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

OMB No. 1545-0052

2015

Open to Public Inspection

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

For calendar year 2015 or tax year beginning , 2015, and ending , 20

Name of foundation GRINNELL MUTUAL GROUP FOUNDATION		A Employer identification number 42-1308146
Number and street (or P.O. box number if mail is not delivered to street address)	Room/suite	B Telephone number (see instructions) 641-269-8000
4215 HIGHWAY 146		C If exemption application is pending, check here <input type="checkbox"/>
City or town, state or province, country, and ZIP or foreign postal code GRINNELL, IA 50112-0790		D 1. Foreign organizations, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	235,000			
	2 Check <input type="checkbox"/> 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				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
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	235,019	19	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	0	0		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses. Add lines 13 through 23	0	0	0	0
	25 Contributions, gifts, grants paid	233,399			233,399
26 Total expenses and disbursements. Add lines 24 and 25	233,399				
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	1620				
b Net investment income (if negative, enter -0-)					
c Adjusted net income (if negative, enter -0-)					

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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	14,702	16,322	16,322
	2 Savings and temporary cash investments	0	0	0
	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			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	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)				
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation (attach schedule) ▶				
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	14,702	16,322	16,322	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	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 ▶)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see instructions)	14,702	16,322	
31 Total liabilities and net assets/fund balances (see instructions)				

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	14,702
2 Enter amount from Part I, line 27a	2	1620
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	16,322
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	16,322

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a NONE				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
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	
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	N/A

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.

(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	154,730	15,710	9.849
2013	137,605	11,214	12.271
2012	90,225	10,540	8.560
2011	90,881	12,634	7.193
2010	105,910	20,266	5.226
2 Total of line 1, column (d)			2 43.099
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 8.62
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5			4 17,703
5 Multiply line 4 by line 3			5 152,600
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 0
7 Add lines 5 and 6			7 152,600
8 Enter qualifying distributions from Part XII, line 4 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.			8 233,399

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1		0
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		0
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		0
6	Credits/Payments:			
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		0
b	Exempt foreign organizations—tax withheld at source	6b		0
c	Tax paid with application for extension of time to file (Form 8868)	6c		0
d	Backup withholding erroneously withheld	6d		0
7	Total credits and payments. Add lines 6a through 6d	7		0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		0
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax Refunded	11		0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		<input checked="" type="checkbox"/>
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		<input checked="" type="checkbox"/>
c Did the foundation file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		<input checked="" type="checkbox"/>
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		<input checked="" type="checkbox"/>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	<input checked="" type="checkbox"/>	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	<input checked="" type="checkbox"/>	
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)? <i>If "Yes," complete Part XIV</i>		<input checked="" type="checkbox"/>
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	<input checked="" type="checkbox"/>	

Part VII-A Statements Regarding Activities (continued)

	Yes	No
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)		✓
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)		✓
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	✓	
Website address ▶ <u>tfrahm@gmrc.com</u>		
14 The books are in care of ▶ <u>Traci Frahm, Accounting Assistant</u> Telephone no ▶ <u>641-269-8000</u>		
Located at ▶ <u>Grinnell Mutual Reinsurance Co; Grinnell, IA</u> ZIP+4 ▶ <u>50112-0790</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here. ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		
16 At any time during calendar year 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?	Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	16	✓

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	✓
Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>		
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	✓
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 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? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)	3b	✓
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	✓
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	✓

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)? ☐ Yes ☒ NoOrganizations 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? ☐ Yes ☒ 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? ☐ Yes ☒ No**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

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

Total number of others receiving over \$50,000 for professional services ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE	
2	
3	
4	

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	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	

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	
b	Average of monthly cash balances	1b	17,973
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	17,973
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	17,973
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	270
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	17,703
6	Minimum investment return. Enter 5% of line 5	6	885

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	885
2a	Tax on investment income for 2015 from Part VI, line 5	2a	0
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b	0
c	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	885
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	885
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	885

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	233,399
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	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	233,399
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	233,399

