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### Form 990-PF

#### Return of Private Foundation

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

OMB No 1545-0052

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

For calendar year 2015 or tax year beginning and ending A Employer identification number Name of foundation SENTRY INSURANCE FOUNDATION, INC Number and street (or PO box number if mail is not delivered to street address) Room/suite 39-1037370 B Telephone number (see instructions) 1800 NORTH POINT DRIVE State ZIP code City or town WI 54481 (715) 346-6000 STEVENS POINT Foreign province/state/county Foreign postal code C if exemption application is pending, check here Foreign country name Check all that apply D 1. Foreign organizations, check here Initial return Initial return of a former public charity Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change E If private foundation status was terminated under X Section 501(c)(3) exempt private foundation Check type of organization section 507(b)(1)(A), check here J Accounting method X Cash Accrual Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col (c), Other (specify) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis ) line 16) ▶ \$ 9.028,771 Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (c) Adjusted net (b) Net investment for charitable amounts in columns (b), (c), and (d) may not necessarily expenses per ıncome purposes income books equal the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 2.071.528 1 / 4 89 X. Æ. 2 Check ▶ ☐ If the foundation is **not** required to attach Sch B 145.841 145.841 44 W 20 3 Interest on savings and temporary cash investments 145,841 4 Dividends and interest from securities Gross rents 5a COT SULV The Mile Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 14.691 6a VW. Gross sales price for all assets on line 6a 00 14,691 Capital gain net income (from Part IV, line 2) が激 MAY ART NA Net short-term capital gain Income modifications 10a Gross sales less returns and allowances 1 b Less Cost of goods sold Gross profit or (loss) (attach schedule) 00 11 Other income (attach schedule) Operating and Administrative Expenses  $9 \!\!\! \mid \!\! 02$ 12 Total. Add lines 1 through 11 2,232,060 160,532 145,841 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) 4,300 Other professional fees (attach schedule) 4,300 C 17 2.976 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications Other expenses (attach schedule) 23 9.489 9.489 24 Total operating and administrative expenses. Add lines 13 through 23 16,765 0 13,789 25 Contributions, gifts, grants paid 2,811,168 2.811,168 26 Total expenses and disbursements. Add lines 24 and 25. 0 2,827,933 13,789 2,811,168 Subtract line 26 from line 12 27 Excess of revenue over expenses and disbursements -595.873 160,532 Net investment income (if negative, enter -0-)

Adjusted net income (if negative, enter -0-)

132.052

Part II		* Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year	
		should be for end-of-year amounts only. (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value	
_	٦	Cash—non-interest-bearing	2,890,364	4,437,707	4,437,707	
	2	Savings and temporary cash investments		526,237	526,237	
	3	Accounts receivable	, i		*	
		Less allowance for doubtful accounts				
	4	Pledges receivable ▶	2.^	3 .	.s. «į	
	1	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)	**	· * *	\$ / 2504.	
		Less allowance for doubtful accounts				
ţ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U S and state government obligations (attach schedule)	3,124,226	2,560,232	2,560,232	
•	b	Investments—corporate stock (attach schedule)	3,124,220	2,300,232	2,000,232	
	c	Investments—corporate bonds (attach schedule)	3,627,957	1,504,595	1,504,595	
	11	Investments—land, buildings, and equipment basis	3,027,937	*;;;	1,504,595	
	1 ''	Less accumulated depreciation (attach schedule)	- Sastral and a Sastral	·	<u></u>	
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)			<del></del>	
	14	Land, buildings, and equipment basis		**************************************		
	'-	Long constructed degree ettack ask all lab				
	15	Less accumulated depreciation (attach schedule)  Other assets (describe				
	16	Total assets (describe Total assets (to be completed by all filers—see the				
	'0					
	17	Instructions Also, see page 1, item i)	9,642,547	9,028,771	9,028,771	
	18	Accounts payable and accrued expenses Grants payable	802,967	873,123		
Liabilities	19	Deferred revenue				
≝	20					
ā	1	Loans from officers, directors, trustees, and other disqualified persons				
Ë	21 22	Mortgages and other notes payable (attach schedule)				
	23	Other liabilities (describe   Total liabilities (and lines 47 through 99)			grand special design	
	23	Total liabilities (add lines 17 through 22)	802,967	873,123	*	
S		Foundations that follow SFAS 117, check here			<b>1</b> .	
ဋ	٠,	and complete lines 24 through 26 and lines 30 and 31.			••	
alances	24 25	Unrestricted				
		Temporarily restricted			<b>\</b>	
Net Assets or Fund B		Permanently restricted			,	
<u> 5</u>		Foundations that do not follow SFAS 117, check here				
ב		and complete lines 27 through 31.			*	
S		Capital stock, trust principal, or current funds				
ĕ		Paid-in or capital surplus, or land, bldg , and equipment fund				
ŝ		Retained earnings, accumulated income, endowment, or other funds	8,839,580	8,155,648		
<u>;</u>		Total net assets or fund balances (see instructions)	8,839,580	8,155,648		
ž		Total liabilities and net assets/fund balances (see				
_}		instructions)	9,642,547	9,028,771		
_	rt III	Analysis of Changes in Net Assets or Fund Balances				
1	Total n	net assets or fund balances at beginning of year—Part II, column (a),	line 30 (must agree v	vith		
		f-year figure reported on prior year's return)	-		8,839,580	
2		amount from Part I, line 27a		2	-595,873	
3		increases not included in line 2 (itemize)		3		
		nes 1, 2, and 3		4	8,243,707	
5	Decrea	ases not included in line 2 (itemize)   UNREALIZED LOSSES		5	88,059	
6	Total n	et assets or fund balances at end of year (line 4 minus line 5)—Part	II, column (b), line 30	6	8,155,648	

