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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2011

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2011, or tax year beginning 01-01-2011, and ending 12-31-2011

Check all that apply: Initial return, Amended return, Initial return of a former public charity, Address change, Final return, Name change

Name of foundation: MID IOWA HEALTH FOUNDATION. A Employer identification number: 42-1235348. B Telephone number: (515) 277-6411. H Check type of organization: Section 501(c)(3) exempt private foundation. I Fair market value of all assets at end of year: \$13,273,169.

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12), Operating and Administrative Expenses (13-26), and Summary (27-29).

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

Part II Balance Sheets		Beginning of year		End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash—non-interest-bearing	53,676	48,535	48,535
	2	Savings and temporary cash investments	265,955	371,302	371,302
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)	2,675,857 <input checked="" type="checkbox"/>	2,973,833	2,973,833
	b	Investments—corporate stock (attach schedule)	9,847,762 <input checked="" type="checkbox"/>	8,510,914	8,510,914
	c	Investments—corporate bonds (attach schedule)	1,416,465 <input checked="" type="checkbox"/>	1,324,099	1,324,099
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ 20,739 Less accumulated depreciation (attach schedule) ▶ _____ 15,005	7,579 <input checked="" type="checkbox"/>	5,734	5,734
15	Other assets (describe ▶ _____)	<input checked="" type="checkbox"/> 55,202 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 38,752 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 38,752 <input checked="" type="checkbox"/>	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	14,322,496	13,273,169	13,273,169	
Liabilities	17	Accounts payable and accrued expenses	2,455	1,637	
	18	Grants payable		31,000	
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe ▶ _____)	<input checked="" type="checkbox"/> 10,020 <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 52		
23	Total liabilities (add lines 17 through 22)	12,475	32,689		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	14,310,021	13,240,480	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds				
30	Total net assets or fund balances (see page 17 of the instructions)	14,310,021	13,240,480		
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	14,322,496	13,273,169		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	14,310,021
2	Enter amount from Part I, line 27a	2	-122,676
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	14,187,345
5	Decreases not included in line 2 (itemize) ▶ _____ <input checked="" type="checkbox"/>	5	946,865
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	13,240,480

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1 a INVESTMENT SALES			
b INVESTMENT SALES			
c CAPITAL GAINS DIVIDENDS	P		
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 3,841,121		3,941,570	-100,449
b 5,698,463		5,243,077	455,386
c 18,239			18,239
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			-100,449
b			455,386
c			18,239
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	373,176
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2010	713,859	13,253,051	0.053864
2009	774,680	12,160,790	0.063703
2008	835,583	14,510,704	0.057584
2007	976,170	17,060,336	0.057219
2006	912,563	15,842,617	0.057602

2 Total of line 1, column (d).	2	0.289972
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.057994
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5.	4	13,896,275
5 Multiply line 4 by line 3.	5	805,901
6 Enter 1% of net investment income (1% of Part I, line 27b).	6	6,069
7 Add lines 5 and 6.	7	811,970
8 Enter qualifying distributions from Part XII, line 4.	8	684,715

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions on page 18

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	12,137
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2.	3	12,137
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	12,137
6	Credits/Payments		
a	2011 estimated tax payments and 2010 overpayment credited to 2011	6a	12,200
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d.	7	12,200
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	63
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ 63 Refunded ▶	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		No
c Did the foundation file Form 1120-POL for this year?		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ <u>0</u> (2) On foundation managers ▶ \$ <u>0</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ <u>0</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	Yes	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ IA _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	Yes	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV on page 27)? <i>If "Yes," complete Part XIV</i>		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		No

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions).	11		No
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.MIDIOWAHEALTH.ORG	13	Yes	
14 The books are in care of DENISE SWARTZ Telephone no (515) 277-6411 Located at 3900 INGERSOLL AVE SUITE 104 DES MOINES IA ZIP+4 503123535			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16 At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country _____			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a During the year did the foundation (either directly or indirectly)				
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b			No
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c			No
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years 20__ , 20__ , 20__ , 20__				
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 20 of the instructions).	2b			
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20__ , 20__ , 20__ , 20__				
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011.</i>)	3b			
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a			No
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b			No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

