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Form **990-PF**

**Return of Private Foundation**

OMB No 1545-0052

or Section 4947(a)(1) Trust Treated as Private Foundation

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS cannot redact the information on the form.  
Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

For calendar year 2013, or tax year beginning 01-01-2013, and ending 12-31-2013

Name of foundation MID IOWA HEALTH FOUNDATION		<b>A Employer identification number</b> 42-1235348						
Number and street (or P O box number if mail is not delivered to street address) Room/suite 3900 INGERSOLL AVE NO 104		<b>B Telephone number</b> (see instructions) (515) 277-6411						
City or town, state or province, country, and ZIP or foreign postal code DES MOINES, IA 503123535		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>						
<b>G</b> Check all that apply: <table border="0"> <tr> <td><input type="checkbox"/> Initial return</td> <td><input type="checkbox"/> Initial return of a former public charity</td> </tr> <tr> <td><input type="checkbox"/> Final return</td> <td><input type="checkbox"/> Amended return</td> </tr> <tr> <td><input type="checkbox"/> Address change</td> <td><input type="checkbox"/> Name change</td> </tr> </table>		<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity							
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return							
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change							
<b>H</b> Check type of organization: <table border="0"> <tr> <td><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation</td> <td><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust</td> <td><input type="checkbox"/> Other taxable private foundation</td> </tr> </table>		<input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation	<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust	<input type="checkbox"/> Other taxable private foundation	<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>			
<input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation	<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust	<input type="checkbox"/> Other taxable private foundation						
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 15,849,796	<b>J</b> Accounting method: <table border="0"> <tr> <td><input type="checkbox"/> Cash</td> <td><input checked="" type="checkbox"/> Accrual</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)</td> </tr> </table>	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual	<input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>		
<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual							
<input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)								

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)				
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments	8	8		
	<b>4</b> Dividends and interest from securities	286,635	286,635		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	799,797			
	<b>b</b> Gross sales price for all assets on line 6a 8,307,334				
	<b>7</b> Capital gain net income (from Part IV, line 2)		799,797		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	1,086,440	1,086,440			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	98,858	7,909		97,144
	<b>14</b> Other employee salaries and wages	78,750	0		78,750
	<b>15</b> Pension plans, employee benefits	33,712	1,176		32,536
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	12,195	0		12,195
	<b>c</b> Other professional fees (attach schedule)	89,783	86,733		3,050
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	65,513	4,796		0
	<b>19</b> Depreciation (attach schedule) and depletion	1,571	0		
	<b>20</b> Occupancy	12,535	0		12,535
	<b>21</b> Travel, conferences, and meetings	17,910	0		14,207
	<b>22</b> Printing and publications	2,020	0		2,020
	<b>23</b> Other expenses (attach schedule)	19,450	0		21,797
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	432,297	100,614		274,234
<b>25</b> Contributions, gifts, grants paid	464,842			464,842	
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	897,139	100,614		739,076	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	189,301				
<b>b Net investment income</b> (if negative, enter -0-)		985,826			
<b>c Adjusted net income</b> (if negative, enter -0-)					

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

<b>Part II Balance Sheets</b>		Beginning of year		End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	7,715	10,084	10,084	
	<b>2</b> Savings and temporary cash investments . . . . .	319,872	351,769	351,769	
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____				
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____				
	<b>5</b> Grants receivable . . . . .				
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .				
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____				
	<b>8</b> Inventories for sale or use . . . . .				
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,500	4,618	4,618	
	<b>10a</b> Investments—U S and state government obligations (attach schedule)	647,300 <input type="checkbox"/>	0	0	
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	5,122,970 <input type="checkbox"/>	6,219,299	6,219,299	
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	447,797 <input type="checkbox"/>	0	0	
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____				
	<b>12</b> Investments—mortgage loans . . . . .				
	<b>13</b> Investments—other (attach schedule) . . . . .	7,380,467 <input type="checkbox"/>	9,259,670	9,259,670	
	<b>14</b> Land, buildings, and equipment basis ▶ _____ 17,588 Less accumulated depreciation (attach schedule) ▶ 13,232	4,170 <input type="checkbox"/>	4,356	4,356	
<b>15</b> Other assets (describe ▶ _____)	<input type="checkbox"/> 9,097 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>		
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	13,941,888	15,849,796	15,849,796		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,814	2,488		
	<b>18</b> Grants payable . . . . .				
	<b>19</b> Deferred revenue . . . . .				
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons				
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .				
	<b>22</b> Other liabilities (describe ▶ _____)	<input type="checkbox"/> 20,537 <input type="checkbox"/>	41,000		
<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	24,351	43,488			
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	<b>24</b> Unrestricted . . . . .	13,917,537	15,806,308		
	<b>25</b> Temporarily restricted . . . . .				
	<b>26</b> Permanently restricted . . . . .				
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	<b>27</b> Capital stock, trust principal, or current funds . . . . .				
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund				
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds				
<b>30 Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	13,917,537	15,806,308			
<b>31 Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	13,941,888	15,849,796			