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				885
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	104,898			
b From 2011	90,249			
c From 2012	89,698			
d From 2013	137,044			
e From 2014	153,944			
f Total of lines 3a through e	575,833			
4 Qualifying distributions for 2015 from Part XII, line 4: ► \$ 233,399				
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				885
e Remaining amount distributed out of corpus	232,514			
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	808,347			
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 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				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)	104,898			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	703,449			
10 Analysis of line 9:				
a Excess from 2011	90,249			
b Excess from 2012	89,698			
c Excess from 2013	137,044			
d Excess from 2014	153,944			
e Excess from 2015	232,514			

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

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test—enter $\frac{2}{3}$ of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

NONE

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

NONE

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:

Barb Baker; 4215 Highway 146; Grinnell, IA 50112 641-269-8000

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

See Attached

c Any submission deadlines:

NONE

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

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
See Attachment				233,399
Total			▶	3a 233,399
b <i>Approved for future payment</i>				
Total			▶	3b 0

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


- | 1f Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | Yes | No |
|---|--|-----|----|
| a Transfers from the reporting foundation to a noncharitable exempt organization of: | | | |
| (1) Cash | | | ✓ |
| (2) Other assets | | | ✓ |
| b Other transactions: | | | |
| (1) Sales of assets to a noncharitable exempt organization | | | ✓ |
| (2) Purchases of assets from a noncharitable exempt organization | | | ✓ |
| (3) Rental of facilities, equipment, or other assets | | | ✓ |
| (4) Reimbursement arrangements | | | ✓ |
| (5) Loans or loan guarantees | | | ✓ |
| (6) Performance of services or membership or fundraising solicitations | | | ✓ |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | | | ✓ |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | | |

[illegible]

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

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

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

Sign Here 
Signature of officer or trustee

3-25-16
Date

Treasurer
Title

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

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ►

Firm's address ►

Phone no

Schedule B(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

2015

▶ 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.

Name of the organization

Employer identification number

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its 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	Employer identification number
----------------------	--------------------------------

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
-----	Grinnell Mutual Reinsurance Company 4215 Highway 146, PO Box 790 Grinnell, IA 50112-0790	\$ 235,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Part 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
-----	----- ----- ----- -----	\$ -----	-----
(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
-----	----- ----- ----- -----	\$ -----	-----
(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
-----	----- ----- ----- -----	\$ -----	-----
(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
-----	----- ----- ----- -----	\$ -----	-----

Name of organization	Employer identification number
----------------------	--------------------------------

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(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		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
(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		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
(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		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
(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		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----

GRINNELL MUTUAL GROUP FOUNDATION
I D NO 42-1308146
SCHEDULE B - ATTACHMENT TO 990-PF
DECEMBER 31, 2015

PART I, LINE 1

Grinnell Mutual Reinsurance Company
4215 Highway 146
PO Box 790
Grinnell IA 50112-0790

January 2015	75,000 00
February 2015	0 00
March 2015	0 00
April 2015	25,000 00
May 2015	0 00
June 2015	0 00
July 2015	0 00
August 2015	0.00
September 2015	10,000 00
October 2015	0 00
November 2015	75,000 00
<u>December 2015</u>	<u>50,000 00</u>
Total	235,000 00

GRINNELL MUTUAL GROUP FOUNDATION
I D NO 42-1308146
ATTACHMENT TO 990-PF
DECEMBER 31, 2015

PART I, LINE 18

2015 Excise Tax on Investment Income
for 2014 Form 990-PF

0.00

GRINNELL MUTUAL GROUP FOUNDATION
I D NO. 42-1308146
ATTACHMENT TO 990-PF
DECEMBER 31, 2015

PART VII-A, LINE 10

Grinnell Mutual Reinsurance Company
4215 Highway 146
PO Box 790
Grinnell IA 50112-0790

