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Form

990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

Name of foundation MID-IOWA HEALTH FOUNDATION		A Employer identification number 42-1235348	
Number and street (or P O box number if mail is not delivered to street address) 3900 INGERSOLL AVE NO 104		Room/suite	B Telephone number (see instructions) (515) 277-6411
City or town, state or province, country, and ZIP or foreign postal code DES MOINES, IA 503123535			
G Check all that apply ☐ Initial return☐ Initial return of a former public charity ☐ Final return☐ Amended return ☐ Address change☐ Name change		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 14,559,890		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check ▶ ☒ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	19	19		
	4 Dividends and interest from securities	256,199	256,199		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	661,081			
	b Gross sales price for all assets on line 6a 7,740,896				
	7 Capital gain net income (from Part IV, line 2) . . .		661,081		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total.Add lines 1 through 11	917,299	917,299		
	13 Compensation of officers, directors, trustees, etc	104,708	8,377		96,331
	14 Other employee salaries and wages	79,325	0		79,325
	15 Pension plans, employee benefits	35,818	1,248		34,570
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).	13,000	0		13,000
	c Other professional fees (attach schedule)	75,156	69,518		5,638
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	13,172	4,839		0
	19 Depreciation (attach schedule) and depletion . . .	1,481	0		
	20 Occupancy	14,473	0		14,473
	21 Travel, conferences, and meetings.	15,574	0		15,574
	22 Printing and publications	3,187	0		3,187
	23 Other expenses (attach schedule).	-11,138	0		13,262
	24 Total operating and administrative expenses. Add lines 13 through 23	344,756	83,982		275,360
	25 Contributions, gifts, grants paid	501,936			541,936
	26 Total expenses and disbursements.Add lines 24 and 25	846,692	83,982		817,296
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	70,607			
	b Net investment income (if negative, enter -0-)		833,317		
	c Adjusted net income(if negative, enter -0-) . . .				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	10,058	10,031	10,031
	2	Savings and temporary cash investments	191,709	246,046	246,046
	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 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		7,750	7,750
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	6,528,625	5,243,612	5,243,612
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans.			
	13	Investments—other (attach schedule)	9,037,013	9,037,315	9,037,315
	14	Land, buildings, and equipment basis ▶ 19,776 Less accumulated depreciation (attach schedule) ▶ 16,307	4,949	3,469	3,469
15	Other assets (describe ▶ _____)	0	11,667	11,667	
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	15,772,354	14,559,890	14,559,890	
Liabilities	17	Accounts payable and accrued expenses	22,686	22,554	
	18	Grants payable	80,000	40,000	
	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 ▶ _____)	35,079	10,400	
	23	Total liabilities(add lines 17 through 22)	137,765	72,954	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☒ and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	15,634,589	14,486,936	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ 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 instructions)	15,634,589	14,486,936	
31	Total liabilities and net assets/fund balances(see instructions)	15,772,354	14,559,890		

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	15,634,589
2	Enter amount from Part I, line 27a	2	70,607
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	15,705,196
5	Decreases not included in line 2 (itemize) ▶ _____	5	1,218,260
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	14,486,936

Part IV

Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a 7,512,352		7,079,815	432,537
b 228,544			228,544
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			432,537
b			228,544
c			
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	661,081
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 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 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))
2014	757,514	15,699,162	0 048252
2013	739,076	14,580,962	0 050688
2012	744,380	13,648,124	0 054541
2011	684,715	13,896,275	0 049273
2010	713,859	13,253,051	0 053864

2	Total of line 1, column (d).	2	0 256618
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 051324
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	15,268,779
5	Multiply line 4 by line 3.	5	783,655
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	8,333
7	Add lines 5 and 6.	7	791,988
8	Enter qualifying distributions from Part XII, line 4.	8	817,296

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)

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ 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 ☒ and enter 1% of Part I, line 27b

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

8,333

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

8,333

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

20,000

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

20,000

8

Enter any **penalty** for underpayment of estimated tax. Check here ☐ 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

11,667

11

Enter the amount of line 10 to be **Credited to 2015 estimated tax** ☒ 11,667 **Refunded** ☒

11

0

Part VII-A

Statements Regarding Activities

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?

