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$\searrow$		<i>j</i> , - •	EXTENDED TO NOVEMBER 15	-		OMB No 1545-0047			
レ		aaa	Return of Organization Exempt F			0040			
	Form	י טַכּכּי	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			ZUIO			
		tment of the Treasury	▶ Do not enter social security numbers on this form	=		Open to Public			
		al Rovenue Service	Go to www.irs.gov/Form990 for Instructions and		Information.	Inspection			
				ending	D. Employer Identificati	la a constant			
	Bo	pplicable UNIME O	forganization		D Employer Identificat				
			YPOINT HEALTH MARSHALLTOWN AUXILIA	ARY	H2-1	398518			
	1	Mama	usiness as		23-730	00370			
				Room/suite	E Telephone number				
			4TH AVE			4-5126			
		termin-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	24,398.			
			HALLTOWN, IA 50158		H(a) is this a group retu	m			
		Applica- F Name a	nd address of principal officer SUE BBERHART	. ) )	for subordinates?	Yes X No			
		Pending SAME	AS C ABOVE	_04	H(b) Are all subordinates inclu	ded? Yes No			
,		ax-exempt status	501(c)(3) X 501(c)( 4 ) ◀ (insert no.) 4947(a)(1) c	or <u></u> 52	4 :	t. (see instructions)			
NH,		Vebsite: ► N/A			H(c) Group exemption r				
<b>1</b> /200		orm of organization;	· · · · · · · · · · · · · · · · · · ·	L Year	of formation: 1976 MS	tate of legal domicile: LA			
W	Pa	rt I Summary		TON TO	TO DO CHORD	A NTO			
	1 Briefly describe the organization's mission or most significant activities: MISSION IS TO PROMOTE AND ADVANCE THE WELFARE OF UNITYPOINT HEALTH-MARSHALLTOWN A 501(C)(3)								
SCANNED	盲	ADVANCE THE WELFARE OF UNITYPOINT HEALTH-MARSHALLTOWN A 50  Check this box if the organization discontinued its operations or disposed of more than 25% of its net assistance.  Number of voting members of the governing body (Part VI, line 1a)							
Ä	ğ		ting members of the governing body (Part VI, line 1a)	sea or more	3	9			
Z	ဗ္ဗို		dependent voting members of the governing body (Part VI, line 1b)		· · · · · · <del>   </del>	9			
H	상		of individuals employed in calendar year 2018 (Part V, line 2a)			0			
Ö	iğ		of volunteers (estimate if necessary)			225			
	Activities	7 a Total unrelate	d business revenue from Part VIII, column (C), line 12		7a	0.			
JAN	_		business taxable income from Form 990-T, line 38	<u> </u>		0.			
2					Prior Year	Current Year			
9	g		and grants (Part VIII, line 1h)	📙	20.	80.			
	Revenue	-	ice revenue (Part VIII, line 2g)		0.	0.			
2020	é		come (Part VIII, column (A), lines 3, 4, and 7d)		2,463.	2,469.			
0			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· · · · ·	17,566. 20,049.	14,624.			
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del></del>	27,900.	17,173. 32,350.			
			milar amounts paid (Part IX, column (A), lines 1-3)	·	0.	32,330.			
	اي	•	er compensation, employee benefits (Part IX, column (A), lines 5-10)		0.1	0.			
	Expenses		fundraising fees (Part IX, column (A), line 11e)	├-	0.1	0.			
	ē	ì	sing expenses (Part IX, column (D), line 25)	0.					
	Щ	17 Other expens	es (Part IX, column (A), lines 11a-11d, 1 <del>/1124e)</del>		998.	798.			
		18 Total expens	es Add lines 13-17 (must equal Part IX column R) Elic 25 IVED	)  —	28,898.	33,148.			
			expenses Subtract line 18 from line 12	-10	-8,849.	-15,975.			

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

RS-OS

Beginning of Current Year

130,

130,313.

