE OF THE CORPORATION'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 HCI VNS CARE SERVICES, THE CORPORATION'S SOLE CORPORATE MEMBER.</p> <p>THE CORPORATION 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 HCI VNS CARE SERVICES, THE CORPORATION'S SOLE CORPORATE MEMBER.</p> <p>NO AMENDMENT, ALTERATION OR REPEAL OF ANY OF THE PROVISIONS OF THE CORPORATION'S BYLAWS SHALL BE ADOPTED WITHOUT THE PRIOR APPROVAL OF HCI VNS CARE SERVICES, THE CORPORATION'S SOLE CORPORATE MEMBER.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FULL FORM 990 IS PROVIDED TO THE ORGANIZATION'S PRESIDENT AND CEO, CFO, AND AUDIT COMMITTEE FOR INITIAL REVIEW. AFTER ALL QUESTIONS HAVE BEEN ADDRESSED AND ANY CHANGES HAVE BEEN MADE, THE ORGANIZATION'S TAX ADVISORS PRESENT A FINAL DRAFT OF THE FULL FORM 990 TO THE FULL BOARD OF DIRECTORS FOR FINAL REVIEW AND APPROVAL PRIOR TO SUBMISSION TO THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	ALL MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO PROMPTLY REPORT ANY ONGOING OR INCIDENTAL MATERIAL INTERESTS OR AFFILIATIONS WHICH COULD RESULT IN A POTENTIAL CONFLICT OF INTEREST; MEMBERS OF THE BOARD OF DIRECTORS ARE ALSO REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTEREST DECLARATION. THE BOARD OF DIRECTORS AND OFFICERS ALSO COMPLETE AN ANNUAL AUTOMATED CONFLICT OF INTEREST QUESTIONNAIRE AS PART OF THE 990 COMPLETION PROCESS. THE DECLARATIONS AND QUESTIONNAIRE RESPONSES ARE REVIEWED BY THE PRESIDENT AND CEO AND CFO TO DETERMINE IF ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST EXIST. ANY BOARD MEMBER DETERMINED TO HAVE A CONFLICT OF INTEREST IS REQUIRED TO ABSTAIN FROM ANY DECISION OR VOTING PROCESS RELATED TO THE CONFLICTING ISSUE.
FORM 990, PART VI, LINE 15 - COMPENSATION OF TOP MANAGEMENT OFFICIAL AND OTHER OFFICERS/KEY EMPLOYEES	<p>THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES ARE PAID BY HCI VNS CARE SERVICES (EIN: 45-5189289), 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 HCI VNS CARE SERVICES TO REVIEW AND APPROVE COMPENSATION FOR THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES.</p> <p>EVERY TWO YEARS, THE ORGANIZATION'S BOARD OF DIRECTORS ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT TO PERFORM A COMPENSATION SURVEY FOR THE ORGANIZATION'S OFFICERS. VERISIGHT COMPLETED THE ORGANIZATION'S COMPENSATION SURVEYS IN 2009, 2011, 2013 AND 2015. THE FINDINGS OF THE SURVEYS ARE PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE MEMBERS USE THE SURVEY TO REVIEW AND ESTABLISH THE AMOUNT OF COMPENSATION FOR THE PRESIDENT & CEO. THE REVIEW PROCESS IS DOCUMENTED IN THE EXECUTIVE COMMITTEE MEETING MINUTES.</p> <p>THE PRESIDENT AND CEO USE THE SURVEY TO REVIEW AND ESTABLISH COMPENSATION FOR THE FOLLOWING OFFICERS AND KEY EMPLOYEES: VICE PRESIDENT & CFO, CHIEF OPERATING OFFICER, AND THE CHIEF MEDICAL DIRECTOR.</p>