GMG FOUNDATION
ID NO 42-1308146
ATTACHMENT TO 990-PF
December 31, 2015

Part VIII, Line 1

NAME & ADDRESS	TITLE, AVERAGE HRS PER WEEK DEVOTED TO POSITION	COMPENSATION (IF ANY)	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLAN	EXPENSE ACCT., OTHER ALLOWANCES
Larry Jansen 1905 Country Club Dr. Grinnell, IA 50112	President & Director (Minimal)	0	0	0
Shawn McKay 3572 40th St Grinnell, IA 50112	Vice President (Minimal)	0	0	0
Hutch Kracht 1506 Reed St. Grinnell, IA 50112	Treasurer (Minimal)	0	0	0
Kami Holmes 2121 315th Ave Chelsea, IA 52215	Director (Minimal)	0	0	0
Lauren Augustin 1509 Main Street Grinnell, IA 50112	Director (Minimal)	0	0	0
Brent Larsen 479 390th Ave Grinnell, IA 50112	Director (Minimal)	0	0	0
Kevin Dowling 501 East 26th Street North Newton, IA 50208	Director (Minimal)	0	0	0
Stacy Heinen 1872 510th Ave Montezuma, IA 50171	Secretary (Minimal)	0	0	0
Mandy Hudnut 108 South Columbia Street New Sharon, IA 50207	Director (Minimal)	0	0	0
Carla Kelling 1827 Spencer Street Grinnell, IA 50112	Director (Minimal)	0	0	0
Barb Baker 1836 Summer Grinnell, IA 50112	Manager	0	0	0
Rick Tjarks 109 E High St New Sharon, IA 50207	Director	0	0	0

3/14/2016

Q:\GMG\2015 Tax info\2015 GMGdirectors.xlsx, 2014

GRINNELL MUTUAL GROUP FOUNDATION

I.D. NO 42-1308146

ATTACHMENT TO 990-PF

31-Dec-15

PART XV, LINE 3A.