Form 9	90-PF (2015) SENTRY	INSURANCE FOUNDATION, IN	С		39	9-1037370 Page <b>3</b>
Part	V Capital Gains and	Losses for Tax on Investr	nent Income			
,	(a) List and describe th	e kind(s) of property sold (e.g., real estate, use, 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 )
1a	FED FARM CREDIT BANK	NOTES		Р	6/15/200	7 10/19/2015
b	GENERAL ELECTRIC CA		4/27/200	7 10/26/2015		
c			Р	12/27/201	1 2/15/2015	
d	STANFORD UNIVERSITY	NOTES		Р	12/27/201	1 7/8/2015
e				D	12/17/201	1 12/23/2015
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	10/	or other basis ense of sale		ain or (loss) s (f) minus (g)
a	500.000			500,000		0
b	500,099			500,099		0
	992,000			992,000		0
d	566,462			562,726		3,736
e	2,067,483			2,056,528		10,955
		owing gain in column (h) and owned	by the foundation		(I) Cours (C	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col (I)	col (k), but r	col (h) gain minus not less than -0-) <b>or</b> (from col (h))
a		<del></del>				0
b						0
c						0
d						3,736
e						10,955
2	Capital gain net income or	(net canital inss)	also enter in Pa ), enter -0- in Pa	, ,	2	14,691
3		or (loss) as defined in sections 1 line 8, column (c) (see instruction		er -0- ın }		<del>-</del>
	Part I, line 8	, ,,,	, ( , ,	}	3	0
Part	V Qualification Und	er Section 4940(e) for Redu	uced Tax on N	let Investment	Income	
Was t	s," the foundation does not q	section 4942 tax on the distributal ualify under section 4940(e) Do	not complete the	s part		☐ Yes ☒ No
	·	unt in each column for each year,	, see the instruct	tions before makin	g any entries	
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value	(c) of nonchantable-use as	cote I stos	(d) istribution ratio i) divided by col (c))
	2014	3,707	7,138	7,823		0 473840
	2013		7,691	7,649		0 376196
	2012		6,827	8,816		0 260520
	2011		2,863	10,955		0 304213
	2010		1,602	11,900		0 263154
2	Total of line 1, column (d)				2	1 677923
3		or the 5-year base period—divide	the total on line	2 by 5, or by the		
		ation has been in existence if less			3	0 335585
4	Enter the net value of nonc	haritable-use assets for 2015 fro	m Part X, line 5		4	8,102,023
5	Multiply line 4 by line 3				5	2,718,917
6	Enter 1% of net investment	t income (1% of Part I, line 27b)			6	1,605
7	Add lines 5 and 6				7	2,720,522
8	Enter qualifying distribution				8	2,811,168
	If line 8 is equal to or greate Part VI instructions	er than line 7, check the box in Pa	art VI, line 1b, ai	nd complete that p	art using a 1% ta	x rate See the