<p>5a During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions). . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/></p> <p>c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach the statement required by Regulations section 53.4945–5(d).</p> <p>6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" to 6b, file Form 8870.</p> <p>7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	5b	
	6b	No
	7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DENISE SWARTZ 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	PROGRAM OFFICER 40 00	77,000	5,390	0
Total number of other employees paid over \$50,000.				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. **0**

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
3 All other program-related investments. See page 24 of the instructions	

Total. Add lines 1 through 3. **0**

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	13,734,369
b	Average of monthly cash balances.	1b	373,524
c	Fair market value of all other assets (see page 24 of the instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	14,107,893
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	14,107,893
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions).	4	211,618
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	13,896,275
6	Minimum investment return. Enter 5% of line 5.	6	694,814

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	694,814
2a	Tax on investment income for 2011 from Part VI, line 5.	2a	12,137
b	Income tax for 2011 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	12,137
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	682,677
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	682,677
6	Deduction from distributable amount (see page 25 of the instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	682,677

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	684,715
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	684,715
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	684,715

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				682,677
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2011				
a From 2006.	197,432			
b From 2007.	148,857			
c From 2008.	115,626			
d From 2009.	171,200			
e From 2010.	63,386			
f Total of lines 3a through e.	696,501			
4 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 684,715				
a Applied to 2010, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		0		
c Treated as distributions out of corpus (Election required—see page 26 of the instructions).	0			
d Applied to 2011 distributable amount.				682,677
e Remaining amount distributed out of corpus	2,038			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	698,539			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions		0		
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions			0	
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions).	0			
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see page 27 of the instructions).	197,432			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a.	501,107			
10 Analysis of line 9				
a Excess from 2007.	148,857			
b Excess from 2008.	115,626			
c Excess from 2009.	171,200			
d Excess from 2010.	63,386			
e Excess from 2011.	2,038			

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling.

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2011	(b) 2010	(c) 2009	(d) 2008	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
 Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed
 SUZANNE MINECK MID-IOWA HEALTH FOUN
 3900 INGERSOLL AVE SUITE 104
 DES MOINES, IA 503123535
 (515) 277-6411

b The form in which applications should be submitted and information and materials they should include
 AN APPLICATION FORM IS AVAILABLE FROM THE ORGANIZATION

c Any submission deadlines
 APPLICATIONS ARE ACCEPTED AT ANY TIME AND ARE REVIEWED ANNUALLY

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
 GRANTS WILL BE FOR HEALTH SERVICE PROJECTS TO QUALIFIED GROUPS WITHIN POLK COUNTY, IOWA AND THE EIGHT SURROUNDING COUNTIES

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	413,695
b <i>Approved for future payment</i> GLBT YOUTH IN IOWA SCHOOLS TASK FORCE PO BOX 704 DES MOINES, IA 50303			MAKE IT BETTER IOWA	5,000
IOWA DEPARTMENT OF PUBLIC HEALTH 321 E 12TH STREET DES MOINES, IA 50319			IOWA ADVERSE CHILDHOOD EXPERIENCES PROJECT	26,000
Total			▶ 3b	31,000

Additional Data

Software ID:

Software Version:

EIN: 42-1235348

Name: MID IOWA HEALTH FOUNDATION

Form 990PF - Special Condition Description:

