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OMB No 1545-0052

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>. Inspection

For	cale	ndar year 2015, or tax year beginning 01-0	1-2015	, a	nd ending 1	2-31-2015	
	e of four	ndation R AND ZELDA Z GRUBB			A Employer ide	entification numbe	r
		E FOUNDATION			42-6521745		
Num	ber and	street (or P O box number if mail is not delivered to street address)	Room/suite		B Telephone num	nber (see instructions)
149	914 BRO	OKVIEW DRIVE			(515) 259-9293		
		state or province, country, and ZIP or foreign postal code IA 50323			C If exemption	application is pending	, check here
G Ch	neck all	that apply Initial return Initial return of a	former public charity		D 1 Foreign or	ganizations, check he	ro 🕨
	reek an	Final return A mended return Address change Name change	ormer public ename,		2. Foreign on	ganizations, check he ganizations meeting t k here and attach cor	:he 85%
		pe of organization Section 501(c)(3) exempt priva 4947(a)(1) nonexempt charitable trust Other taxal		า	E If private fou	ndation status was to 507(b)(1)(A), check	erminated
			□ Cash 🗸 Accru	al		tion is in a 60-month	
		rom Part II, col (c),	be on cash basıs)		under section	1 507(b)(1)(B), check	chere 🕨
Pa	rt 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))	Revenue and expenses per (a) books	(b)	Net investment income	Adjusted net (c) income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					
	2	Check ►					
	_	Sch B Interest on savings and temporary cash investments	1,501		1,501	1,501	
	3 4	Dividends and interest from securities	79,570		79,570	79,570	
	5a	Gross rents	,		,	,	
	b	Net rental income or (loss)					
ne	6a	Net gain or (loss) from sale of assets not on line 10	298,757				
Reversie	ь	Gross sales price for all assets on line 6a 2,438,581					
Œ	7	Capital gain net income (from Part IV, line 2)			298,757		
Rev	8	Net short-term capital gain				10,993	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Cross profit or (loss) (attach schedule)					
	C	Gross profit or (loss) (attach schedule)	98.1 5.536.653		445 202	F F26 6F2	
	11	Other income (attach schedule)	5,526,653		115,382	5,526,653	
	12	Total.Add lines 1 through 11	5,906,481		495,210	5,618,717	
	13	Compensation of officers, directors, trustees, etc	2,505,512		0	2,505,512	
	14	Other employee salaries and wages	121,086		0	121,086	
ses	15 16a	Legal fees (attach schedule)	23,590		44	23,546	
Sen	ь	Accounting fees (attach schedule)	103,396		2,310	98,777	2,309
Ex		Other professional fees (attach schedule)	207,782		0	207,782	
ve	17	Interest	207,762			207,732	
rati	17		304,551		0	304,551	
and Administrative Expenses	18	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion	164,305		0	164,305	
Ē	19	· · · ·				104,505	
₽ď	20	Occupancy					
пд	21 22	Travel, conferences, and meetings Printing and publications					
	23	Other expenses (attach schedule)	1,432,592		56,210	1,376,382	(
Operating	24	Total operating and administrative expenses.	27.52/552		30,210	_,5.5,552	
era	**	Add lines 13 through 23	4,862,814		58,564	4,801,941	2,309
О	25	Contributions, gifts, grants paid	396,647		30,001	.,552,512	396,647
	26	Total expenses and disbursements. Add lines 24 and					,,,,,,
	27	25 Subtract line 26 from line 12	5,259,461		58,564	4,801,941	398,956
	a	Excess of revenue over expenses and disbursements	647,020				
	b	Net investment income (if negative, enter -0-)	,.220		436,646		
	ر ا	Adjusted net income(if negative, enter -0-)		-	, -	816,776	