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see inst	ructio	ns)						
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	b Domestic foundations that meet the section 4940(e) requirements in Part V, check								
	here ▶ X and enter 1% of Part I, line 27b								
С									
	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		1,605					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4							
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		1,605	L				
6	Credits/Payments	1							
<b>a</b>	2015 estimated tax payments and 2014 overpayment credited to 2015  6a 2,000	Ì							
b	Exempt foreign organizations—tax withheld at source  6b								
C	Tax paid with application for extension of time to file (Form 8868)  6c	1	* * * * *						
d	Backup withholding erroneously withheld  Total gradity and payments Add lines So through 6d	<del></del> -		2 000					
7	Total credits and payments Add lines 6a through 6d	7		2,000	<del> </del>				
8 9	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached. Tax due. If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .	<u>8</u> 9		0					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		395	$\vdash$				
11	Enter the amount of line 10 to be Credited to 2016 estimated tax   542 Refunded	11		_ <del>393</del>	$\vdash$				
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		*%. *	Yes	No				
	participate or intervene in any political campaign?		1a		X				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see								
	Instructions for the definition)?		1b		Х				
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	s							
	published or distributed by the foundation in connection with the activities								
С	Did the foundation file Form 1120-POL for this year?		1c		X				
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		2	2					
	(1) On the foundation ▶\$ (2) On foundation managers ▶\$		<u> </u>						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos	ed	1						
2	on foundation managers  \$		×						
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		X				
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		X				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	$\vdash \vdash$	$\frac{\hat{x}}{x}$				
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	N/A	<u> </u>				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х				
	If "Yes," attach the statement required by General Instruction T								
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	at							
_	conflict with the state law remain in the governing instrument?		6	Х					
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	Х					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)								
_	If the popular is "West to line 7 has the foundation for such a form of Fig. 600 PF 1 II AV	<del></del> -							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gener	al							
9	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X					
J	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)?								
	"Yes," complete Part XIV	"	9		v				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	oır	3		<u>X</u>				
	names and addresses	OII	10		X				

Par	t 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		X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address   The background of No. OFNTRY INCLIDANCE AMUTUAL COMPANY.			
14	The books are in care of ► SENTRY INSURANCE A MUTUAL COMPANY  Telephone no ► (715) 34	6-620	<u> </u>	
4 =	Located at ► STEVENS POINT, WI ZIP+4 ► 54481	<b>-</b>	<b>-</b>	
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			▶ ∟
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If	<u> </u>	······	
	"Yes," enter the name of the foreign country		A SAME	
Par	t 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)		,	ş. ,
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	-	ر ماسي	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		, 1	
	disqualified person? Yes X No		, Ž	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			wi/Y>
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		300	
	the benefit or use of a disqualified person)?			Marie .
	(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			313
_	termination of government service, if terminating within 90 days )  [] Yes X No			
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 instructions)?	46	AL/A	للثثا
	Organizations relying on a current notice regarding disaster assistance check here	1b	N/A	<b>1</b>
С	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		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	l		1363
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and		Î	9 1
	6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years ▶ 20, 20, 20, 20			
þ	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			\$*
_	all years listed, answer "No" and attach statement—see instructions)	2b		X
С	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			-
3a	▶ 20, 20			
	at any time during the year?			
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			1
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			1
	foundation had excess business holdings in 2015)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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	I	X

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and Contractors (continued)	/ Paid En	nployees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, e	nter "NON	IE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
		-
		.II
Total number of others receiving over \$50,000 for professional services	<b>•</b>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of		Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc		Lapenses
1 NOT APPLICABLE		
2		
2	·	
3		
4		<del></del> -
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
1 NONE		
2		
<u> </u>		
All other program-related investments See instructions		<del></del>
3		
Total. Add lines 1 through 3	<b>•</b>	0

Part		gn founda	tions,
1	see instructions)  Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.		
•	purposes		
а	Average monthly fair market value of securities	1a	5,824,667
b	Average of monthly cash balances	1b	2,400,737
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	8,225,404
е	Reduction claimed for blockage or other factors reported on lines 1a and		<u> </u>
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	8,225,404
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	123,381
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	8,102,023
6	Minimum investment return. Enter 5% of line 5	6	405,101
Part	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	405,101
2a	Tax on investment income for 2015 from Part VI, line 5	)5	
b	Income tax for 2015 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	1,605
3	Distributable amount before adjustments Subtract line 2c from line 1	3	403,496
4	Recoveries of amounts treated as qualifying distributions	4	-
5	Add lines 3 and 4	5	403,496
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	403,496
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	2,811,168
b	Program-related investments—total from Part IX-B	1b	
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	SEE	
а	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	2,811,168
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	1,605
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,809,563
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating who qualifies for the section 4940(e) reduction of tax in those years	ether the fou	ındatıon