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313.

true, correc	t, and complete. Declaration of preparer (other than off	icer) is based on all information of which prep	arer has any	knowledge.	
Sign Here	Signature of officer  JOSETTE PETERSON, TRE Type or print name and title	ASURER		1//4/19 Date////9	
Paid	Print/Type preparer's name	Preparer's signature	Date	Check PTIN  if salt-employed	
Preparer	Firm's name	Firm's EIN			
Use Only	Firm's address				
May the !!	RS discuss this return with the preparer shows a	Phone no.			

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

22 Net assets or fund balances. Subtract line 21 from the 20 OGDEN. UT

20 Total assets (Part X, line 16)

Part II | Signature Block

21 Total liabilities (Part X, line 26)

Form 990 (2016

End of Year 114,338.

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338.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2018) UNITYPOINT HEALTH MARSHALLTOWN AUXILIARY 23-7300370 Page	2
Par	t III   Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission	
	MISSION IS TO PROMOTE THE WELFARE OF UNITYPOINT HEALTH-MARSHALLTOWN A	
	501(C)(3) NOT FOR PROFIT HOSPITAL BY INTERPRETATION OF THE HOSPITAL TO	
	THE PUBLIC AND SERVICE TO THE HOSPITAL AND IT'S PATIENTS THRU	_
	VOLUNTEERISM AND FUNDRAISING THAT IS COMPATIBLE WITH THE HOSPITAL AND	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	10
	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?	ю
	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 \$ 32,350. including grants of \$ 32,350.) (Revenue \$	_)
	DONATIONS MADE TO UNITYPOINT-MARSHALLTOWN FOUNDATION TO MAINTAIN	
	SUPPORT FOR UNITYPOINT HEALTH-MARSHALLTOWN AND MARSHALLTOWN COMMUNITY	
	COLLEGE FOUNDATION FOR SCHOLARSHIPS.	_
		_
	·	
		<del>_</del>
4b	(Code) (Expenses \$	<b>-</b> '
		—
		—
		-
		—
		—
		—
4c	(Code ) (Expenses \$ Including grants of \$ ) (Revenue \$	
70	(Code) (Expenses \$ including grants of \$) (Revenue \$	<sup>'</sup>
		—
		—
		—
		—
		—
		—
		—
		—
4d	Other program services (Describe in Schedule O.)	
	(F.,	
4e	Total program service expenses \( \) including grants of \$ \) (Revenue \$ \)	<del></del>
<u> </u>	32,330.	

Part V Checklist of Required Schedules

2 3 4 5 6 7 8 9 10 11 a b c d e f 12a b 13 14a	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  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 98-197 If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization receive or hold a conservation easement, including easements to preserve open space, "the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  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  Did the organization report an amount for land, buildings, and equipment in Part X, line 10 fits Yes," complete Schedule D, P	1 2 3 4 5 6 7 8		x x x x x
2 3 4 5 6 7 8 9 10 11 a b c d e f 12a b 13 14a	Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  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? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization receive or hold a conservation easement, including easements to preserve open space, "the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  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  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for lovestments - other securities in Part X, line 10? for part Schedule D, Part VI	3 4 5 6 7 8		x x x x
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10 11 a b c d e f 12a b 13 14a	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  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  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
10 111 a b c d e f 12a b	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  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  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
111 a b c d d e f 12a b 13 14a	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  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  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	10		_X_
11 a b c d e f 12a b 13 14a	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  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	10		
a b c d e f 12a b	as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			<u> </u>
b c d e f 12a b	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		ĺ	1
b c d e f 12a b	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			ı
c d e f 12a b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
c d e f 12a b		11a		<u>X</u>
c d e f 12a b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			Х
d e f 12a b	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	-	
e f 12a b 13 14a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
e f 12a b 13 14a	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			
f 12a b 13 14a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
12a b 13 14a	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
12a b 13 14a	and the same of th	1		
b 13 14a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
b 13 14a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
13 14a	Schedule D, Parts XI and XII	12a		<u> </u>
13 14a	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
14a	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	13		<del></del>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		:	
	or more? If "Yes, " complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	· · · · ·		_ <del></del> -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II			
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	19		X
∠va h	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			X
21	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1 7	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	$\vdash$	
32003	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		х	