Date	Recipient Name	Address 1	Address 2	City	State	Zipcode	Purpose	Amount
01/01/15	Balance Forward							
01/06/15	Transferred funds							
01/07/15	Grinnell Regional Medical Center	210 4th Ave		Grinnell	IA	50112	Third Year- Moving at Speed of Life	20,000 00
01/07/15	Iowa College Foundation	505 5th Ave, Suite 1034		Des Moines	IA	50309-2396	Scholarship program 2015-16	12,000 00
01/07/15	Iowa State University Foundation	2505 Elmwood Drive		Ames	IA	50010-08644	Annual GMM Foundation Scholarships 2015-16	7,000 00
01/07/15	University of Iowa Foundation	One West Park Road		Iowa City	IA	52246	Scholarship program 2015-16 (\$350 gift fee)	7,350 00
01/07/15	University of Northern Iowa Foundation	1223 W 22nd Street		Cedar Falls	IA	50614-0239	Annual GMM Foundation Scholarships 2015-16	7,368 42
01/07/15	University of Iowa Foundation	C/O Mary Retting, Ph D Director of Dev	PO Box 4550	Iowa City	IA	52244-4550	Holden Comprehensive Cancer Ctr-2nd yr/3 yr	2,000 00
01/07/15	Living History Farms	11121 Hickman Road		Urbandale	IA	50322	Third year of Five year Commitment	10,000 00
01/07/15	Grinnell-Newburg Educational Excellence Fund	c/o Greater Poweshiek ComFoundation	PO Box 344	Grinnell	IA	50112	3rd of 3yr grant for educational endowment	10,000 00
01/07/15	Dollars for Scholars-BGM	PO Box 469		Brooklyn	IA	52211-0469	Campaign 2015	250 00
1/16/15	UMC Foundation Smizer Alumni Center	PO Box 800		Warrensburg	MO	64093	Matching Gift-Kimberley A Ward	100 00
1/16/15	Grinnell Regional Medical Center	210 4th Avenue		Grinnell	IA	50112	Moving at Speed of Life-Add Annual Contr	3,000 00
1/29/15	University of Iowa Foundation	PO Box 4550		Iowa City	IA	52244-4550	Matching Gift-Jonathan Manatt	750 00
01/31/15	Interest							
2/26/15	University of Iowa Foundation-Hawkeye Fund	One West Park Road		Iowa City	IA	52244-4550	Matching Gift-Gale Larsen	560 00
2/26/15	University of Iowa Foundation-Hawkeye Fund	One West Park Road		Iowa City	IA	52244-4550	Matching Gift-Brent Larsen	560 00
02/28/15	Interest							
03/09/15	Poweshiek County Fair Foundation	PO Box 372		Grinnell	IA	50112	First of 5 year Commitment	5,000 00
03/23/15	Central College	Campus Box 5200		Pella	IA	50219	Matching Gift-Barb Baker	50 00
03/23/15	Big Hearts 4 Tiny Hands	PO Box 344		Grinnell	IA	50112	Employee Casual Day Matching Funds	500 00
03/24/15	Iowa State University Foundation	1800 S 4th Street		Ames	IA	50011	Matching Gift-Nancy Gates	108 00
03/31/15	Interest							
04/06/15	Wartburg College	100 Wartburg Blvd		Waverly	IA	50677	Matching Gift-Denise Klocke	50 00
04/13/15	Transferred funds							
04/15/15	ISU Foundation-Cyclone Club	Cyclone Club		Ames	IA	50011	Matching Gift-Zack Spykerman	222 40
04/15/15	Cystic Fibrosis Foundation	4150 Westown Parkway Suite 203	Jacobson Building	West Des Moines	IA	50265	Employee Casual Day Matching Funds	500 00
04/15/15	Iowa Veterans Home	c/o WWII Memorial Fund	1301 Summit Street	Marshalltown	IA	50158	WWII Memorial Fund	2,400 00
04/30/15	Interest							
05/06/15	UNI Foundation	121 Commons		Cedar Falls	IA	50614-0239	Matching Gift-Michael Groves	100 00
05/06/15	Iowa State Foundation	Human Sciences General Scholarship Ft. 2505 University Blvd, POB 2230		Ames	IA	50010-2230	Matching Gift-Michael Mertens	50 00
05/06/15	University of Northern Iowa Foundation	Panther Scholarship Fund	1223 W 22nd Street	Cedar Falls	IA	50614	Matching Gift-Larry Jensen	480 00
05/06/15	University of Oklahoma Foundation Inc	10828 E Skelly Dr		Tulsa	OK	74128	Matching Gift-William Ware	280 00
05/06/15	National Multiple Sclerosis Society	8187 University Blvd Suite B		Clive	IA	50325	Employee Casual Day Matching Funds	500 00
05/14/15	Lucas Honold	601 Van Home Circle		Grinnell	IA	50112	Dan F Agnew Scholarship Recipient-2015	500 00
05/30/15	Interest							
06/04/15	United Mitochondrial Disease Foundation	8085 Saltsburg Road, Suite 201		Pittsburgh	PA	15239	Employee Casual Day Matching Funds	500 00
06/09/15	Dordt College	498 Fourth Ave NE		Sioux Center	IA	51250-1697	Matching Gift-Donna Van Wyk	50 00
06/09/15	Iowa State University Foundation	PO Box 868		Ames	IA	50010	Matching Gift-Deborah A. Johnson	75 00
06/25/15	University of Iowa Foundation	PO Box 4550		Iowa City	IA	52244-4550	Matching Gift-Mark Guess	360 00
06/25/15	American Diabetes Association	317 7th Ave SE, Suite 202B		Cedar Rapids	IA	52401	Employee Casual Day Matching Funds	500 00
06/25/15	North Mahaska Band Department	Box 89		New Sharon	IA	50207	Band Equipment	250 00
06/25/15	Iowa Insurance Hall of Fame	c/o Ted Lussem, Brooks-Lussem Insur	10546 Justin Drive	Urbandale	IA	50322	Iowa Insurance Hall of Fame	250 00
06/25/15	ABI Foundation	400 East Court Ave, Suite 100		Des Moines	IA	50309-2017	Business Horizons 2015 sponsor	1,000 00
06/25/15	Grinnell Fire Department	c/o Chief Dan Sicard	1020 Spring Street	Grinnell	IA	50112	Purchase Rural Rescue Kit Tools	1,400 00
06/25/15	Iowa 4H Foundation	Extension 4H Youth Building		Ames	IA	50010	Two National 4H Conference Sponsorships	2,600 00
06/30/15	Interest							
07/08/15	Galactosemia Foundation	PO Box 2401		Mandeville	LA	70470-2401	Employee Casual Day Matching Funds	500 00
07/23/15	University of Iowa Foundation	C/O Mary Retting, Ph D Director of Dev	PO Box 4550	Iowa City	IA	52244-4550	Holden Comprehensive Cancer Center-First yr	10,000 00
07/31/15	Interest							
08/12/15	Drake University	2507 University Ave		Des Moines	IA	50311	Matching Gift-Doug Coals	200 00