Part	XIII Undistributed Income	(see instruction	s)			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from	n Part XI,	Corpus	Years prior to 2014	2014	2015
	line 7					403,496
2	Undistributed income, if any, as of the	e end of 2015				
а	Enter amount for 2014 only				0	
b	Total for prior years 20,	20, 20				***
3	Excess distributions carryover, if a	any, to 2015				
а	From 2010	2,547,892				
b	From 2011	2,790,104				
С	From 2012	1,859,117				**
d	From 2013	2,497,608				
е	From 2014	3,317,707				
f	Total of lines 3a through e		13,012,428	1		,
4	Qualifying distributions for 2015 fro	om Part XII,				
	line 4 ▶ \$2,811,168		<b>A</b> -	:	. : 🏤	. 13
а	Applied to 2014, but not more than	n line 2a	<b>7</b>	,3` **		
b	Applied to undistributed income of					4"
	(Election required—see instruction	•				
С	Treated as distributions out of corp	ous (Election			***************************************	
	required—see instructions)	•		×.	4	<b>&gt;</b> ,
d	Applied to 2015 distributable amou	unt	. s.	×. +	vai a	403.496
е	Remaining amount distributed out		2,407,672	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	¥ ¥	*****************
5	Excess distributions carryover app	olied to 2015			•	
	(If an amount appears in column (	d), the same	, and the second			
	amount must be shown in column	(a) )				
6	Enter the net total of each colum	nn as			ĺ	
	indicated below:			~ , / }	· <u>2</u>	
а	Corpus Add lines 3f, 4c, and 4e S		15,420,100	S		
b	Prior years' undistributed income	Subtract	<i>Y</i> , 3		****	** ***
	line 4b from line 2b		v.	0	~	€"
С	Enter the amount of prior years' un			-		
	income for which a notice of deficie	•				
	been issued, or on which the section	on 4942(a)				*
	tax has been previously assessed				*	
d	Subtract line 6c from line 6b Taxab	ble	₩			
	amount—see instructions					
е	Undistributed income for 2014 Sub					
	4a from line 2a Taxable amount—	see				
_	instructions				0	
T	Undistributed income for 2015 Sub					
	4d and 5 from line 1. This amount i	must be			1	
_	distributed in 2016					0
7	Amounts treated as distributions of			]	ŀ	
	to satisfy requirements imposed by			İ	i	
	170(b)(1)(F) or 4942(g)(3) (Election	n may be				
8	required—see instructions)					· · · · · · · · · · · · · · · · · · ·
0	Excess distributions carryover from					
9	applied on line 5 or line 7 (see instr		2,547,892			
J	Excess distributions carryover to	2016.	40.070.055			
0	Subtract lines 7 and 8 from line 6a		12,872,208			
	Analysis of line 9 Excess from 2011	0.700.40.4				
	Excess from 2011	2,790,104				
	Excess from 2013	1,859,117	!			
	Excess from 2014	2,497,608				
	Excess from 2015	3,317,707				
	EA0000 110111 20 10	2,407,672		i		