2-1	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
		Should be for end-or-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	98,872	·	•
	2	Savings and temporary cash investments	972,097	395,495	395,495
	3	Accounts receivable ► 318,911			
		Less allowance for doubtful accounts ▶	455,886	318,911	318,911
	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 ▶			
Ś	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges	24,287	21,453	21,453
AS	10a	Investments—U S $% \left(1\right) =\left(1\right) +\left(1\right) =\left(1\right) +\left(1\right) +\left(1\right) =\left(1\right) +\left(1\right) +\left($			
	b	Investments—corporate stock (attach schedule)			
	с	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis \blacktriangleright 6,132,010			
		Less accumulated depreciation (attach schedule) ►3,076,565	3,021,497	3,055,445	3,055,445
	12	$Investments-mortgage\ loans\ .\ .\ .\ .\ .\ .\ .\ .\ .\ .\ .\ .\ .$			
	13	$Investments-other (attach schedule) \ . \ . \ . \ . \ . \ . \ . \ . \ . \ $	6,953,338	8,040,033	7,729,031
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe	118,361	93,047	93,047
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	11,644,338	12,164,020	11,853,018
	17	Accounts payable and accrued expenses	469,545	433,225	
	18	Grants payable			
. es	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons $% \left(1\right) =\left(1\right) \left(1\right) \left$			
<u>=</u>	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ►)	53,775	46,140	
	23	Total liabilities(add lines 17 through 22)	523,320	479,365	
_		Foundations that follow SFAS 117, check here ▶			1
Ses		and complete lines 24 through 26 and lines 30 and 31.			
Balance	24	Unrestricted	11,121,018	11,684,655	;
<u> </u>	25	Temporarily restricted			1
	26	Permanently restricted			1
Fund		Foundations that do not follow SFAS 117, check here			1
٥		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			1
	29	Retained earnings, accumulated income, endowment, or other funds			1
Set	30	Total net assets or fund balances(see instructions)	11,121,018	11,684,655	
_	31	Total liabilities and net assets/fund balances(see instructions)	11,644,338	12,164,020	1
27	rt IIII		<u> </u>	<u> </u>	1
1		Total net assets or fund balances at beginning of year—Part II, column	(a) line 30 (must a	oree	
-			(a), fille 30 (fildst a)	·	11,121,018
2		Enter amount from Part I, line 27a			647,020
3		Other increases not included in line 2 (itemize)		· · · · · 2	32,445
3 4		Add lines 1, 2, and 3			11,800,483
 5				· · · · · · · · · · · · · · · · · · ·	115,828
5 6		Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5)—			11.684.655

Part	List and describe the k	ind(s) of property sold (e g , re e, or common stock, 200 shs	eal estate,	How acquired P—Purchase (b) D—Donation	l D	ate acquired no , day, yr)	Date sold (d) (mo , day, yr)
1 a	NUVEEN MLP ENERGY FU	ND			20:	15-08-24	2015-09-11
ь	NORTHERN TIER ENERGY	/ LP			20:	14-11-25	2015-08-24
С	FIRST TR MLP & ENRG IN	C FND			20:	12-11-27	2015-08-14
d	CWHL 2005-J4				200	08-09-08	2015-12-31
е	KAYNE AND MIDSTREAM				20:	10-11-23	2015-12-31
(6	e) Gross sales price	Deprectation allowe (f) (or allowable)		t or other basis expense of sale			n or (loss) (f) minus (g)
а	502,85	9		494,25	2		8,607
b	189,97	3		187,58	7		2,386
С С	172,87	5		172,41	9		456
d	59	2		50	€		83
е	1,572,28	2		1,285,05	7		287,225
		ng gain in column (h) and owne	ed by the foundation			Gains (Col	(h) gain minus
	FM V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Exc	cess of col (I) r col (J), If any	(I)	ol (k), but no	ot less than -0-) or (from col (h))
а							8,607
b							2,386
С С							456
d							83
е							287,225
3	•	n or (loss) as defined in sectio , line 8, column (c) (see instru	. , , ,)	3		298,757
Ifsecti	tional use by domestic private on 4940(d)(2) applies, leave	r Section 4940(e) for R e foundations subject to the se this part blank tion 4942 tax on the distribute	ection 4940(a) tax	on net investment	ıncome		┌ Yes 🗸 No
	•	lify under section 4940(e) Do			ries		
Base	(a)	(b) djusted qualifying distributions	(c) Net value of noncha	, -		(d) Distributio	n ratio
	2014	405,797		7,858,986			0 051635
	2013	334,786		7,504,808			0 044610
	2012	267,685		7,353,733			0 036401
	2011	237,369		6,585,089			0 036046
	2010	201,568		6,432,533			0 031336
2	Total of line 1, column (d).				2		0 200028
3	the number of years the fou	for the 5-year base period—div undation has been in existence	e if less than 5 yea	rs	3		0 040006
4	Enter the net value of nonc	haritable-use assets for 2015	from Part X, line 5	5	4		7,999,776
5	Multiply line 4 by line 3.			[5		320,039
6	Enter 1% of net investmen	t income (1% of Part I, line 2	7b)	[6		4,366
7	Add lines 5 and 6			[7		324,405
8		ns from Part XII, line 4		⊢	8		398,956
	If line 8 is equal to or great the Part VI instructions	ter than line 7, check the box	ın Part VI, lıne 1b,	and complete that	part us	ıng a 1% ta	x rate See

General (or designate) of each state as required by General Instruction G? If "No," attach explanation.