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	t IV Checklist of Required Schedules (continued)	<del>3 / 0</del>		aye ¬
Par	t IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization s current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	[		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>—</b>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1 1		1
	any tax-exempt bonds?	24c	┝	<b></b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del></del>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a_	$\vdash$	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			l
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		х
	Schedule L, Part I	25b	-	_^
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? If "Yes,"	26		x
07	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee substantial	26		<u> </u>
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1	i '	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-	<del>                                     </del>	<del></del>
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		<u> </u>
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?		1	
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		L X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1	1	1
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Ба	Note. All Form 990 filers are required to complete Schedule Ort V Statements Regarding Other IRS Filings and Tax Compliance	38	<u> </u>	<u> </u>
Га				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
1.	Enter the number reported in Rev 2 of Form 1999 Fatter 0 of the state	\ <del></del> -	Yes	No
		ปู	1	
		2		
U	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1	1	
83200	4 12-31-18	1c	990	<u> </u>
		_		

Form **990** (2018)

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return.  If the calendar year ending with or within the year covered by this return.  If the calendar year ending with or within the year covered by this return.  If the calendar year ending with or within the year covered by this return.  If the calendar year ending with or within the year calendar of the calendar year.  If the calendar year ending within the year of the calendar of the year?  If we will not be seen and the calendar of the year?  If we will not a foreign country year, die the organization have an interest in or a signalization or other stationary over, a financial account in a foreign country year, die the organization have an interest in or a signalization or other stationary over, a financial account in a foreign country year, die the organization have an interest in or a signalization or other financial accounts (FBAR)  At any time the hanne of the foreign country.  See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Francial Accounts (FBAR)  See with the calendar of the organization that it was or it a party to a prohibited tax shelter transaction?  If we will not see for 5th did the organization that it was or it a party to a prohibited tax shelter transaction?  If we will not see for 5th did the organization that was or it a party to a prohibited tax shelter transaction solicit any contributions that were not lax deductable as charitable contributions?  If we will not organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductable contributions?  If we will not organization that may receive deductable contributions under section 170(c).  If we will not organization that is a contribution of undertide the property of the organization organization solicit and the form 1822?  If we will not organiza	rai	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
theid for the calendary year ending with or within the year covered by this return?  b If al least on its reported on the 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see institutions)  a Did the organization have unefated business pross recore of \$1,000 or more during the year?  b If "Yes," has if filed a Form 990-T for this year? If "No! "to line 3b, provide an explanation or Schedule O  a All any time during the calendar year, did the organization have an interest in," or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a All any time amen of the foreign country (such as a bank account, securities account, or other financial account)?  5b Was the organization a party to a prohibeted tax shelter transaction at any time during the tax year?  5c Was the organization and party to a prohibeted tax shelter transaction at any time during the tax year?  5c Was the organization and organization file form 88861?  5c Was the organization and organization file Form 88861?  5c Was the organization and the organization file Form 88861?  5d Was the organization and the organization file Form 88861?  5d Was the organization solicit and the organization and the organization solicit and the organization and the organization solicit and the organization and the organization solicit and the organization solicit and the organization of the organization solicit and the organization and the organization solicit a				Yes	No .				
b If a least one is reported on the 2a, did the organization file all required federal employment as returns?  Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gress income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 990-T for this year? If No*1 to line 30, provide an explanation in Schedule O  3a At any time during the calendary year, did the organization have interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts of the foreign country.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5b Was the organization or the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization the Form 8868-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles ontributions?  6b If "Yes," did the organization netting deductible contributions?  6c Does the organization than the year year than \$100,000, and did the organization review a payment in excess \$15 filing sequence of the year of	2a			,					