Form 99	90-PF (2015) SENTRY INSURANCE	FOUNDATION, I	NC		39-10	37370 Page <b>10</b>
Part	XIV . Private Operating Foundat	ions (see instru	ctions and Part \	VII-A, question 9)		N/A
1a	If the foundation has received a ruling of	r determination let	tter that it is a priva		-	
•	foundation, and the ruling is effective fo			▶ [		
b	Check box to indicate whether the foundation	n is a private opera	ting foundation desc	ribed in section	4942(j)(	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(0) 1042
	each year listed		ļ			0
b	85% of line 2a					0
C	Qualifying distributions from Part XII,					
	line 4 for each year listed					0
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c			ļ		0_
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter			j		
	(1) Value of all assets					0
	(2) Value of assets qualifying under			-		
L	section 4942(j)(3)(B)(i)		ļ			0
D	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					0
С	"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)					0
	(2) Support from general public and 5 or more exempt			]		
	organizations as provided in					
	section 4942(j)(3)(B)(iii)			<u> </u>		0
	(3) Largest amount of support from			1		
	an exempt organization	<del></del>				0
David	(4) Gross investment income	. /Olata thi		- <b>f</b>	1.05.000	0
Part				e foundation had	1 \$5,000 or mo	re in assets at
1	any time during the year— Information Regarding Foundation Management		5.)			
' a	List any managers of the foundation who		I more than 2% of	the total contribution	s received by the	foundation
u	before the close of any tax year (but onl					Touridation
NONE	• • •	, u.o, mare ee		<b>40,000)</b> (000 000iid	oo, (o)(2) )	
	List any managers of the foundation who	n own 10% or mor	e of the stock of a	corporation (or an e	qually large portio	n of the
	ownership of a partnership or other entit				quality large portion	in or the
NONE		,,,		o or groater interest		
2	Information Regarding Contribution,	Grant, Gift, Loan.	Scholarship, etc.	Programs:		
_	Check here ▶ ☐ If the foundation on				itions and does no	nt accent
	unsolicited requests for funds. If the four	ndation makes gift	s, grants, etc (see	instructions) to indi	viduals or organiz	ations
	under other conditions, complete items :		,	•	•	
a	The name, address, and telephone num	ber or e-mail addr	ess of the person	to whom applications	s should be addre	ssed
_						
SENT	RY INSURANCE A MUTUAL COMPANY	1800 NORTH PO	INT DR STEVENS	S POINT. WI 54481		
	The form in which applications should b	-			clude	
	,,	<del>-</del>			· · · <del></del>	
LETTE	R OF REQUEST STATING THE NATUR	RE OF THE ORGA	ANIZATION AND T	HE AMOUNT OF TH	IE CONTRIBUTIO	ON
	Any submission deadlines		·			
NONE	•					
d	Any restrictions or limitations on awards	, such as by geog	raphical areas, cha	aritable fields, kinds o	of institutions, or o	other
	factors	, , , , , , , , , , , , , , , , , , ,		•	-	
NONE						

Part XV Supplementary Information (contributions Paid During	nued)	ad for Fut	ture Payment	
Recipient	If recipient is an individual,	Foundation	1	
<del></del>	show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)  a Paid during the year SEE ATTACHED FILE	any foundation manager or substantial contributor		contribution	2,811,168
Total			▶ 3a	2,811,168
b Approved for future payment				
Total			<b>▶</b> 3b	0

	VIFA Analysis of Income-Producing Agoss amounts unless otherwise indicated		siness income	Excluded by secti	on 512, 513, or 514	<b>(</b> a)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
	ogram service revenue					
a	NOT APPLICABLE		-			
b						
d						-
e						-
f						
g	Fees and contracts from government agencies				_	
2 Me	mbership dues and assessments					
	erest on savings and temporary cash investments					
4 Div	ridends and interest from securities					
5 Ne	t rental income or (loss) from real estate	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			,	100
а	Debt-financed property					
b	Not debt-financed property					
	t rental income or (loss) from personal property					
	ner investment income					
	n or (loss) from sales of assets other than inventory	-				
	t income or (loss) from special events					
	oss profit or (loss) from sales of inventory					
11 Ou	ner revenue a			1		
c						
d					-	
_		<del></del>				
е				1		
e 12 Sul	ototal Add columns (b), (d), and (e)	- #	0		0	
	ototal Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)	2 th 1/2	0	2.2.325	0 13	0
13 Tot See wo	al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations	3)			13	
13 Tot See wo Part X	al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A	3)				
13 Tot See wor Part X	al. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A	s) accomplishme	nt of Exempt	Purposes (VI-A contributed	13	C
13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  Relationship of Activities to the A  Explain below how each activity for which income	s) accomplishme	nt of Exempt	Purposes (VI-A contributed	13	C
13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  /I-B  Relationship of Activities to the A  Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	s) accomplishme	nt of Exempt	Purposes (VI-A contributed	13	C
13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  /I-B  Relationship of Activities to the A  Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	s) accomplishme	nt of Exempt	Purposes (VI-A contributed	13	C
13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  /I-B  Relationship of Activities to the A  Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	s) accomplishme	nt of Exempt	Purposes (VI-A contributed	13	C
13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  /I-B  Relationship of Activities to the A  Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	s) accomplishme	nt of Exempt	Purposes (VI-A contributed	13	C
13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  /I-B  Relationship of Activities to the A  Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	s) accomplishme	nt of Exempt	Purposes (VI-A contributed	13	C
13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  /I-B  Relationship of Activities to the A  Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	s) accomplishme	nt of Exempt	Purposes (VI-A contributed	13	C
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13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  /I-B  Relationship of Activities to the A  Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	s) accomplishme	nt of Exempt	Purposes (VI-A contributed	13	C
13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  /I-B  Relationship of Activities to the A  Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	s) accomplishme	nt of Exempt	Purposes (VI-A contributed	13	C
13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  /I-B  Relationship of Activities to the A  Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	s) accomplishme	nt of Exempt	Purposes (VI-A contributed	13	C
13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  /I-B  Relationship of Activities to the A  Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	s) accomplishme	ent of Exempt	Purposes (VI-A contributed	13	C
13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  /I-B  Relationship of Activities to the A  Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	s) accomplishme	ent of Exempt	Purposes (VI-A contributed	13	C
13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  /I-B  Relationship of Activities to the A  Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	s) accomplishme	ent of Exempt	Purposes (VI-A contributed	13	C
13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  /I-B  Relationship of Activities to the A  Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	s) accomplishme	ent of Exempt	Purposes (VI-A contributed	13	C
13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  /I-B  Relationship of Activities to the A  Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	s) accomplishme	ent of Exempt	Purposes (VI-A contributed	13	C
13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  /I-B  Relationship of Activities to the A  Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	s) accomplishme	ent of Exempt	Purposes (VI-A contributed	13	C
13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  /I-B  Relationship of Activities to the A  Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	s) accomplishme	ent of Exempt	Purposes (VI-A contributed	13	C
13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  /I-B  Relationship of Activities to the A  Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	s) accomplishme	ent of Exempt	Purposes (VI-A contributed	13	C
13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  /I-B  Relationship of Activities to the A  Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	s) accomplishme	ent of Exempt	Purposes (VI-A contributed	13	C
13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  /I-B  Relationship of Activities to the A  Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	s) accomplishme	ent of Exempt	Purposes (VI-A contributed	13	C
13 Tot See wor Part X Line No	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculations  /I-B  Relationship of Activities to the A  Explain below how each activity for which incomaccomplishment of the foundation's exempt pur	s) accomplishme	nt of Exempt	Purposes (VI-A contributed	13	C