If "Yes," complete Part XIV

and addresses

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)?

. Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names 8h

10

Yes

Yes

No

Pai	t VII-A Statements Regarding Activities (continued)			age .
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	Τ		
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ▶JOHN W GRUBB Telephone no ▶(515)	5)259-	9293	
	Located at ▶14914 BROOKVIEW DRIVE URBANDALE IA ZIP+4 ▶50323	,		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			_
15	and enter the amount of tax-exempt interest received or accrued during the year			
	·		1	1
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	مد ا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶			
Dai	rt 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.	Т	Yes	No
1a	During the year did the foundation (either directly or indirectly)		103	110
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	i	i	i
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	i	İ	İ
	1 105	i	<u> </u>	i
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person / Yes ▼ No (5) Transfer any income or assets to a disqualified person (or make any of either available	i	i İ	İ
	for the benefit or use of a disqualified person)? Yes V No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	i	İ	İ
	If the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days) Yes Vo			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	i	İ	İ
	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			
	Γ			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)) At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
а	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years ▶ 20, 20, 20	i	i İ	İ
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		
С	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			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?	ļ	ļ	
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		No
+a b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			140
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No
	Fac		-DE /	

	rt VIII-B Statements Reg	ardin	g Activities for	Whi	ich Form 4720	May	Be Required (Cont	tinue	d)	
5a	During the year did the foundation	on pay	or incur any amoun	t to						
	(1) Carry on propaganda, or othe	erwise	attempt to influence	e legis	slation (section 494	45(e))) [?]	✓ No		
	(2) Influence the outcome of any	spec	ıfıc publıc election (see s	ection 4955), or to	carr	ту			
	on, directly or indirectly, any	voter	registration drive?.				· · · · TYes	√ No		
	(3) Provide a grant to an individual	ual for	travel, study, or oth	nersır	milar purposes?		Yes [V No	İ	ĺ
	(4) Provide a grant to an organiz	ation	other than a charita	ble. e	tc . organization de:	scrib	·	• 110	i i	
	in section 4945(d)(4)(A)? (s							No		
	(5) Provide for any purpose othe						103	4 110	i i	
	educational purposes, or for						· · · Tyes	- No		
b	If any answer is "Yes" to 5a(1)-		•				1 103 1	V 140	i	
•	Regulations section 53 4945 or								5b	
	Organizations relying on a curre							-		
	organizations relying on a carre	110 110 01	ce regarding alouse	ci do	or started effects free			_	1	
С	If the answer is "Yes" to question	n 5a(4	l), does the foundat	ıon cl	aım exemptıon from	the	·			
	tax because it maintained expen	diture	responsibility for th	ne gra	nt?		T Yes [- No		
	If "Yes," attach the statement requ								į į	İ
6 a	Did the foundation, during the ye	ar, rec	eive any funds, dire	ectly	or indirectly, to pay	prem	niums on			
	a personal benefit contract?						· · · Fyes [√ No		
b	Did the foundation, during the ye	ar, pav	y premiums, directly	v or in	directly, on a perso	onal b		•	6b	No
	If "Yes" to 6b, file Form 8870	,	, , ,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
7a	At any time during the tax year,	was th	e foundation a party	y to a	prohibited tax shelf	ter tr	ansaction? Yes	No		
b	If yes, did the foundation receive						, ,		7b	
	Information Abou						n Managers, Highly			lovees.
Pai	and Contractors								•	
_1	List all officers, directors, trustee	es, fou	ndation managers a	nd th	eir compensation (see ir	nstructions).			
			Title, and average		Compensation (If		(d) Contributions to		Exnens	e account
	(a) Name and address		hours per week		not paid, enter	er	(d) Contributions to mployee benefit plans			e account, allowances
		(b)	hours per week devoted to position		not paid, enter -0-)		Contributions to mployee benefit plans deferred compensation	(e)		
	W GRUBB	(b) (hours per week devoted to position		not paid, enter		Contributions to mployee benefit plans	(e)		
1491	W GRUBB 14 BROOKVIEW DRIVE	(b) (hours per week devoted to position SIDENT, RETARY		not paid, enter -0-)		Contributions to mployee benefit plans deferred compensation	(e)		