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b>	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) . . . . .	<b>1</b>	13,917,537
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	189,301
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____ <input type="checkbox"/>	<b>3</b>	1,699,470
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	15,806,308
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	15,806,308

**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)
<b>1 a</b>	INVESTMENT SALES			
<b>b</b>		P		
<b>c</b>				
<b>d</b>				
<b>e</b>				
(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)	
<b>a</b> 8,307,334		7,506,947	800,387	
<b>b</b>	4,908	5,498	-590	
<b>c</b>				
<b>d</b>				
<b>e</b>				
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		
<b>a</b>			800,387	
<b>b</b>			-590	
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b>	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 }		<b>2</b> 799,797
<b>3</b>	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 instructions) If (loss), enter -0- in Part I, line 8	{ }		<b>3</b>

**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))	
2012	744,380	13,648,124	0.054541	
2011	684,715	13,896,275	0.049273	
2010	713,859	13,253,051	0.053864	
2009	774,680	12,160,790	0.063703	
2008	835,583	14,510,704	0.057584	
<b>2</b>	<b>Total</b> of line 1, column (d).			<b>2</b> 0.278965
<b>3</b>	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			<b>3</b> 0.055793
<b>4</b>	Enter the net value of noncharitable-use assets for 2013 from Part X, line 5.			<b>4</b> 14,580,962
<b>5</b>	Multiply line 4 by line 3.			<b>5</b> 813,516
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b).			<b>6</b> 9,858
<b>7</b>	Add lines 5 and 6.			<b>7</b> 823,374
<b>8</b>	Enter qualifying distributions from Part XII, line 4.			<b>8</b> 739,076

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

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

<b>1a</b>	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>b</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 . . . . .	<b>1</b>	19,717
<b>c</b>	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	19,717
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	<b>5</b>	19,717
<b>6</b>	Credits/Payments		
<b>a</b>	2013 estimated tax payments and 2012 overpayment credited to 2013	<b>6a</b>	24,450
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments Add lines 6a through 6d. . . . .	<b>7</b>	24,450
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	4,733
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2014 estimated tax</b> 4,733 <b>Refunded</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</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>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?. . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <input type="checkbox"/> \$ 0 <b>(2)</b> On foundation managers <input type="checkbox"/> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
<b>2</b> 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>	<b>2</b>	No
<b>3</b> 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> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?. . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?. . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> 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>	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> IA		
<b>b</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>	<b>8b</b>	Yes
<b>9</b> 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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<b>10</b>	No

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b> 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 instructions). . . . .	<b>11</b>		<b>No</b>
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .	<b>12</b>		<b>No</b>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>WWW.MIDIOVAHEALTH.ORG</u>	<b>13</b>	<b>Yes</b>	
<b>14</b> The books are in care of ▶ <u>SUZANNE MINECK</u> Telephone no ▶ <u>(515) 277-6411</u> Located at ▶ <u>3900 INGERSOLL AVE SUITE 104 DES MOINES IA</u> ZIP +4 ▶ <u>503123535</u>			
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	<b>15</b>		
<b>16</b> At any time during calendar year 2013, 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? See instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country ▶	<b>16</b>	<b>Yes</b>	<b>No</b>