Note. If the sum of Ines 14 and 24 is greater than 250, you may be required to e-Me (see instructions) 3									
3a D the organization have unrelated business gross income of \$1,000 or more during the year?  4b If 1'Yes', has tifled a Form 980 for this year? I'Wo' to it and 8b, more an explanation in Schedule O  4c Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a barix account, securines account, or other financial accounts (FBAR)  5c I' 1'Yes' to the fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5d Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction?  5d U' 1'Yes' to live 3a or 5b, did the organization the Form 888-1'?  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of the organization for the value of the goods or services provided?  6b I' 1'Yes', indicate the number of Forms 8882 filed during the year  6c D dit the organization received a contribution of qualified intellectual property, did the organization file organization for the organization received a contribution of qualified intellectual property, did the organization file a Form 1998 C?  7c J X  7d J 7d	b	- · · · · · · · · · · · · · · · · · · ·	2b		<u> </u>				
b If "Yes," has it filled a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (auch as a bank account, securines account, or other financial accounts?  b If "Yes," enter the name of the foreign country (auch as a bank account, securines account, or other financial accounts (FBAR)  See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions or party to a prohibited tax shelter transaction at any time during the tax year?  5a W St the organization a party to a prohibited fill it was or is a party to a prohibited tax shelter transaction?  5b If W Yes," of the Sa of Sb, did the organization file Form 8886172  6c If "Yes" to line Sa of Sb, did the organization fill it was or is a party to a prohibited six shelter transaction or gifts were not tax deductible?  6c If "Yes," of the organization moulde with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If "Yes," of the organization neture a payment in excess of S75 made party as a contribution and party for godes and services provided?  7b If "Yes," did the organization notify the donor of the value of the godos's or services provided?  7c If Yes," did the organization notify the donor of the value of the godos's or services provided?  7c If Yes," did the organization notify the donor of the value of the godos's or services provided?  7c If Yes," did the organization receive a contribution of a case, because the payment of the value of the godos's organization the form 8282?  6d If Yes, "Indicate the number of Forms 8282 filed during the year  6d If the organization receive a contribution of case, books, any planes, or other vertices,					'				
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b If "Yes," either the name of the foreign country. ►  b If "Yes," either the name of the foreign country. ►  be restructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Dd any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5b Dd any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes' to line 5a or 5b, did the organization file Form 8886-17  6a VX  b If "Yes' to did the organization noticule with every solotation an express statement that such contributions or gifts were not tax deductible?  7c Organization start many receive deductible contributions under section 170(c).  8d Dd the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  7a X Y  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  8d If "Yes," did the organization notify the donor of the value of the goods or services provided?  8d If "Yes," did the organization of the value of the goods or services provided?  9d If "Yes," did the organization of the value of the goods or services provided?  9d If "Yes," did the organization of the value of the goods or services provided?  9d If "Yes," did the organization for a contribution of payment of the payment of t			3b		<u> </u>				
b If "Yes," enter the name of the foreign country. See instructions for finign requirements for PrinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b IX  5c If "Yes" to line Sai or 5b, old the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line Sai or 5b, old the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line Sai or 5b, old the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that them end tax deductible as charitable contributions?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Did the organization that may receive deductible contributions under section 170(c).  5d If "Yes," did the organization notify the donor of the value of the goods or services provided?  7d Organizations that may receive deductible contributions under section 170(c).  5d If "Yes," did the organization notify the donor of the value of the goods or services provided?  7d If "Yes," did the organization notify the donor of the value of the goods or services provided?  7e Did the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to file Form 8282?  6d If "Yes," indicate the number of Forms 8282 filed during the year  7e Did the organization received a contribution of qualified intellectual property, did the organization that are accessed a contribution of qualified intellectual property, did the organization flee form 829 as required?  7d If the organization have excess business holdings at any time during the year?  8p Sponsoring organization have excess business holdings at any time during the year?  9p Sponsoring organization have excess business holdings at any time during the	4a								