1491 URB	W GRUBB 14 BROOKVIEW DRIVE ANDALE,IA 50323	(b) (PRES	hours per week devoted to position SIDENT, RETARY		not paid, enter -0-)	and	Contributions to mployee benefit plans deferred compensation 0	(e)	other a	allowances (
1491 URB	W GRUBB 14 BROOKVIEW DRIVE ANDALE,IA 50323 Compensation of five highest-pai	(b) (PRES	hours per week devoted to position SIDENT, RETARY loyees (other than t	those	not paid, enter -0-)	and	Contributions to mployee benefit plans deferred compensation 0	(e)	other a	allowances (
1491 URB/	W GRUBB 14 BROOKVIEW DRIVE ANDALE,IA 50323	PRESSEC 1 00	hours per week devoted to position SIDENT, RETARY	those	not paid, enter -0-)	and	Contributions to mployee benefit plans deferred compensation 0 instructions). If none, elections to employee benefit	(e)	other a	allowances (
1491 URB/	W GRUBB 14 BROOKVIEW DRIVE ANDALE, IA 50323 Compensation of five highest-pai	PRESSEC 1 00	hours per week devoted to position SIDENT, RETARY loyees (other than to	those	not paid, enter -0-) 0 included on line 1—	and	Contributions to mployee benefit plans deferred compensation 0 instructions). If none, e	(e)	other a	allowances (
1491 URB/ 2 Nan	W GRUBB 14 BROOKVIEW DRIVE ANDALE, IA 50323 Compensation of five highest-pai (a) ne and address of each employee	PRESSEC 1 00	hours per week devoted to position SIDENT, RETARY loyees (other than to the standard averation)	those	included on line 1—	and	Contributions to mployee benefit plans deferred compensation 0 instructions). If none, el Contributions to employee benefit plans and deferred	(e)	other a	allowances (
1491 URB/ 2 Nan	W GRUBB 14 BROOKVIEW DRIVE ANDALE,IA 50323 Compensation of five highest-pai (a) ne and address of each employee more than \$50,000 NNA KAHLER MAIN ST	PRESEC 1 00	hours per week devoted to position SIDENT, RETARY loyees (other than to the control of the contr	those	included on line 1—	-see i	Contributions to mployee benefit plans deferred compensation 0 instructions). If none, elections to employee benefit plans and deferred (d) compensation	(e)	other a	allowances (
1491 URB/ 2 Nan	W GRUBB 14 BROOKVIEW DRIVE ANDALE, IA 50323 Compensation of five highest-pai (a) ne and address of each employee more than \$50,000	PRESEC 1 00	hours per week devoted to position SIDENT, RETARY loyees (other than to the content of the cont	those	included on line 1—	-see i	Contributions to mployee benefit plans deferred compensation 0 instructions). If none, elections to employee benefit plans and deferred (d) compensation	(e)	other a	allowances (
149: URB/ 2 Nan DEA 219 ELGI	W GRUBB 14 BROOKVIEW DRIVE ANDALE,IA 50323 Compensation of five highest-pai (a) ne and address of each employee more than \$50,000 NNA KAHLER MAIN ST	PRESSEC 1 00 id emp	hours per week devoted to position SIDENT, RETARY loyees (other than to the content of the cont	those	not paid, enter -0-) 0 included on line 1— (c) Compensatio	-see i	Contributions to mployee benefit plans deferred compensation 0 instructions). If none, elections to employee benefit plans and deferred (d) compensation	(e)	other a	allowances (
1491 URBA 2 Nam DEA 219 ELGI KRIS	W GRUBB 14 BROOKVIEW DRIVE ANDALE,IA 50323 Compensation of five highest-pai (a) ne and address of each employee more than \$50,000 NNA KAHLER MAIN ST IN,IA 52141 STIN DUNLAP NORTH MAIN ST	PRESSEC 1 00 id emp	hours per week devoted to position SIDENT, RETARY loyees (other than to the content of the cont	those	not paid, enter -0-) 0 included on line 1— (c) Compensatio	-see i	Contributions to mployee benefit plans deferred compensation 0 instructions). If none, elemployee benefit plans and deferred (d) compensation 6,538	(e)	other a	allowances (
Nan DEA 219 ELGI KRIS 905 ELKA	W GRUBB 14 BROOKVIEW DRIVE ANDALE, IA 50323 Compensation of five highest-pai (a) ne and address of each employee more than \$50,000 NNA KAHLER MAIN ST IN, IA 52141 STIN DUNLAP NORTH MAIN ST ADER, IA 52403	PRESSEC 1 00	hours per week devoted to position SIDENT, RETARY loyees (other than to the content of the cont	those	not paid, enter -0-) 0 included on line 1— (c) Compensation 79,	-see i	Contributions to mployee benefit plans deferred compensation 0 instructions). If none, electory comployee benefit plans and deferred (d) compensation 6,538	(e)	other a	allowances (
DEA 219 ELGI KRIS 905 ELKA	W GRUBB 14 BROOKVIEW DRIVE ANDALE,IA 50323 Compensation of five highest-pai (a) ne and address of each employee more than \$50,000 NNA KAHLER MAIN ST IN,IA 52141 STIN DUNLAP NORTH MAIN ST ADER,IA 52403 E MAYNE	PRESSEC 1 00 dd emp	hours per week devoted to position SIDENT, RETARY loyees (other than to the content of the cont	those	not paid, enter -0-) 0 included on line 1— (c) Compensation 79,	-see i	Contributions to mployee benefit plans deferred compensation 0 instructions). If none, elemployee benefit plans and deferred (d) compensation 6,538	(e)	other a	allowances (