**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
<b>1a</b> During the year did the foundation (either directly or indirectly)				
<b>(1)</b> Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>(2)</b> 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				
<b>(3)</b> Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>(4)</b> Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>(5)</b> 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				
<b>(6)</b> Agree to pay money or property to a government official? ( <b>Exception.</b> 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>b</b> If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>	<b>1b</b>			<b>No</b>
<b>c</b> 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 2013? . . . . .	<b>1c</b>			<b>No</b>
<b>2</b> 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))				
<b>a</b> At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____				
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .	<b>2b</b>			
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____				
<b>3a</b> 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>b</b> If "Yes," did it have excess business holdings in 2013 as a result of <b>(1)</b> any purchase by the foundation or disqualified persons after May 26, 1969, <b>(2)</b> 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 <b>(3)</b> 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 2013.</i> ) . . . . .	<b>3b</b>			
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>			<b>No</b>
<b>b</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 2013?	<b>4b</b>			<b>No</b>

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

<p><b>5a</b> During the year did the foundation pay or incur any amount to</p> <p><b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(2)</b> 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><b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> 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 instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(5)</b> 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>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/></p> <p><b>c</b> 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 checked="" type="checkbox"/> No</p> <p>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</p> <p><b>6a</b> 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>b</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</p> <p>If "Yes" to 6b, file Form 8870.</p> <p><b>7a</b> 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>b</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>	<b>5b</b>		
	<b>6b</b>		<b>No</b>
	<b>7b</b>		

**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 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 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	78,750	5,863	0
<b>Total</b> number of other employees paid over \$50,000. <input type="checkbox"/>				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 instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> 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
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See page 24 of the instructions	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . .	▶

0



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	14,521,945
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	281,062
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	14,803,007
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	14,803,007
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	222,045
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	14,580,962
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	729,048

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	729,048
<b>2a</b>	Tax on investment income for 2013 from Part VI, line 5. . . . .	<b>2a</b>	19,717
<b>b</b>	Income tax for 2013 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	19,717
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	709,331
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	709,331
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	709,331

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	739,076
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	739,076
<b>5</b>	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 instructions). . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	739,076

**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 instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
<b>1</b> Distributable amount for 2013 from Part XI, line 7				709,331
<b>2</b> Undistributed income, if any, as of the end of 2013				
<b>a</b> Enter amount for 2012 only. . . . .			0	
<b>b</b> Total for prior years 20__ , 20__ , 20__		0		
<b>3</b> Excess distributions carryover, if any, to 2013				
<b>a</b> From 2008. . . . .	115,626			
<b>b</b> From 2009. . . . .	171,200			
<b>c</b> From 2010. . . . .	63,386			
<b>d</b> From 2011. . . . .	2,038			
<b>e</b> From 2012. . . . .	94,556			
<b>f</b> Total of lines 3a through e. . . . .	446,806			
<b>4</b> Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ <u>739,076</u>				
<b>a</b> Applied to 2012, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2013 distributable amount. . . . .				709,331
<b>e</b> Remaining amount distributed out of corpus	29,745			
<b>5</b> Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	476,551			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions). . . . .	115,626			
<b>9</b> Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a . . . . .	360,925			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2009. . . . .	171,200			
<b>b</b> Excess from 2010. . . . .	63,386			
<b>c</b> Excess from 2011. . . . .	2,038			
<b>d</b> Excess from 2012. . . . .	94,556			
<b>e</b> Excess from 2013. . . . .	29,745			

**Part XIV Private Operating Foundations** (see 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 2013, 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			<b>(e) Total</b>
	<b>(a) 2013</b>	<b>(b) 2012</b>	<b>(c) 2011</b>	<b>(d) 2010</b>	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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 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) )

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**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

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**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 instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

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**a** The name, address, and telephone number or e-mail address 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

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**b** The form in which applications should be submitted and information and materials they should include

AN APPLICATION FORM IS AVAILABLE FROM THE ORGANIZATION'S WEBSITE AT WWW.MIDIOWAHEALTH.ORG/GRANTS

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**c** Any submission deadlines