1c

Form 9	90-PF (2015) SENTRY INSURANCE FOUNDATION, INC 39-	1037370	Pa	ıge <b>1</b>
Part	XVII Information Regarding Transfers To and Transactions and Relationships With Nonch Exempt Organizations	aritable		
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	N
а	Transfers from the reporting foundation to a noncharitable exempt organization of  (1) Cash  (2) Other assets	1a(1) 1a(2)		× ×
b	Other transactions (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization	1b(1) 1b(2)		X
	(3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements	1b(3) 1b(4) 1b(5)		X
	<ul><li>(5) Loans or loan guarantees</li><li>(6) Performance of services or membership or fundraising solicitations</li></ul>	1b(5)		$+\hat{x}$

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

Sharing of facilities, equipment, mailing lists, other assets, or paid employees

			L									
												<u> </u>
				_			-					
							•					
						-						
					<u> </u>							
b_	descr	foundation direction 50 s," complete the	01(c) of th following s	e Code (of	her than	section 501	(c)(3)) or	n section	5277			☐ Yes ☒ No
		(a) Name of organ	zation			(b) Type of or	rganization			(c) De	escriptio	on of relationship
							<del> </del>					
	1						<del> </del>				<del></del> .	<del></del>
Sign Here	COTTEC	penalties of perjury, I decl t; and complete Declaration hature of officer or trus	on of preparer (	other than taxpa			of which prepar	er has any know		nowledge	and bei	net, it is true,  May the IRS discuss this return  with the preparer shown below  (see instructions)? Yes No
Paid		Print/Type preparer's	name		Prepare	er's signature			Date			k rf PTIN
Prepa		Firm's name								Firm's	EIN P	
Use O	ıııy	Firm's address								Phone	no	

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

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

OMB No 1545-0047

2015

**Employer identification number** 

SENTRY INSURANCE FOU	NDATION, INC	39-1037370
Organization type (check o		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private for	undation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ation
	501(c)(3) taxable private foundation	
Check if your organization is	covered by the General Rule or a Special Rule.	
Note. Only a section 501(c)(instructions	(7), (8), or (10) organization can check boxes for both the General Rule and	a Special Rule See
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributor property) from any one contributor. Complete Parts I and II. See instruction intributions.	
Special Rules		
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 lithat received from any one contributor, during the year, total contributions the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 C	or 990-EZ), Part II, line of the greater of <b>(1)</b>
contributor, during the	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that respect to the year, total contributions of more than \$1,000 exclusively for religious, character purposes, or for the prevention of cruelty to children or animals. Complete	aritable, scientific,
contributor, during the contributions totaled during the year for a	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that refer year, contributions exclusively for religious, charitable, etc., purposes, but more than \$1,000 if this box is checked, enter here the total contributions in exclusively religious, charitable, etc., purpose. Do not complete any of the est of this organization because it received nonexclusively religious, charitable ore during the year.	it no such that were received e parts unless the
	at is not covered by the General Rule and/or the Special Rules does not file ust answer "No" on Part IV, line 2, of its Form 990, or check the box on line	