08/14/15	Colon Cancer Coalition	5666 Lincoln Drive, Suite 270	Edina	MIN	55436	Employee Casual Day Matching Funds	500 00
08/31/15	Interest						
09/08/15	Great Poweshiek Community Foundation	%Grinnell Dollars for Scholars	Grinnell	IA	50112	Annual contribution Dogs for Dollars	3,500 00
09/15/15	Transferred funds						
09/16/15	Alzheimers Association of Greater Iowa	1730 28th Street	West Des Moines	IA	50266	Employee Casual Day Matching Funds	500 00
09/16/15	Leukemia and Lymphoma Society	8033 University Blvd., Suite A	Des Moines	IA	50325	Employee Casual Day Matching Funds	500 00
09/16/15	Susan Komen Foundation-Race for the Cure	PO Box 65684	West Des Moines	IA	50265	Employee Casual Day Matching Funds	500 00
09/30/15	Interest						
10/26/15	Warburg College	100 Warburg Blvd	Waverly	IA	50677-9887	Matching Gift-Denise Klocke	50 00
10/26/15	Dordt College	498 Fourth Ave NE	Sioux Center	IA	51250-1697	Matching Gift-Donna Van Wyk	50 00
10/31/15	ALS Association Iowa Chapter	3636 Westown Parkway, Suite 204	West Des Moines	IA	50266	Employee Casual Day Matching Funds	500 00
11/25/15	U of I Alumni Association	PO Box 4550	Iowa City	IA	52244-4550	Matching Gift-Barb Baker	60 00
11/25/15	Iowa State University Foundation	2505 University Blvd	Ames	IA	50110-2230	Matching Gift-Deborah A. Johnson	100 00
11/25/15	Veterinary Medicine Scholarship Fund	2505 University Blvd	Ames	IA	50010-2230	Matching Gift-Michael A Mertens	25 00
11/30/15	Transferred funds						
11/30/15	Interest						
12/08/15	Grinnell United Way	PO Box 121	Grinnell	IA	50112-0121	United Way Employee matching donations	17,971 20
12/08/15	Brooklyn-Bear Creek Community Fund	PO Box 187	Brooklyn	IA	52211	United Way Employee matching donations	1,253 00
12/08/15	Jasper County United Way	PO Box 844	Newton	IA	50208	United Way Employee matching donations	3,603 50
12/08/15	Kellogg Community Chest	PO Box 254	Kellogg	IA	50135	United Way Employee matching donations	845 00
12/08/15	Laurel Community Chest	Box 1	Laurel	IA	50141	United Way Employee matching donations	312 00
12/08/15	Lynville United Way	PO Box 187	Lynville	IA	50153	United Way Employee matching donations	980 00
12/08/15	Marshalltown Area United Way	709 South Center Street, Suite 6	Marshalltown	IA	50158	United Way Employee matching donations	442 00
12/08/15	Montezuma Community Fund	PO Box 132	Montezuma	IA	50171	United Way Employee matching donations	2,239 00
12/08/15	Sully United Fund	PO Box 85	Sully	IA	50251	United Way Employee matching donations	622 00
12/08/15	Community Foundation of NE Iowa	425 Cedar Street, Suite 310	Waterloo	IA	50701	South Tama County United Fund	609 00
12/08/15	United Way of Cass County	219 7th Street South	Fargo	ND	58103	United Way Employee matching donations	260 00
12/08/15	United Way of East Central Iowa	317 7th Ave SE, Suite 401	Cedar Rapids	IA	52401	United Way Employee matching donations	1,872 00
12/08/15	United Way of Central Iowa	1111 9th St, Ste 100	Des Moines	IA	50314	United Way Employee matching donations	5,754 00
12/08/15	United Way of Mahaska County	500 High Ave West	Oskaloosa	IA	52577	United Way Employee matching donations	1,654 00
12/08/15	United Way of Putnam County	118 North Hickory Street	Ottawa	OH	45875-0472	United Way Employee matching donations	66 30
12/08/15	United Way of Ross County	53 East Second Street	Chillicothe	OH	45601	United Way Employee matching donations	260 00
12/08/15	Victor United Way	Drawer R	Victor	IA	52347	United Way Employee matching donations	757 00
12/08/15	Mitchell United Way	417 N Main Street, Suite 103	Mitchell	SD	57301	United Way Employee matching donations	500 00
12/08/15	Central Iowa Christian School	201 380th Street	Grinnell	IA	50112	Technology	1,000 00
12/08/15	GHS Outdoor Adventure Club % Mike Anderson	Grinnell High School	Grinnell	IA	50112	Outdoor Adventure Club funding	250 00
12/08/15	Farm Safety for Just kids	11304 Aurora Avenue	Urbandale	IA	50322	GMG Foundation Contribution	5,000 00
12/08/15	Junior Achievement of Central Iowa	6100 Grand Avenue	Des Moines	IA	50312	Classroom Funding-Jasper/Pow Counties	1,000 00
12/08/15	Iowa 4H Foundation	Extension 4H Youth Building	Ames	IA	50010	Statewide Stem Programming	10,000 00
12/08/15	American Cancer Society	c/o Poweshiek Co Relay for Life	Cedar Rapids	IA	52402	Matching Funds for Employee Donations	500 00
12/17/15	Transferred funds						
12/17/15	Make a Wish Foundation Iowa	3024 104th Street	Urbandale	IA	50322-3220	Iowa Program Funding	40,000 00
12/17/15	Bailey Park-Grinnell Newburg School District	1333 Sunset Street	Grinnell	IA	50112	Classroom Needs	2,000 00
12/17/15	Fairview Elementary-Grinnell Newburg School Dist	1333 Sunset Street	Grinnell	IA	50112	Classroom Needs	2,000 00
12/17/15	Davis Elementary-Grinnell Newburg School Distr	1333 Sunset Street	Grinnell	IA	50112	Classroom Needs	2,000 00
12/17/15	Grinnell Middle School-Grinnell Newburg School Dist	1333 Sunset Street	Grinnell	IA	50112	Classroom Needs	2,000 00
12/17/15	Grinnell High School-Grinnell Newburg School Dist	1333 Sunset Street	Grinnell	IA	50112	Classroom Needs	2,000 00
12/17/15	Grinnell-Newburg Educational Excellence fund	c/o Greater Poweshiek Com Foundation	Grinnell	IA	50112	Endowment Fund	10,000 00
12/31/15	Interest						