APPLICATIONS FOR COMMUNITY RESPONSE GRANTS MUST BE RECEIVED BY OCTOBER 1 HEALTH INITIATIVE GRANTS A

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**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

COMMUNITY RESPONSE GRANTS WILL NOT BE GIVEN TO INDIVIDUALS, SCHOLARSHIPS, CONFERENCE REGISTRATION FEES, PROGRAMS THAT PROMOTE RELIGIOUS ACTIVITIES, GENERAL OPERATIONS OR SPECIAL CAMPS OF DISEASE- OR CONDITION-SPECIFIC ORGANIZATIONS, CAPITAL CAMPAIGNS, ENDOWMENT CAMPAIGNS, DEBT REDUCTION, OR FUND RAISING EVENTS HEALTH INITIATIVE GRANTS ARE BY INVITATION FROM MID-IOWA HEALTH ONLY

**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
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>				<b>▶ 3a</b> 464,842
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>				<b>▶ 3b</b> 0



**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

**1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of		
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>	No
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>	No
<b>b</b> Other transactions		
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>	No
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>	No
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>	No
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>	No
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>	No
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>	No
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>	No

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

\*\*\*\*\* 2014-05-14 \*\*\*\*\*  
 Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr.)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name LYLE D REICHTER	Preparer's Signature	Date 2014-05-01	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00065165
	Firm's name	CORWIN REICHTER & COMPANY PC		Firm's EIN 42-1046003	
	Firm's address	1055 JORDAN CREEK PKWY SUITE 120 WEST DES MOINES, IA 502665821		Phone no (515) 309-0215	

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

<b>(a)</b> Name and address	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation <b>(If not paid, enter -0-)</b>	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
THOMAS JESCHKE 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	DIRECTOR 1 00	0	0	0
NOLDEN GENTRY 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	DIRECTOR 1 00	0	0	0
ROB HAYES 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	VICE-CHAIR 1 00	0	0	0
TERRY CALDWELL-JOHNSON 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	DIRECTOR 1 00	0	0	0
JUDITH VOGEL 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	DIRECTOR 1 00	0	0	0
BECKY MILES-POLKA 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	CHAIR 1 00	0	0	0
MATTHEW MCGARVEY 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	DIRECTOR 1 00	0	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	0	0	0
HAYLEY L HARVEY 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	DIRECTOR 1 00	0	0	0
SCOTT L WILSON 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	DIRECTOR 1 00	0	0	0
SUZANNE MINECK 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	PRESIDENT 40 00	98,858	6,920	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)				
<b>a</b> <i>Paid during the year</i>				
AMOS - A MID-IOWA ORGANIZING STRATEGY 3700 COTTAGE GROVE DES MOINES,IA 50311			HEALTH CARE FOR ALL	30,000
CATHOLIC CHARITIES 601 GRAND AVENUE DES MOINES,IA 50309			COMMUNITY OUTREACH PROGRAM/SPANISH LANGUAGE COUNSELING	30,000
CHILD AND FAMILY POLICY CENTER 505 5TH AVE STE 404 DES MOINES,IA 50309			CHILD HEALTH POLICY FOR THE 2014 LEGISLATIVE SESSION	20,833
CHILDREN AND FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES,IA 50314			IN MEMORY OF T WARD PHILLIPS	500
CHILDREN AND FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES,IA 50314			TEEN RECOVERY OUTPATIENT PROGRAM	20,000
COMMUNITY HEALTH CHARITIES OF IOWA 1111 NINTH STREET SUITE 275 DES MOINES,IA 50314			DIRECTOR DESIGNATED GRANT	500
COMMUNITY YOUTH CONCEPTS 3826 1/2 DOUGLAS AVENUE DES MOINES,IA 50310			YOUTH PHILANTHROPY COUNCIL FOR COMMUNITY HEALTH	18,743
DALLAS COUNTY HOSPITAL FOUNDATION INC 610 10TH STREET PERRY,IA 50220			COORDINATING OUTREACH AND ACCESS TO CARE FOR HOSPITAL EMERGENCY DEPARTMENT	30,000
DES MOINES HEALTH CENTER 1111 NINTH STREET STE 190 DES MOINES,IA 50314			SMILE SQUAD ORAL HEALTH PROGRAM	20,000
GRANTMAKERS IN HEALTH 1130 CONNECTICUT AVENUE NW STE 700 WASHINGTON,DC 20036			GENERAL OPERATING, TECHNICAL ASSISTANCE	2,500
IOWA DEPARTMENT OF PUBLIC HEALTH 321 E 12TH STREET DES MOINES,IA 50319			ACES, MENTAL HEALTH AND NEGLECT MODULES FOR THE 2014 IOWA BRFSS	9,300
IOWA FOSTER AND ADOPTIVE PARENTS ASSOCIATION 6864 NE 14TH STREET SUITE 5 ANKENY,IA 50023			FOSTERING THE TRAUMA CONNECTION INTEGRATING TRAUMA INTO IFAPA TRAININGS	30,800
IOWA LEGAL AID 1111 NINTH STREET STE 230 DES MOINES,IA 503092527			HEALTH AND LAW PROJECT	15,000
IOWA POLICY PROJECT 20 EAST MARKET STREET IOWA CITY,IA 52245			THE COST OF LIVING IN IOWA	6,000
IOWA STATE UNIVERSITY 4380 PALMER SUITE 1323 AMES,IA 50011			ASSESSING THE IMPACT OF ADVERSE CHILDHOOD EXPERIENCES IN IOWA	28,166
<b>Total . . . . .</b>			<b>3a</b>	464,842