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5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b IX  c if Yes' to line is a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Dese the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions?  6a X  5b If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charable contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party six a contribution and party for goods and services provided to the payor?  7a X  b If Yes, did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If Yes, indicate the number of Forms 8282 filed during the year  b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7b Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7f If the organization received a contribution of cars, boats, analysme, or other vehicles, did the organization and the payor and the form seems any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization scriber to the section of the form them of the section 501(c)(7) organizations included on Part VIII, line 12  10a   10a	b				٠,				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes" to line 5 a or 5b, did the organization file Form 888617  8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  9 If "Yes," did the organization neclude with every solicitation an express statement that such contributions or gifts were not tax deductible on the payor?  9 Organizations that may receive deductible contributions under section 170(c).  10 If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  10 If "Yes," did the organization notify the donor of the value of the goods or services provided?  10 If "Yes," did the organization notify the donor of the value of the goods or services provided?  11 If "Yes," did the organization notify the donor of the value of the goods or services provided?  12 If "Yes," indicate the number of Forms 8282 filed during the year  13 If "Yes," indicate the number of Forms 8282 filed during the year  14 Old the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  15 Old the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?  16 If the organization may the year, pay premiums, directly or indirectly, or a personal benefit contract?  17 If the organization may the year, pay premiums, directly or indirectly, or a personal benefit contract?  18 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?  19 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor advised fund maintained by the sponsori	_		-						
c if "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization network any application of the value of the goods or services provided?  7 Did the organization network any application of the value of the goods or services provided?  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 If the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  10 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  11 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  12 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  13 Did the organization make a contribution of qualified intellectual property, did the organization file Form 8899 as required?  14 Did the organization maximation gloon advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distribution sunder section 4966?  15 Did the sponsoring organization make any taxable distribution sunder section 4966?  16 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  17 Did by sponsoring organization make a distribution to a donor, donor adviso	_								
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a			134	<del> </del>	<del>                                     </del>				
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If "Yes," see instructions and file Form 4720, Schedule N  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O  If "Yes," complete Form 4720, Schedule O			45	1	<sub>Y</sub>				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O			- <del>''</del>	-	<u> </u>				
If "Yes," complete Form 4720, Schedule O	16		16	!	y				
		If "Yes," complete Form 4720, Schedule O	· '0	<del></del>	<del>  ^</del>				
			Form	990	(2018)				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 9			Π.					
	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.	'		*E					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9	.: 1		÷, 1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		- '	4					
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	·							
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	فيني	- 11 - 11						
а	The governing body?	8a	Х	<u> </u>					
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			1					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		,						
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<b>└</b> ──					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	Ļ					
b	<b>b</b> 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	12a	X	<u> </u>					
b	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	ın Schedule O how this was done	12c	X	—					
13	Did the organization have a written whistleblower policy?	13	Х	<u> </u>					
14	Did the organization have a written document retention and destruction policy?	14	X	ļ					
15	Did the process for determining compensation of the following persons include a review and approval by independent	1		1 4					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1					
а	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b	<u> </u>	Х					
	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	1 4 -							
	taxable entity during the year?	16a	<u> </u>	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1 .	ľ						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	· .							
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3	)s only	) avai	lable					
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website W 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 an	d fınar	cial						
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	JOSETTE PETERSON - 641-485-8035								
	112 CRETVIEW DR., MARSHALLTOWN, IA 50158								
83300	5 12-31-18								