1a

No

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?
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.

1b

No

c

Did the foundation file **Form 1120-POL** for this year?

1c

No

d

Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:
(1) On the foundation ☒ \$ 0 (2) On foundation managers ☒ \$ 0

e

Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ☒ \$ 0

2

Has the foundation engaged in any activities that have not previously been reported to the IRS?
If "Yes," attach a detailed description of the activities.

2

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? *If "Yes," attach a conformed copy of the changes*

3

No

4a

Did the foundation have unrelated business gross income of \$1,000 or more during the year?

4a

No

b

If "Yes," has it filed a tax return on **Form 990-T** for this year?

4b

5

Was there a liquidation, termination, dissolution, or substantial contraction during the year?
If "Yes," attach the statement required by General Instruction T.

5

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?

6

Yes

7

Did the foundation have at least \$5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*

7

Yes

8a

Enter the states to which the foundation reports or with which it is registered (see 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? *If "No," attach explanation.*

8b

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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?
If "Yes," complete Part XIV

9

No

10

Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*

10

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 instructions).	11		No
12	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)	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 ▶ SUZANNE MINECK 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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2015, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes", enter the name of the foreign country ▶	16	Yes	No

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? ☐ Yes ☒ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ 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)? ☐ Yes ☒ 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). ☐ Yes ☒ 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 instructions)? ☐ Organizations relying on a current notice regarding disaster assistance check here. ▶ ☐	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 2015?	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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ☐ Yes ☒ 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 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? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2015 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 2015.</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 2015?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a

During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

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 instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

☐

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?

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

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 instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) 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	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
DENISE SWARTZ 3900 INGERSOLL AVENUE STE 104 DES MOINES, IA 50312	PROGRAM OFFICER 40 00	79,325	5,880	0

Total number of other employees paid over \$50,000.

0

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

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

1	
2	
3	
4	

[illegible]

Part X

Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see 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	15,287,447
b	Average of monthly cash balances.	1b	213,851
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	15,501,298
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	15,501,298
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	232,519
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	15,268,779
6	Minimum investment return. Enter 5% of line 5.	6	763,439

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.)

1	Minimum investment return from Part X, line 6.	1	763,439
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	8,333
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	8,333
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	755,106
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	755,106
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	755,106

Part XII

Qualifying Distributions (see 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	817,296
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	817,296
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 instructions).	5	8,333
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	808,963

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				755,106
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.	63,386			
b From 2011.	2,038			
c From 2012.	94,556			
d From 2013.	29,745			
e From 2014.				
f Total of lines 3a through e.	189,725			
4 Qualifying distributions for 2015 from Part XII, line 4				
a Applied to 2014, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				755,106
e Remaining amount distributed out of corpus	62,190			
5 Excess distributions carryover applied to 2015 (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	251,915			
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 instructions.		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions.			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).	63,386			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	188,529			
10 Analysis of line 9				
a Excess from 2011.	2,038			
b Excess from 2012.	94,556			
c Excess from 2013.	29,745			
d Excess from 2014.				
e Excess from 2015.	62,190			

Part XIV

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . .

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

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
		(a) 2015	(b) 2014	(c) 2013	(d) 2012	

• 85% of line 2a

Qualifying distributions from Part XII, line 4 for each year listed					
--	--	--	--	--	--

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					
---	--	--	--	--	--

in "Assets" alternative test—enter					
------------------------------------	--	--	--	--	--

(1) Value of all assets					
--	--	--	--	--	--

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
--	--	--	--	--	--

• "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . .					
--	--	--	--	--	--

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 instructions.)**

1 Information Regarding Foundation Managers:

■ 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))

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

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

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

c Any submission deadlines

ANNUALLY BY NOON ON OCTOBER 1

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

HEALTHCARE SAFETY NET 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 CHILDREN'S HEALTHY DEVELOPMENT GRANTS ARE BY INVITATION FROM MID-IOWA HEALTH FOUNDATION ONLY

Part XV

Supplementary Information(continued)

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 Paid during the year See Additional Data Table				
Total			3a	541,936
b Approved for future payment				
Total			3b	0