**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>a</b> <i>Paid during the year</i>				
OAKRIDGE NEIGHBORHOOD SERVICES 1236 OAKRIDGE DRIVE DES MOINES,IA 50314			DIRECTOR DESIGNATED GRANTS	1,500
PLANNED PARENTHOOD OF THE HEARTLAND 1171 7TH STREET DES MOINES,IA 50314			STREET SMARTS INTEGRATED CARE PROJECT	20,000
PREVENT CHILD ABUSE IOWA 515 FIFTH AVE STE 900 DES MOINES,IA 50309			ACES PREVENTION AWARENESS PROJECT	10,000
PRIMARY HEALTH CARE INC 9943 HICKMAN ROAD STE 105 URBANDALE,IA 50322			CENTRALIZED CALL CENTER	40,000
TORI'S ANGELS 4677 PANORAMA DRIVE PANORA,IA 50216			DIRECTOR DESIGNATED GRANT	500
UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET DES MOINES,IA 50314			CENTRAL IOWA ACES STEERING COMMITTEE	10,000
VISITING NURSE SERVICES 1111 NINTH STREET STE 320 DES MOINES,IA 50306			COORDINATION FOR SINGLE POINT OF ENTRY FOR THE HEALTH INSURANCE MARKETPLACE AT VNS	30,000
WESLEYLIFE COMMUNITY SERVICE INC 3520 GRAND AVENUE DES MOINES,IA 50312			PUBLIC HEALTH NURSING PROGRAM	15,000
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES,IA 50309			DIRECTOR DESIGNATED GRANT	500
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES,IA 50309			INDIVIDUAL SUPPORT PROGRAM	40,000
YOUTH EMERGENCY SERVICES & SHELTER OF IOWA 918 SE 11TH STREET DES MOINES,IA 50309			COMMITMENT TO SANCTUARY AND TRAUMA INFORMED CARE	35,000
<b>Total . . . . .</b>			<b>▶ 3a</b>	464,842