Special Condition Description

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
THOMAS JESCHKE 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	VICE-CHAIR 1 00	3,400	0	0
NOLDEN GENTRY 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	CHAIR 1 00	2,000	0	0
ROB HAYES 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	DIRECTOR 1 00	0	0	0
TERRY CALDWELL-JOHNSON 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	DIRECTOR 1 00	2,000	0	0
JUDITH VOGEL 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	DIRECTOR 1 00	2,200	0	0
BECKY MILES-POLKA 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	DIRECTOR 1 00	2,000	0	0
MATTHEW MCGARVEY 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	DIRECTOR 1 00	2,800	0	0
CHERYL HARDING 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	SECRETARY/TREASURER 1 00	0	0	0
LIBBY JACOBS 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	DIRECTOR 1 00	600	0	0
SUZANNE MINECK 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	PRESIDENT 40 00	96,651	6,766	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMOS - A MID-IOWA ORGANIZING STRATEGY3700 COTTAGE GROVE DES MOINES,IA 50311			QUALITY HEALTH CARE	25,000
ASSOCIATION OF SMALL FOUNDATIONS1720 N STREET NW WASHINGTON,DC 20036			GENERAL OPERATIONS - TA FOR GOVERNANCE, INVESTMENT,	695
CATHOLIC CHARITIES601 GRAND AVENUE DES MOINES,IA 50309			SPANISH LANGUAGE COUNSELING	20,000
CHILD AND FAMILY POLICY CENTER505 5TH AVE STE 404 DES MOINES,IA 50309			CHILDREN'S HEALTHY DEVELOPMENT EDUCATION & INFORMATION	15,000
CHILDREN AND FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES,IA 50314			CORNERSTON RECOVERY OUTPATIENT TREATMENT PROGRAM	15,000
CHILDREN AND FAMILY URBAN MINISTRIESPO BOX 41125 DES MOINES,IA 50311			2011 BACK TO SCHOOL HEALTH FAIR	5,000
DES MOINES HEALTH CENTER1111 NINTH STREET STE 190 DES MOINES,IA 50314			SMILE SQUAD ORAL HEALTH PROGRAM	20,000
DES MOINES PASTORAL COUNSELING CENTER2929 WESTOWN PARKWAY STE 110 WEST DES MOINES,IA 50266			CHILDREN OVERCOMING THE OBSTACLES OF LIFE	10,000
EMPLOYEE AND FAMILY RESOURCES505 5TH AVE STE 930 DES MOINES,IA 50309			RESTORATIVE JUSTICE PROGRAMS	30,000
FOOD BANK OF CENTRAL IOWA 2220 E 17TH STREET DES MOINES,IA 50316			BACKPACK BUDDIES	500
GRANTMAKERS IN HEALTH1130 CONNECTICUT AVENUE NW STE 700 WASHINGTON,DC 20036			GENERAL OPERATING, TECHNICAL ASSISTANCE	2,500
IOWA CAREGIVERS ASSOCIATION 1211 VINE STREET STE 1000 WEST DES MOINES,IA 50265			ACCESS TO QUALITY CARE THROUGH A STABLE DIRECT CARE WORKFORCE	15,000
IOWA HEALTH FOUNDATION1440 INGERSOLL AVENUE DES MOINES,IA 50309			LA CLINICA - YOUR OVERALL HEALTH	20,000
LUTHERAN SERVICES IN IOWA 3125 COTTAGE GROVE AVENUE DES MOINES,IA 50311			HEALTHY OPPORTUNITIES FOR FAMILIES TO EXPERIENCE SUCCESS	10,000
OAKRIDGE NEIGHBORHOOD1236 OAKRIDGE DRIVE DES MOINES,IA 50314			YOUTH HEALTH PROGRAMMING	500
POLK COUNTY HEALTH DEPARTMENT1907 CARPENTER AVENUE DES MOINES,IA 50314			JUMPSTART BACK TO SCHOOL HEALTH FAIR	5,000
VISITING NURSE SERVICES1111 NINTH STREET STE 320 DES MOINES,IA 50306			VISITING NURSE SERVICES OUTREACH PROGRAM	30,000
YOUNG WOMEN'S RESOURCE CENTER818 5TH AVENUE DES MOINES,IA 50309			CHILDBIRTH EDUCATION AND DOULA PROGRAM	20,000
YOUTH EMERGENCY SERVICES & SHELTER OF IOWA918 SE 11TH STREET DES MOINES,IA 50309			CRISIS ASSESSMENT AND COUNSELING SERVICES	25,000
CHRYSLIS FOUNDATION300 E LOCUST 150 DES MOINES,IA 50309			GIRLSTRONG PROGRAM	10,000
PRIMARY HEALTH CARE INC9943 HICKMAN ROAD SUITE 105 URBANDALE,IA 50322			REFERRAL COORDINATION PILOT	40,000
CENTRAL IOWA SHELTER AND SERVICES205 15TH STREET DES MOINES,IA 50309			COMMUNITY HEALTH CLINIC	25,000
MENTOR IOWA3900 INGERSOLL AVENUE DES MOINES,IA 50312			MAN UP	5,000
COMMUNITY YOUTH CONCEPTS 3826 1/2 DOUGLAS AVENUE DES MOINES,IA 50310			PUBLIC HEALTH YOUTH ADVISORY BOARD	15,000
NEW OPPORTUNITIES23751 HIGHWAY 30 CARROLL,IA 51401			DALLAS COUNTY DENTAL HEALTH PROJECT	22,000
PREVENT CHILD ABUSE IOWA505 5TH AVE STE 900 DES MOINES,IA 50309			HEALTHIER OUTCOMES FOR CHILDREN THROUGH IMPROVED CHILD ABUSE PREVENTION SERVICES	15,000
CHILD AND FAMILY POLICY CENTER505 5TH AVE STE 404 DES MOINES,IA 50309			IOWA ADVERSE CHILDHOOD EXPERIENCES BRIEF	5,000
ORCHARD PLACE925 PORTER AVENUE DES MOINES,IA 50315			EARLY CHILDHOOD MENTAL HEALTH CONSULTATION	7,000
WESLEY LIFE3520 GRAND AVENUE DES MOINES,IA 50312			GENERAL SUPPORT	500