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
SENTRY INSURANCE FOUNDATION, INC
39-1037370

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	SENTRY INSURANCE A MUTUAL COMPANY  1800 NORTH POINT DRIVE  STEVENS POINT WI 54481  Foreign State or Province  Foreign Country	\$ 2,071,528	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
,	Foreign State or Province Foreign Country	\$	Person Payroll Occupate Part II for noncash contributions Payroll II for no	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Foreign State or Province Foreign Country	\$	Person Payroll Occupate Part II for noncash contributions Part II for	

Name of organization SENTRY INSURANCE FOUNDATION, INC

Employer identification number 39-1037370

art II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
1	6622 SH ALLERGAN PLC	\$ 2,071,528	12/17/2015	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
<b>-</b>		\$		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
i) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		s		
		*		

Schedule B (F	orm 990, 990-EZ, or 990-PF) (2015)			
Name of or			Employer identification number 39-1037370	
Part III	NSURANCE FOUNDATION, INC  Exclusively religious, charitable, etc., contri  (10) that total more than \$1,000 for the year f the following line entry For organizations comp contributions of \$1,000 or less for the year (En	rom any one contributor. Com leting Part III, enter the total of e	ribed in section 501(c)(7), (8), or plete columns (a) through (e) and xclusively religious, charitable, etc.	
	Use duplicate copies of Part III if additional spa			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	Transferee's name, address, and ZIP +	4 Relation	nship of transferor to transferee	
(a) No.	For Prov Country			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	Transferee's name, address, and ZIP +	4 Relation	ship of transferor to transferee	
	For Prov Country			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I				
	(e) Transfer of gift			
	Transferee's name, address, and ZIP +	4 Relation	ship of transferor to transferee	
	For Prov Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	Transferee's name, address, and ZIP +	4 Relation	ship of transferor to transferee	
			•••••	
	For Prov Country			

Part I, line 1(a) <u>Date</u> Various  Total  Contributo Sentry Inst	<u>r</u> urance a Mutual Company	<u>Contribution</u> \$ 2,071,528 \$ 2,071,528
Part I, line 16c <u>Expense</u> Services and support  Total	Expenses per books \$ 4,300 \$ 4,300	Adjusted net income \$ 4,300 \$ 4,300
Part I, line 18 <u>Expense</u> Federal excise tax  Total	Expenses per books \$ 2,976 \$ 2,976	Adjusted net income \$ - \$ -
Part I, line 23 <u>Expense</u> Miscellaneous  Total	Expenses per books \$ 9,489 \$ 9,489	Adjusted net income \$ 9,489 \$ 9,489
Part VIII, line 1  Name James J. Weishan Peter G. McPartland Kenneth J Erler Dwayne A Gantz Michael J Williams Susan Placzek Total	Title Chairman and President Vice Pres., Director Secretary, Director Treasurer, Director Director Executive Director	Compensation \$