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount		
1 Program service revenue						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments.						
3 Interest on savings and temporary cash investments			14	19		
4 Dividends and interest from securities. . . .			14	256,199		
5 Net rental income or (loss) from real estate						
a Debt-financed property.						
b Not debt-financed property.						
6 Net rental income or (loss) from personal property						
7 Other investment income.						
8 Gain or (loss) from sales of assets other than inventory			18	661,081		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal Add columns (b), (d), and (e). . .		0		917,299		0
13 Total. Add line 12, columns (b), (d), and (e).			13		917,299	

(See worksheet in line 13 instructions to verify calculations)

[illegible]

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
BECKY MILES-POLKA	DIRECTOR 1 00	0	0	0
3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312				
CHERYL HARDING	SECRETARY/TREASURER 1 00	0	0	0
3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312				
HAYLEY L HARVEY	DIRECTOR 1 00	0	0	0
3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312				
JUDITH VOGEL	DIRECTOR 1 00	0	0	0
3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312				
LIBBY JACOBS	DIRECTOR 1 00	0	0	0
3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312				
MATTHEW MCGARVEY	DIRECTOR 1 00	0	0	0
3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312				
NOLDEN GENTRY	DIRECTOR 1 00	0	0	0
3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312				
ROB HAYES	CHAIR 1 00	0	0	0
3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312				
SCOTT L WILSON	DIRECTOR 1 00	0	0	0
3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312				
SUZANNE MINECK	PRESIDENT 40 00	104,708	7,330	0
3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312				
TEREE CALDWELL-JOHNSON	VICE-CHAIR 1 00	0	0	0
3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312				
THOMAS JESCHKE	DIRECTOR 1 00	0	0	0
3900 INGERSOLL AVENUE STE 104 DES MOINES,IA 50312				

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>				
ALZHEIMER'S ASSOCIATION GREATER DES MOINES CHAPTER 1730 28TH STREET WEST DES MOINES,IA 50265			DR DON C GREEN MEMORIAL	500
AMANDA THE PANDA 1821 GRAND AVENUE DES MOINES,IA 50265			UVOICE YOUTH HEALTH PHILANTHROPY INITIATIVE GRANT	1,000
BROADLAWNS MEDICAL CENTER FOUNDATION 1801 HICKMAN ROAD DES MOINES,IA 50314			DIRECTOR DESIGNATED GRANT	500
BROADLAWNS MEDICAL CENTER FOUNDATION 1801 HICKMAN ROAD DES MOINES,IA 50314			BROADLAWNS MENTAL HEALTH AND ORAL MEDICINE INITIATIVE	50,000
CATHOLIC CHARITIES 601 GRAND AVENUE DES MOINES,IA 50309			COMMUNITY OUTREACH PROGRAM/SPANISH LANGUAGE COUNSELING	20,000
CENTRAL IOWA SHELTER AND SERVICES 1420 MULBERRY STREET DES MOINES,IA 50309			EMERGENCY SERVICES REDUCTION PROGRAM	40,000
CHILD AND FAMILY POLICY CENTER 505 5TH AVE STE 404 DES MOINES,IA 50309			FACILITATIVE LEADERSHIP AROUND CHILD HEALTH AND WELL-BEING IN IOWA	30,000
CHILDREN AND FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES,IA 50314			TEEN RECOVERY OUTPATIENT PROGRAM	20,000
CHILDREN'S CANCER CONNECTION 2708 GRAND AVENUE DES MOINES,IA 50312			UVOICE YOUTH HEALTH PHILANTHROPY INITIATIVE GRANT	1,500
COMMUNITY YOUTH CONCEPTS 1446 MARTIN LUTHER KING JR PKWY DES MOINES,IA 50314			UVOICE YOUTH PHILANTHROPY BOARD	16,200
DES MOINES HEALTH CENTER 1111 NINTH STREET STE 190 DES MOINES,IA 50314			DES MOINES PUBLIC SCHOOL FULL SERVICE DENTAL	35,000
DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT 901 WALNUT STREET DES MOINES,IA 503093506			SCAVO FULL SERVICE SCHOOL DENTAL CLINIC	20,000
EMPLOYEE AND FAMILY RESOURCES 505 5TH AVE STE 600 DES MOINES,IA 50309			THE EFR COUNSELING PROGRAM	15,000
ETHNIC MINORITIES OF BURMA ADVOCACY AND RESOURCE CENTER 2309 EUCLID AVENUE DES MOINES,IA 50310			EMBARC'S REFUGEE HEALTH NAVIGATOR PROJECT	20,000
GRANTMAKERS IN HEALTH 1130 CONNECTICUT AVENUE NW STE 700 WASHINGTON,DC 20036			GENERAL OPERATING, TECHNICAL ASSISTANCE	2,875
Total			3a	541,936