Total **3a** **413,695**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
b <i>Approved for future payment</i>				
GLBT YOUTH IN IOWA SCHOOLS TASK FORCEPO BOX 704 DES MOINES,IA 50303			MAKE IT BETTER IOWA	5,000
IOWA DEPARTMENT OF PUBLIC HEALTH321 E 12TH STREET DES MOINES,IA 50319			IOWA ADVERSE CHILDHOOD EXPERIENCES PROJECT	26,000
Total				31,000

TY 2011 Accounting Fees Schedule

Name: MID IOWA HEALTH FOUNDATION

EIN: 42-1235348

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AUDIT FEES	5,000	0	0	5,000
ACCOUNTING FEES	4,600	0	0	4,600
PAYROLL PROCESSING FEE	900	0	0	900

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2011 Depreciation Schedule

Name: MID IOWA HEALTH FOUNDATION

EIN: 42-1235348

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FILE CABINET	1993-09-01	429	429	SL	7 000000000000	0	0	0	
CONFERENCE TABLE	1995-08-25	1,408	1,408	SL	7 000000000000	0	0	0	
FILE CABINET	1998-08-03	114	114	SL	10 000000000000	0	0	0	
OFFICE FURNITURE	2000-05-04	1,081	1,081	SL	10 000000000000	0	0	0	
FURNITURE	2002-06-04	468	403	SL	10 000000000000	47	0	47	
FURNITURE	2004-04-01	2,587	1,748	SL	10 000000000000	259	0	259	
FURNITURE	2004-05-06	1,577	1,053	SL	10 000000000000	158	0	158	
COMPUTER BACKUP SYSTEM	2004-05-03	1,773	1,773	SL	5 000000000000	0	0	0	
FURNITURE	2004-09-01	372	234	SL	10 000000000000	37	0	37	
FURNITURE	2004-09-01	152	95	SL	10 000000000000	15	0	15	
COMPUTER PRINTER	2006-02-14	1,978	1,947	SL	5 000000000000	31	0	31	
OFFICE FURNITURE	2006-11-27	3,156	1,290	SL	10 000000000000	316	0	316	
COMPUTER	2006-02-14	1,578	1,553	SL	5 000000000000	25	0	25	
LANIER COPIER	2006-10-03	3,180	1,352	SL	10 000000000000	265	0	265	
OFFICE FURNITURE	2007-05-07	520	191	SL	10 000000000000	52	0	52	
OPTIPLEX 960 MINITOWER	2010-04-07	1,797	270	SL	5 000000000000	359	0	359	
USED DELL PRECISION 390	2010-12-31	350		SL	5 000000000000	70	0	70	
LANIER COPIER/PRINTER	2011-10-18	1,399		SL	5 000000000000	47	0	47	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2011 Gain/Loss from Sale of Other Assets Schedule