# SENTRY INSURANCE FOUNDATION CHARITABLE CONTRIBUTIONS As of 12/31/2015

Civic / Community Service		
General		
Arts Alliance (Toast to the Arts)	\$	10,600 00
Boys & Girls Club/YMCA - Christmas Party		23,000 00
Boys & Girls Club Special Allotment		83,333 00
Central Wisconsin Children's Museum		25,000 00
Central Wisconsin Symphony Orchestra		20,000.00
Marshfield Clinic - Dueling Against Cancer		2,500 00
Marshfield Medical Research Foundation		7,500 00
Passport to Paradise - Boys & Girls Club/YMCA		17,929 00
Sentry Classic		7,200 00
Special Olympics Wisconsin		2,500 00
St Michael's Foundation		15,000 00
United Way Kickoff		5,000 00
Wisconsin Public Television - 212 Final Forte		5,000 00
		224,562 00
United Way		
United Way of Portage County - Stevens Point		390,158 00
Orange County United Way - Irvine		4,083 00
United Way of Dane County - Madison		21,898 00
United Way of the Mid-Willamette Valley - Salem		5,929 00
United Way of Northwest IL - Freeport		10,070 00
United Way of Quad Cities - Davenport		15,437 00
United Way of Greater Richmond & Petersburg - Richmond		4,782 00
United Way of Valley of the Sun - Scottsdale		6,927 00
United Way of Wayne County - Goldsboro		19,237.00
United Way of Merrimack Valley - Westford		2,092 00
River Region United Way		1,937 00
		482,550 00
Total Civic / Community Service	\$	707,112 00
<b>Educational</b>		· · ·
General		
Actuarial Foundation	\$	5,000 00
Economics WI	•	1,000 00
IMSA - Illinois Mathematics and Science Academy		5,000 00
Junior Achievement of Portage County		10,000.00
Mid-State Technical College Foundation		5,000.00
North Central Technical College		5,000 00
Partners in Education - Golden Apple		7,500.00
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# SENTRY INSURANCE FOUNDATION CHARITABLE CONTRIBUTIONS As of 12/31/2015

Portage County Cultural Fest	5,000 00
Portage County Legal Aid Society	500 00
Rawhide	10,000 00
Reading First	2,000 00
Teen Leadership Portage County	5,000 00
University of Wisconsin - Madison H S Actuarial Science Scholarship	2,700 00
University of Wisconsin - Marathon County (CIS Scholarships)	1,000 00
UW- Oshkosh Insurance Program	25,000 00
UWSP - Upward Bound Program	2,000 00
UWSP Dept of Natural Resources Scholarship	1,000 00
UWSP Foundation	73,000 00
UWSP Invitation to the Arts	53,706 49
WI Academic Decathlon	1,200 00
WI Foundation of Independent Colleges	27,000 00
Wisconsin Manufacturers & Commerce Foundation (WMC)	25,000 00
WI Taxpayers Alliance (School Facts)	6,000 00
St Paul Lutheran Technology Initiative	52,376 84
Stevens Point Area Catholic Schools Technology Initiative	278,763 24
Stevens Point Public School District Technology Initiative	541,144 87
St Pt Christian Academy	49,285 07
	1,200,176 51
Leadership Scholarship Program	
Lawrence University	20,000.00
National Merit Scholarship Corporation	90,125 00
University of Wisconsin Eau Claire	20,000 00
University of Wisconsin Green Bay	20,000 00
University of Wisconsin La Crosse	20,000.00
Michigan Tech University	15,000 00
University of Wisconsin Milwaukee	20,000 00
Milwaukee School of Engineering	20,000 00
University of Wisconsin Oshkosh	20,000 00
University of Wisconsin Parkside	20,000 00
University of Wisconsin Platteville	20,000 00
University of Wisconsin Ripon	20,000,00
University of Wisconsin River Falls	20,000 00
	20,000 00
St. Norbert College	•
St. Norbert College University of Wisconsin Stevens Point	20,000 00
•	20,000 00 20,000 00
University of Wisconsin Stevens Point	20,000 00 20,000 00 20,000 00
University of Wisconsin Stevens Point University of Wisconsin Stout	20,000 00 20,000 00 20,000 00 20,000.00
University of Wisconsin Stevens Point University of Wisconsin Stout University of Wisconsin Superior	20,000 00 20,000 00 20,000 00 20,000.00 20,000 00

# SENTRY INSURANCE FOUNDATION CHARITABLE CONTRIBUTIONS As of 12/31/2015

<u>Unallocated Funds</u>		
Community Foundation of Central (Green Trail Fund)	\$	5,000 00
Guns & Hoses Honor Flight		5,000 00
Partners in Education Kick Off		907 20
Community Foundation of Central (Women's Fund)		5,000 00
Point In Common		1,000 00
Frank Loyd Wright School of Architecture		25,000 00
Total Unallocated Funds	\$	41,907 20
Matching Gift		
Portage County Humane Society	\$	100 00
Evergreen Community Initiative		250 00
Rock Steady Boxing		250 00
Autism Society of North Carolina		250 00
Pony Bird, Inc		200 00
Compassion International		250 00
Salvation Army - Wauwatosa		75 00
Interfaith Food Pantry of Port		250 00
Stevens Point Area YMCA		250 00
1st & 2nd Match		436,222 11
Total Matching Gifts	\$	438,097 11
Grand Total 12/31/2015 Cash Contributions	\$	2,811,167 82
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