DEA 219 ELGI KRIS 905 ELKA JULI 321	W GRUBB 14 BROOKVIEW DRIVE ANDALE,IA 50323 Compensation of five highest-pai (a) ne and address of each employee more than \$50,000 NNA KAHLER MAIN ST IN,IA 52141 STIN DUNLAP NORTH MAIN ST ADER,IA 52403 E MAYNE CENTER ST	PRESSEC 1 00 dd emp	hours per week devoted to position SIDENT, RETARY loyees (other than to the content of the cont	those	not paid, enter -0-) 0 included on line 1— (c) Compensation 79,	-see i	Contributions to mployee benefit plans deferred compensation 0 instructions). If none, electory comployee benefit plans and deferred (d) compensation 6,538	(e)	other a	allowances (
DEA 219 ELGI KRIS 905 ELKA JULI 321 MCG	W GRUBB 14 BROOKVIEW DRIVE ANDALE,IA 50323 Compensation of five highest-pai (a) ne and address of each employee more than \$50,000 NNA KAHLER MAIN ST IN,IA 52141 STIN DUNLAP NORTH MAIN ST ADER,IA 52403 E MAYNE CENTER ST GREGOR,IA 52157	PRESEC 1 00 dd emp	hours per week devoted to position SIDENT, RETARY loyees (other than to the content of the cont	those	included on line 1— (c) Compensation 79,	-see i	Contributions to mployee benefit plans deferred compensation 0 instructions). If none, electory comployee benefit plans and deferred (d) compensation 6,538	(e)	other a	allowances (
DEA 219 ELGI KRIS 905 ELKA JULI 321 MCG BRYA	W GRUBB 14 BROOKVIEW DRIVE ANDALE,IA 50323 Compensation of five highest-pai (a) ne and address of each employee more than \$50,000 NNA KAHLER MAIN ST IN,IA 52141 STIN DUNLAP NORTH MAIN ST ADER,IA 52403 E MAYNE CENTER ST GREGOR,IA 52157 AN SPILDE	PRESSEC 1 00 dd emp	hours per week devoted to position SIDENT, RETARY loyees (other than to the content of the cont	those	included on line 1— (c) Compensation 79,	-see i	Contributions to mployee benefit plans deferred compensation 0 instructions). If none, electory comployee benefit plans and deferred (d) compensation 6,538	(e)	other a	allowances (
1491 URBA 2 Nan DEA 219 ELGI KRIS 905 ELKA JULI 321 MCG BRYA 505	W GRUBB 14 BROOKVIEW DRIVE ANDALE,IA 50323 Compensation of five highest-pai (a) ne and address of each employee more than \$50,000 NNA KAHLER MAIN ST IN,IA 52141 STIN DUNLAP NORTH MAIN ST ADER,IA 52403 E MAYNE CENTER ST GREGOR,IA 52157	PRESSEC 1 00 dd emp	hours per week devoted to position SIDENT, RETARY loyees (other than to the content of the cont	those	included on line 1— (c) Compensation 79,	-see i	Contributions to mployee benefit plans deferred compensation 0 instructions). If none, electory comployee benefit plans and deferred (d) compensation 6,538	(e)	other a	allowances (
1491 URBA 2 Nan DEA 219 ELGI KRIS 905 ELKA JULI 321 MCG BRYA 505	W GRUBB 14 BROOKVIEW DRIVE ANDALE,IA 50323 Compensation of five highest-pai (a) ne and address of each employee more than \$50,000 NNA KAHLER MAIN ST IN,IA 52141 STIN DUNLAP NORTH MAIN ST ADER,IA 52403 E MAYNE CENTER ST IREGOR,IA 52157 AN SPILDE TWINVIEW DR ORAH,IA 52101	PRESSEC 1 00 id emp	hours per week devoted to position SIDENT, RETARY loyees (other than to the content of the con	those	not paid, enter -0-) 0 included on line 1— (c) Compensation 79, 72, 66,	-see i	Contributions to mployee benefit plans deferred compensation 0 instructions). If none, electory comployee benefit plans and deferred (d) compensation 6,538	(e)	other a	allowances (
Nan DEA 219 ELGI KRIS 905 ELKA JULI 321 MCG BRYA 505 DEC AMY 110	W GRUBB 14 BROOKVIEW DRIVE ANDALE,IA 50323 Compensation of five highest-pai (a) ne and address of each employee more than \$50,000 NNA KAHLER MAIN ST (N,IA 52141 STIN DUNLAP NORTH MAIN ST ADER,IA 52403 E MAYNE CENTER ST IREGOR,IA 52157 AN SPILDE TWINVIEW DR ORAH,IA 52101 FRY EAST 2ND ST	PRESSEC 1 00 id emp	hours per week devoted to position SIDENT, RETARY loyees (other than to the content of the cont	those	not paid, enter -0-) 0 included on line 1— (c) Compensation 79, 72, 66,	,738 ,052	Contributions to mployee benefit plans deferred compensation 0 instructions). If none, electory complete benefit plans and deferred (d) compensation 6,538 1,081	(e)	other a	allowances (
Nan DEA 219 ELGI KRIS 905 ELKA JULI 321 MCG BRYA 505 DEC AMY 110 GREI	W GRUBB 14 BROOKVIEW DRIVE ANDALE,IA 50323 Compensation of five highest-pai (a) ne and address of each employee more than \$50,000 NNA KAHLER MAIN ST (N,IA 52141 STIN DUNLAP NORTH MAIN ST ADER,IA 52403 E MAYNE CENTER ST IREGOR,IA 52157 AN SPILDE TWINVIEW DR ORAH,IA 52101 FRY	PRESSEC 1 00 dd emp	hours per week devoted to position SIDENT, RETARY loyees (other than to the standard per week hours per week (b) devoted to position ADMINSTRATOR 40 00 DON 40 00 DON 40 00 DON 40 00	those	not paid, enter -0-) 0 included on line 1— (c) Compensation 79, 72, 66,	,738 ,052	Contributions to mployee benefit plans deferred compensation 0 instructions). If none, electory complete benefit plans and deferred (d) compensation 6,538 1,081	(e)	other a	allowances (