Return Reference - Identifier	Explanation																			
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.																			
FORM 990, PART VII, SECTION A, LINE 1A - COMPENSATION PAID BY RELATED ORGANIZATION	THE ORGANIZATION'S OFFICERS ARE PAID BY HCI VNS CARE SERVICES, A RELATED TAX-EXEMPT ORGANIZATION, FOR SERVICES PROVIDED TO HCI CARE SERVICES, HCI FOUNDATION, HCI VNS CARE SERVICES, AND VISITING NURSE SERVICES OF IOWA. PER THE FORM 990 INSTRUCTIONS, TOTAL COMPENSATION PAID BY HCI VNS CARE SERVICES IS REPORTED IN ITS FORM 990, PART VII, SECTION A, LINE 1A, COLUMNS (D) AND (F); ADDITIONALLY, TOTAL COMPENSATION PAID BY HCI VNS CARE SERVICES IS ALSO REPORTED IN EACH OF THE THREE RELATED ORGANIZATIONS' FORMS 990, PART VII, SECTION A, LINE 1A, COLUMNS (E) AND (F) (AS COMPENSATION PAID BY A RELATED ORGANIZATION). 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	HCI VNS CARE SERVICES (EIN: 45-5189289) IS THE PARENT ORGANIZATION TO AND COMMON PAYMASTER FOR HCI CARE SERVICES, VISITING NURSE SERVICES OF IOWA, AND HCI FOUNDATION; THEREFORE ALL VENDORS, INCLUDING INDEPENDENT CONTRACTORS, ARE PAID AND REPORTED BY HCI VNS CARE SERVICES ON BEHALF OF 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 FOR SERVICES	<table border="1"> <thead> <tr> <th data-bbox="467 600 751 674">(a) Description</th> <th data-bbox="760 600 946 674">(b) Total Expenses</th> <th data-bbox="954 600 1133 674">(c) Program Service Expenses</th> <th data-bbox="1141 600 1320 674">(d) Management and General Expenses</th> <th data-bbox="1328 600 1515 674">(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 684 751 711">PROFESSIONAL FEES</td> <td data-bbox="760 684 946 711">325,433</td> <td data-bbox="954 684 1133 711">323,235</td> <td data-bbox="1141 684 1320 711">2,198</td> <td data-bbox="1328 684 1515 711"></td> </tr> <tr> <td data-bbox="467 722 751 749">MSO ALLOCATION</td> <td data-bbox="760 722 946 749">1,584,043</td> <td data-bbox="954 722 1133 749"></td> <td data-bbox="1141 722 1320 749">1,584,043</td> <td data-bbox="1328 722 1515 749"></td> </tr> </tbody> </table>					(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	PROFESSIONAL FEES	325,433	323,235	2,198		MSO ALLOCATION	1,584,043		1,584,043	
	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses															
	PROFESSIONAL FEES	325,433	323,235	2,198																
MSO ALLOCATION	1,584,043		1,584,043																	
PROFESSIONAL FEES	325,433	323,235	2,198																	
MSO ALLOCATION	1,584,043		1,584,043																	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description				(b) Amount															
	CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF HCI FOUNDATION				407,559															

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

HOSPICE OF CENTRAL IOWA

Employer identification number

42-1093718

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HOSPICE OF CENTRAL IOWA THRIFT STORE, LLC D/B/A HCI GIVING TREE (27-3099690) 3330 100TH STREET, URBANDALE, IA 50322-3854	RESALE OF DONATED MERCHANDISE TO THE PUBLIC	IA	440,564		HOSPICE OF CENTRAL IOWA
(2) HCI EXTRACARE, LLC (30-0661072) 3000 EASTON BOULEVARD, DES MOINES, IA 50317-3124	PRIVATE DUTY NURSING AND COMPANION SERVICES	IA	228,194		HOSPICE OF CENTRAL IOWA
(3) AMANDA CARES, INC. D.B.A. AMANDA THE PANDA (42-1166117) 1821 GRAND AVE, DES MOINES, IA 50265	HEALING SERVICES	IA	2,496		HOSPICE OF CENTRAL IOWA
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HOSPICE OF CENTRAL IOWA FOUNDATION DBA HCI FOUNDATION (42-1239748) 3000 EASTON BOULEVARD, DES MOINES, IA 50317-3124	FUNDRAISING TO SUPPORT HOSPICE OF CENTRAL IOWA AND VISITING NURSE SERVICES OF IOWA	IA	501(C)(3)	7	HCI VNS CARE SERVICES		✓
(2) HCI VNS CARE SERVICES (45-5189289) 3000 EASTON BOULEVARD, DES MOINES, IA 50317-3124	ADMINISTRATIVE AND MANAGEMENT SERVICES (MSO)	IA	501(C)(3)	12 TYPE II	N/A		✓
(3) VISITING NURSE SERVICES OF IOWA (42-0680446) 1111 9TH STREET, SUITE 320, DES MOINES, IA 50314	HEALTH AND HEALTH RELATED SERVICES	IA	501(C)(3)	7	HCI VNS CARE SERVICES		✓
(4)							
(5)							
(6)							
(7)							

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)	✓	
d Loans or loan guarantees to or for related organization(s)	✓	
e Loans or loan guarantees by related organization(s)	✓	
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)	✓	
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)	✓	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	✓	
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses	✓	
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
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(14)													
(15)													
(16)													