organization componented any current officer, director, or trustee

# Part VIII 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 (A)	(B)			(0		•		(D)	(E)	(F)
Name and Title	Average	(40	not c	Posi	ition	than	008	Reportable	Reportable	Estimated
	hours per	box	, unte:	ss per	rson I	s bot	h an	compensation	compensation	amount of
	week	<u> </u>	er an	d a di	recto	r/trus	( <del>0</del> 0)	from	from related	other
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	ᆲ			sated		organization (W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	truste	l trus		eg.	шреп		(** 27 1000 111100)		and related
	below	qual	Institutional trustee	, i	Key employee	estco	er			organizations
	line)	findiv	Insti	Officer	Keye	Highest compensated employee	Former			
SUSAN EBERHART	1.00								_	
PRESIDENT	0.00	Х	_	X				0.	0.	0
KAREN GIARRATANO	1.00	]				1				
BOARD MEMBER	0.00	Х	$ldsymbol{ld}}}}}}$	Ш		_		0.	0.	0
RENA HOLMES	1.00					1				
BOARD MEMBER	0.00	Х	_	igsqcup	_	_		0.	0.	0
JUDY LINDHOLM	1.00									
BOARD MEMBER	0.00	X	<u> </u>	<b> </b>	_	╙	<u> </u>	0.	0.	0
ANNE PAULLUS	1.00	١.,		,,	ł	l				_
SECRETARY	0.00	X	<b>-</b>	Х		┞	<u> </u>	0.	0.	0
JOSETTE PETERSON	1.00	۱.,	ĺ					,		
TREASURER	0.00	Х	ـــ	X	╙	╙	<u> </u>	0.	0.	0
BARB RASMUSSEN	1.00	١.,			1	1		_		_
BOARD MEMBER	0.00	Х	▙	╄	<b>├</b>	ـــ	<b>├</b> ─	0.	0.	0
PEGGY SCHOER	1.00	┨						0.	0.	l ,
BOARD MEMBER	0.00	X	⊬	₩	-	⊢	<del> </del>	0.	0.	0
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		Τ				T	<u> </u>		<b>†</b>	
		1		1	1		1			

UNITYPOINT HEALTH MARSHALLTOWN AUXILIARY

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Form 990 (2018)

Form 990 (2018)	UNITYPOINT	HEALTH	, MARSHALLTOWN	AUXILIARY	23-7300370	Page 10			
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 respon				
		(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	22 250	32,350.		The second
_	and domestic governments. See Part IV, line 21	32,350.	32,330.	7 (28% 1/20m) 4/1 1/16/2	3" a 24" 400 10 . 213
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22			TOTAL BELLEVIEW 11 IA	The State of the S
3	Grants and other assistance to foreign		'		100
	organizations, foreign governments, and foreign			<b>国际</b> 人工的数	
	individuals See Part IV, lines 15 and 16			新作品的"新产"及一样	1 大 ( そ ) か ) か ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
4	Benefits paid to or for members			清明 門面部 學者。	我でいるではいい
5	Compensation of current officers, directors,				,
	trustees, and key employees				
б	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	<del></del>			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	···-·			
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17		等於我發生	Linear Physics Tolking	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	70.		70.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				;
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				ļ
20	Interest				<u>'</u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e, If line	APPER ## 1526		<b>建筑的</b>	是"数"的"数"。
	24e amount exceeds 10% of line 25, column (A)	<b>企业人民对对的</b>		<b>经验的</b> 安徽	
	amount, list line 24e expenses on Schedule 0.)	· · · · · · · · · · · · · · · · · · ·	医强性小心致性炎	下: 是一种"阴阳"	THE MELL TO THE PARTY
а	MISCELLANEOUS EXPENSES	728.		728.	
ь					
C					
d					
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	33,148.	32,350.	798.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>		L
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Part X: Balance Sheet

Form 990 (2018)

Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year Cash - non-interest-bearing 1 130,313. 114,338. 2 Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 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 instr). Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 130,313. 114,338. 16 16 17 Accounts payable and accrued expenses 17 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 Loans and other payables to current and former officers, directors, trustees, 4 Liabilities 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 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 Ō. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 130,313. Unrestricted net assets 114,338. 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 2000 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 130,313. 114,338. Total liabilities and net assets/fund balances 130,313. 114,338.