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>				
GREATER DES MOINES COMMUNITY FOUNDATION 1915 GRAND AVE DES MOINES,IA 50309			IGNITE INNOVATION CHALLENGE	5,000
IOWA LEGAL AID 1111 NINTH ST STE 230 DES MOINES,IA 50314			IOWA LEGAL AID HEALTH AND LAW RESPONSE TEAM PROJECT	10,000
IOWA PUBLIC HEALTH ASSOCIATION FOUNDATION 6919 VISTA DR WEST DES MOINES,IA 50266			ENGAGING IOWA'S PUBLIC HEALTH SYSTEM IN MEDICAID MODERNIZATION	1,500
LUTHERAN SERVICES OF IOWA 3125 COTTAGE GROVE AVE DES MOINES,IA 50311			HEALTHY FAMILIES AMERICA REFUGEE EXPANSION	32,665
NATIONAL ALLIANCE ON MENTAL ILLNESS OF GREATER DES MOINES 200 SW 42ND ST DES MOINES,IA 50312			NAMI OF GREATER DES MOINES PROGRAM AND OPERATING SUPPORT	20,000
OAKRIDGE NEIGHBORHOOD SERVICES 1236 OAKRIDGE DRIVE DES MOINES,IA 50314			DIRECTOR DESIGNATED GRANT	500
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES,IA 50312			TRAUMA INFORMED CARE CONFERENCE	500
ORCHARD PLACE 2116 GRAND AVENUE DES MOINES,IA 50312			6TH ANNUAL PSYCHOLOGICAL TRAUMA & JUVENILE JUSTICE IMPACT ON MIND, BODY, BEHAVIOR AND COMMUNITY CURRENT RESEARCH AND PRACTICE TRENDS CONFERENCE	500
PLANNED PARENTHOOD OF THE HEARTLAND 1171 7TH STREET DES MOINES,IA 50314			INTEGRATED CARE FOR AT- RISK YOUTH AND YOUNG ADULTS	10,000
POLK COUNTY HEALTH DEPARTMENT 1907 CARPENTER AVENUE DES MOINES,IA 50314			BACK TO SCHOOL CALL CENTER	5,000
POLK COUNTY HOUSING TRUST FUND 108 3RD ST SUITE 350 DES MOINES,IA 50309			HEALTHY HOMES EAST BANK	50,000
PRIMARY HEALTH CARE INC 9943 HICKMAN ROAD STE 105 URBANDALE,IA 50322			CENTRALIZED INTAKE	25,000
TORI'S ANGELS 4677 PANORAMA DRIVE PANORA,IA 50216			DIRECTOR DESIGNATED GRANT	500
US COMMITTEE FOR REFUGEES AND IMMIGRANTS - DES MOINES FIELD OFFICE 601 FOREST AVE DES MOINES,IA 50314			USCRI REFUGEE WELLNESS PROGRAM - HEALTH ADVOCATE	20,000
UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET DES MOINES,IA 50314			IOWA ACES REPORT	7,500
Total			3a	541,936

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>				
UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET DES MOINES,IA 50314			IOWA ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED PROJECT	5,000
VISITING NURSE SERVICES 1111 NINTH STREET STE 320 DES MOINES,IA 50314			IOWA HEALTH LINK COLLABORATION	7,488
YOUNG WOMEN'S RESOURCE CENTER 818 5TH AVENUE DES MOINES,IA 50309			BUILDING BETTER BEGINNINGS THROUGH INFORMED CARE	27,708
YOUTH EMERGENCY SERVICES & SHELTER OF IOWA 918 SE 11TH STREET DES MOINES,IA 50309			DIRECTOR DESIGNATED GRANT	500
YOUTH EMERGENCY SERVICES & SHELTER OF IOWA 918 SE 11TH STREET DES MOINES,IA 50309			TRAUMA INFORMED CARE AND SANCTUARY - YEAR 2	40,000
Total			3a	541,936