Name: MID IOWA HEALTH FOUNDATION

EIN: 42-1235348

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
LANIER COPIER	2006-10	PURCHASED	2011-10			3,180		0	-1,563	1,617

**TY 2011 Investments Corporate
Bonds Schedule**

Name: MID IOWA HEALTH FOUNDATION

EIN: 42-1235348

Name of Bond	End of Year Book Value	End of Year Fair Market Value
TOTAL CORPORATE BONDS OWNED	1,324,099	1,324,099

**TY 2011 Investments Corporate
Stock Schedule****Name:** MID IOWA HEALTH FOUNDATION**EIN:** 42-1235348

Name of Stock	End of Year Book Value	End of Year Fair Market Value
TOTAL CORPORATE STOCKS OWNED	8,510,914	8,510,914

**TY 2011 Investments Government
Obligations Schedule**

Name: MID IOWA HEALTH FOUNDATION

EIN: 42-1235348

**US Government Securities - End of
Year Book Value:** 2,973,833

**US Government Securities - End of
Year Fair Market Value:** 2,973,833

**State & Local Government
Securities - End of Year Book
Value:** 0

**State & Local Government
Securities - End of Year Fair
Market Value:** 0

TY 2011 Land, Etc. Schedule

Name: MID IOWA HEALTH FOUNDATION

EIN: 42-1235348

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FILE CABINET	429	429		0
CONFERENCE TABLE	1,408	1,408		0
FILE CABINET	114	114		0
OFFICE FURNITURE	1,081	1,081		0
FURNITURE	468	450	18	0
FURNITURE	2,587	2,007	580	0
FURNITURE	1,577	1,211	366	0
COMPUTER BACKUP SYSTEM	1,773	1,773		0
FURNITURE	372	271	101	0
FURNITURE	152	110	42	0
COMPUTER PRINTER	1,978	1,978		0
OFFICE FURNITURE	3,156	1,606	1,550	0
COMPUTER	1,578	1,578		0
OFFICE FURNITURE	520	243	277	0
OPTIPLEX 960 MINITOWER	1,797	629	1,168	0
USED DELL PRECISION 390	350	70	280	0
LANIER COPIER/PRINTER	1,399	47	1,352	0

TY 2011 Other Assets Schedule

Name: MID IOWA HEALTH FOUNDATION

EIN: 42-1235348

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INTEREST INCOME	55,202	38,752	38,752

TY 2011 Other Decreases Schedule

Name: MID IOWA HEALTH FOUNDATION

EIN: 42-1235348

Description	Amount
UNREALIZED GAINS (LOSSES) ON INVESTMENTS	946,865

TY 2011 Other Expenses Schedule

Name: MID IOWA HEALTH FOUNDATION

EIN: 42-1235348

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES & SUBSCRIPTIONS	430	0	0	430
INSURANCE	4,321	0	0	4,321
SUPPLIES & POSTAGE	673	0	0	673
REPAIRS AND MAINTENANCE	2,550	0	0	2,550
TELEPHONE	2,070	0	0	2,070
OTHER	68	0	0	1,628

TY 2011 Other Liabilities Schedule

Name: MID IOWA HEALTH FOUNDATION

EIN: 42-1235348

Description	Beginning of Year - Book Value	End of Year - Book Value
ACCRUED FEDERAL EXCISE TAX	10,020	52

TY 2011 Other Professional Fees Schedule

Name: MID IOWA HEALTH FOUNDATION

EIN: 42-1235348

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTANT	2,952	0	0	2,952
401K PLAN ADMIN	675	0	0	675
INVESTMENT FEES	90,857	90,857	0	0

TY 2011 Taxes Schedule

Name: MID IOWA HEALTH FOUNDATION

EIN: 42-1235348

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	12,137	0	0	0
FOREIGN TAXES	9,183	9,183	0	0