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Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			Ш
		.		<b></b>
1	Total revenue (must equal Part VIII, column (A), line 12)		$\frac{7,1}{2}$	
2	Total expenses (must equal Part IX, column (A), line 25)	3	3,1	48.
3	Revenue less expenses Subtract line 2 from line 1		5,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	13	0,3	<u> 13.</u>
5	Net unrealized gains (losses) on investments	<u> </u>		
6	Donated services and use of facilities 6			
7	Investment expenses 7	<del> </del>		
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1		2.0
	column (B))	11	4,3	<u> 38.</u>
Pai	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		Yes	No
	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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	а .		,
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis	ļ		
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate bas	sis,		
	consolidated basis, or both	- 1		
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audition	dit,		
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	•0		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single A	Audit		
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a	audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2018)

#### SCHEDULE G '

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	<u>INT HEALTH MARSHAL</u>	LTO	WN .	AUXILIARY	23-7300	370
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17 Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rais a Mail solicitations</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, Pablif "Yes," list the 10 highest paid individendments</li> </ul>	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with p riduals or entities (fundraisers) pursu	ion of ion of fundra (includerofess	non-go goveri ising of ting of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		<u> </u>				
						· · · · · · · · · · · · · · · · · · ·
<del></del>						, , , , , , , , , , , , , , , , , , , ,
Total	· · · · · · · · · · · · · · · · · · ·	1				
List all states in which the organization or licensing	on is registered or licensed to solicit	contri	oution	s or has been notifie	d it is exempt from i	egistration
		_				
					<del></del>	
		_				

832081 10-03-18

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

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 UNITYPOINT HEALTH MARSHALLTOWN AUXILIARY 23 - 7300370 Page 2
Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

_		of fundraising event contributions and gre	oss income on Form 990	)-EZ, lines 1 and 6b List e	events with gross receip	ts greater than \$5,000
	,		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			POT PIE	VENDOR	NONE	(add col (a) through
			SALES	EVENTS		col (c))
ا <u>ت</u> و			(event type)	(event type)	(total number)	COI (C))
Revenue	1	Gross receipts	12,250.	9,568.		21,818.
	2	Less Contributions				
_	3	Gross income (line 1 minus line 2)	12,250.	9,568.		21,818.
	4	Cash prizes				
S	5	Noncash prizes			<del></del> _	
xpense	6	Rent/facility costs			·	
Direct Expenses	7	Food and beverages				
u	8	Entertainment		1		
	9	Other direct expenses	1,702.	5,523.		7,225.
	10	Direct expense summary Add lines 4 through	h 9 ın column (d)		<u> </u>	7,225.
	11					14,593.
Pa	irt	Gaming. Complete if the organization	answered "Yes" on Forr	n 990, Part IV, line 19, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a				
ē	1		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
eur				bingo/progressive bingo		col (a) through col (c))
Ř		•				
_	1	Gross revenue				
2 C	Cash prizes					
Expens	3	Noncash prizes				
Direct	4	Rent/facility costs			•	
	5	Other direct expenses				
		-	Yes%	Yes%	Yes %	* *
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		•	
	8	Net gaming income summary Subtract line	7 from line 1, column (d)		•	
					<del></del>	· <del></del>
9	Er	iter the state(s) in which the organization cond	ucts gaming activities			
á	ls	the organization licensed to conduct gaming a	ctivities in each of these	e states?		Yes No
t	) If '	'No," explain				
	_				<del></del>	<del></del>
		ere any of the organization's gaming licenses r "Yes," explain			year?	Yes No
	_					
_	_					
8320	82 1	0-03-18			Schedule G (Fo	rm 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 UNITYPOINT HEALTH MARSHALLTOWN AUXILIARY 23 - 7	7300370	Page 3
	Does the organization conduct gaming activities with nonmembers?	└── Yes	└─ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	L Yes	L No
13	Indicate the percentage of gaming activity conducted in	1 1	
а	The organization's facility	13a	<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	: If "Yes," enter name and address of the third party		
	Name		
	Address		
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
٠	retain the state gaming license?	Yes	□ No
1	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and P	art III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
_		<del></del> -	
_			
		<del></del>	
_			
	182 10 02 10		