TY 2015 Accounting Fees Schedule

Name: MID-IOWA HEALTH FOUNDATION

EIN: 42-1235348

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AUDIT AND TAX PREPARATION FEES	6,400	0		6,400
ACCOUNTING FEES	6,600	0		6,600

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

TY 2015 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 0000000000000	0	0		
CONFERENCE TABLE	1995-08-25	1,408	1,408	SL	7 0000000000000	0	0		
FILE CABINET	1998-08-03	114	114	SL	10 0000000000000	0	0		
OFFICE FURNITURE	2000-05-04	1,081	1,081	SL	10 0000000000000	0	0		
FURNITURE	2002-06-04	468	468	SL	10 0000000000000	0	0		
FURNITURE	2004-04-01	2,587	2,587	SL	10 0000000000000	0	0		
FURNITURE	2004-05-06	1,577	1,577	SL	10 0000000000000	0	0		
FURNITURE	2004-09-01	372	372	SL	10 0000000000000	0	0		
FURNITURE	2004-09-01	152	152	SL	10 0000000000000	0	0		
COMPUTER PRINTER	2006-02-14	1,978	1,978	SL	5 0000000000000	0	0		
OFFICE FURNITURE	2006-11-27	3,156	2,554	SL	10 0000000000000	316	0		
OFFICE FURNITURE	2007-05-07	520	399	SL	10 0000000000000	52	0		
LANIER COPIER/PRINTER	2011-10-18	1,399	887	SL	5 0000000000000	280	0		
SENTRYSAFE 4-DRAWER FIRE-SAFE FILE CABINET	2013-08-22	742	99	SL	10 0000000000000	74	0		
OPTIPLEX 9020 MINITOWER	2013-12-19	1,605	321	SL	5 0000000000000	321	0		
OPTIPLEX 9020 MINITOWER	2014-02-11	2,188	401	SL	5 0000000000000	438	0		

TY 2015 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	5,243,612	5,243,612

TY 2015 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	9,037,315	9,037,315

TY 2015 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	468	0	
FURNITURE	2,587	2,587	0	
FURNITURE	1,577	1,577	0	
FURNITURE	372	372	0	
FURNITURE	152	152	0	
COMPUTER PRINTER	1,978	1,978	0	
OFFICE FURNITURE	3,156	2,870	286	
OFFICE FURNITURE	520	451	69	
LANIER COPIER/PRINTER	1,399	1,167	232	
SENTRYSAFE 4-DRAWER FIRE-SAFE FILE CABINET	742	173	569	
OPTIPLEX 9020 MINITOWER	1,605	642	963	
OPTIPLEX 9020 MINITOWER	2,188	839	1,349	

TY 2015 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
REFUNDABLE FEDERAL EXCISE TAX		11,667	11,667

TY 2015 Other Decreases Schedule

Name: MID-IOWA HEALTH FOUNDATION

EIN: 42-1235348

Description	Amount
UNREALIZED GAINS (LOSSES) ON INVESTMENTS	1,218,260

TY 2015 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	1,150	0		1,150
INSURANCE	4,601	0		4,601
OFFICE EXPENSE	1,121	0		1,121
TELEPHONE	2,488	0		2,488
INFORMATION TECHNOLOGY	3,902	0		3,902
DEFERRED EXCISE TAXES	-24,400	0		0

TY 2015 Other Liabilities Schedule

Name: MID-IOWA HEALTH FOUNDATION

EIN: 42-1235348

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED FEDERAL EXCISE TAX	34,800	10,400
ACCRUED FEDERAL EXCISE TAX	279	0

TY 2015 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	5,638	0		5,638
INVESTMENT FEES	69,518	69,518		0

TY 2015 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	8,333	0		0
FOREIGN TAXES	4,839	4,839		0