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SUBTOTAL DISBURSEMENTS
LESS EXPENSES
TAX
TOTAL CONTRIBUTIONS

233,398.82

GMG FOUNDATION CONTRIBUTION APPROVAL FORM

NAME:

ADDRESS:

PURPOSE:

AMOUNT:

LISTED IN TAX EXEMPT BOOK:

YES ☒ NO ☐
(IF NO, COMPLETE
NEXT 2 ITEMS)

IS RECIPIENT TAX EXEMPT: YES ____ NO ____

TAXPAYER I.D. NUMBER

APPROVED BY:

DATE:

FOR ACCOUNTING USE ONLY:

CHECK #

ISSUE DATE

GRINNELL MUTUAL
REINSURANCE SINCE 1909

Grinnell Mutual Reinsurance Company

4215 Highway 146

PO Box 790

Grinnell, IA 50112-0790

Phone 800-362-2041 or 641-269-8000

**GRINNELL MUTUAL GROUP FOUNDATION
EMPLOYEE EDUCATIONAL GIFT MATCHING PROGRAM**

Instructions:

1. Employee

Complete Section A below and forward to the educational institution along with your contribution. A limit of \$750 per employee/per year to colleges and universities applies. Contributions designated for athletic departments or athletic funds will be matched at 80% up to the \$750 limit.

2. Educational Institution

Upon receipt of the contribution and this form, recipient should complete Section B below and forward to Barb Baker, Manager, The Grinnell Mutual Group Foundation, Grinnell Mutual Reinsurance Company, P.O. Box 790, Grinnell, Iowa 50112. The matching check will be promptly issued.

SECTION A (to be completed by employee)

Attached is my personal gift of \$ _____ to _____

Street Address City State Zip Code

Employee No. _____ Date of Employment _____ Date of Gift _____

(Print name)

(Signature)

SECTION B (to be completed by an educational institution official)

I hereby confirm the above gift of \$ _____ was received by

(Name of Institution)

on or about _____ from _____
(Date) (Donor)

(Signature and Title of Official)

If any portion of this gift is designated for your institution's athletic program, please indicate the amount: \$ _____

Approved for payment by _____
(Manager, The Grinnell Mutual Group Foundation) (Date)

Please pay this amount: _____