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete of the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.	irs gov/Form990 for the latest information
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OMB No 1545-0047

► Go to www.irs.gov/Form990 for the

			STOCKED CASES					
Name of the organization UNITYPOIN!	т неагтн	UNITYPOINT HEALTH MARSHALLTOWN	N AUXILIARY	RY			Employer identification number 23-7300370	namber 0370
Part I General Information on Grants and Assistance	nd 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	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selec		
criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	stance? ocedures for moni	toring the use of grant	funds in the United	d States			X Yes	<sup>№</sup>
Part II Grants and Other Assistance to Domestic Organizations	Domestic Organ	izations and Domestic	: Governments. C	omplete if the orga	Inization answered "Y	and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any	
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000 Part II car	be duplicated if additi	onal space is need	led				
1 (a) Name and address of organization or government	( <b>p</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	ant
UNITYPOINT-MARSHALLTOWN FOUNDATION								
3 SOUTH 4TH AVE MARSHALLTOWN, IA 50158	42-1388518	501(C)(3)	30,000.	0			PROGRAM SERVICE	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				•	1.
3 Enter total number of other organizations listed in the line 1 table	listed in the line	1 table					•	0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2018)	30) (2018)

Page 2

23-7300370

Schedule I (Form 990) (2018) UNITYPOINT HEALTH MARSHALLTOWN AUXILIARY

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

(e) Method of valuation (f) Description of noncash assistance (dook, FMV, appraisal, other)				ormation		FUNDS	AS		REPORTED		
		201 2 201		additional info		GRANT F	ION AND	OF THE			
(d) Amount of non- cash assistance				(b), and any other		USE OF	ORGANIZATION AND	PROTOCOLS OF	THE ORGANIZATION AND		
(c) Amount of cash grant				e 2, Part III, column		ONITORS THE	OF THE	POLICIES AND	BY THE ORG		
(b) Number of recipients				red in Part I, line		ILAIRY MO	. POLICIES	THE POL			
(a) Type of grant or assistance				Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	PART I, LINE 2:	UNITYPOINT HEALTH MARSHALLTOWN AUXILAIRY MONITORS	ACCORDING TO THE STANDARD FINANCIAL	REQUIRED BY THE GRANT OR GRANTOR.	FUNDING SOURCE ARE ENFORCED AND MONITORED	AS REQUIRED.	

Schedule I (Form 990) (2018)

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

Open to Public

Inspection

Employer identification number

Name of the organization

23-7300370 UNITYPOINT HEALTH MARSHALLTOWN AUXILIARY FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HOSPITAL ACCOMPLISHED BY INTERPRETATION OF THE HOSPITAL TO THE PUBLIC AND SERVICE TO THE HOSPITAL AND IT'S PATIENTS THRU VOLUNTEERISM AND FUNDRAISING. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IT'S PLANNING FOR THE COMMUNITY. FORM 990, PART VI, SECTION B, LINE 11B: A COMPLETE COPY OF THE FORM 990 AND ALL RELATED SCHEDULES ARE MAILED TO ALL BOARD MEMBERS PRIOR TO FILING. ALL QUESTIONS OR COMMENTS ARE ANSWERED PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS SENT TO BOARD MEMBERS ON AN ANNUAL BASIS. THE BOARD MEMBERS CERTIFY THAT THEY COMPLY WITH AND UNDERSTAND THE POLICY. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION WOULD MAKE ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND FORM 990 AND ALL RELATED SCHEDULES AVAILABLE TO THE PUBLIC UPON REQUEST.

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