## TY 2013 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	6,195	0		6,195
ACCOUNTING FEES	6,000	0		6,000

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

## TY 2013 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		
CONFERENCE TABLE	1995-08-25	1,408	1,408	SL	7 000000000000	0	0		
FILE CABINET	1998-08-03	114	114	SL	10 000000000000	0	0		
OFFICE FURNITURE	2000-05-04	1,081	1,081	SL	10 000000000000	0	0		
FURNITURE	2002-06-04	468	468	SL	10 000000000000	0	0		
FURNITURE	2004-04-01	2,587	2,266	SL	10 000000000000	259	0		
FURNITURE	2004-05-06	1,577	1,369	SL	10 000000000000	158	0		
COMPUTER BACKUP SYSTEM	2004-05-03	1,773	1,773	SL	5 000000000000	0	0		
FURNITURE	2004-09-01	372	308	SL	10 000000000000	37	0		
FURNITURE	2004-09-01	152	125	SL	10 000000000000	15	0		
COMPUTER PRINTER	2006-02-14	1,978	1,978	SL	5 000000000000	0	0		
OFFICE FURNITURE	2006-11-27	3,156	1,922	SL	10 000000000000	316	0		
COMPUTER	2006-02-14	1,578	1,578	SL	5 000000000000	0	0		
OFFICE FURNITURE	2007-05-07	520	295	SL	10 000000000000	52	0		
OPTIPLEX 960 MINITOWER	2010-04-07	1,797	988	SL	5 000000000000	359	0		
USED DELL PRECISION 390	2010-12-31	350	140	SL	5 000000000000	70	0		
LANIER COPIER/PRINTER	2011-10-18	1,399	327	SL	5 000000000000	280	0		
SENTRYSAFE 4-DRAWER FIRE-SAFE FILE CABINET	2013-08-22	742		SL	10 000000000000	25	0		
OPTIPLEX 9020 MINITOWER	2013-12-19	1,605		SL	5 000000000000	0	0		

**TY 2013 Investments Corporate  
Bonds Schedule**

**Name:** MID IOWA HEALTH FOUNDATION

**EIN:** 42-1235348

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
TOTAL CORPORATE BONDS OWNED	0	0

**TY 2013 Investments Corporate  
Stock Schedule**

**Name:** MID IOWA HEALTH FOUNDATION

**EIN:** 42-1235348

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
TOTAL CORPORATE STOCKS OWNED	6,219,299	6,219,299

**TY 2013 Investments Government  
Obligations Schedule**

**Name:** MID IOWA HEALTH FOUNDATION

**EIN:** 42-1235348

<b>US Government Securities - End of Year Book Value:</b>	0
<b>US Government Securities - End of Year Fair Market Value:</b>	0
<b>State &amp; Local Government Securities - End of Year Book Value:</b>	0
<b>State &amp; Local Government Securities - End of Year Fair Market Value:</b>	0

## TY 2013 Investments - Other Schedule

**Name:** MID IOWA HEALTH FOUNDATION

**EIN:** 42-1235348

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
TOTAL MUTUAL FUNDS	FMV	9,259,670	9,259,670

**TY 2013 Land, Etc. Schedule****Name:** MID IOWA HEALTH FOUNDATION**EIN:** 42-1235348

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
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	468	0	
FURNITURE	2,587	2,525	62	
FURNITURE	1,577	1,527	50	
FURNITURE	372	345	27	
FURNITURE	152	140	12	
COMPUTER PRINTER	1,978	1,978	0	
OFFICE FURNITURE	3,156	2,238	918	
OFFICE FURNITURE	520	347	173	
LANIER COPIER/PRINTER	1,399	607	792	
SENTRYSAFE 4-DRAWER FIRE-SAFE FILE CABINET	742	25	717	
OPTIPLEX 9020 MINITOWER	1,605	0	1,605	



## TY 2013 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	9,097	0	0

## TY 2013 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	1,024	0		1,025
INSURANCE	4,538	0		4,538
OFFICE EXPENSE	2,341	0		4,687
TELEPHONE	2,175	0		2,175
INFORMATION TECHNOLOGY	9,372	0		9,372

## TY 2013 Other Increases Schedule

**Name:** MID IOWA HEALTH FOUNDATION

**EIN:** 42-1235348

Description	Amount
UNREALIZED GAINS (LOSSES) ON INVESTMENTS	1,699,470

## TY 2013 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	20,537	0
DEFERRED FEDERAL EXCISE TAX	0	41,000

## TY 2013 Other Professional Fees Schedule

**Name:** MID IOWA HEALTH FOUNDATION

**EIN:** 42-1235348

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING	3,050	0		3,050
INVESTMENT FEES	86,733	86,733		0

# TY 2013 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	60,717	0		0
FOREIGN TAXES	4,796	4,796		0