Form 990-PF (2015)

2

3

5

1

2a

3

4

5

6

7

1

2

5

Part XII

Part XI

6,300,107

1,821,493

8,121,600

8,121,600

121,824

399,989

398,956

398,956

4,366

394,590

Form **990-PF** (2015)

7,999,776

1b

1c

1d

2 3

4

5

1

2c

3

4

5

6

7

1a

1b

2

3а

3b

4

5

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations, see instructions.)	
r market value of assets not used (or held for use) directly in carrying out charitable, etc.,	

Reduction claimed for blockage or other factors reported on lines 1a and

Tax on investment income for 2015 from Part VI, line 5.

Income tax for 2015 (This does not include the tax from Part VI). . .

Recoveries of amounts treated as qualifying distributions.

Deduction from distributable amount (see instructions).

Program-related investments—total from Part IX-B.

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Distributable amount before adjustments Subtract line 2c from line 1.

Fair market value of all other assets (see instructions). . .

1c (attach detailed explanation).

Subtract line 2 from line 1d.

Distributable Amount

Add lines 2a and 2b.

- purposes

- 1a

Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, qifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see

- Fair 1

1e

2a

2b

(see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations

Undistributed Income (see instructions)

Part XIII

		(a)	(b)	(c)	(d)
	Distributable assessment for 2015 from Davit VI June 7	Corpus	Years prior to 2014	2014	2015
	Distributable amount for 2015 from Part XI, line 7				
	Undistributed income, if any, as of the end of 2015 Enter amount for 2014 only				
b	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2015				
а	From 2010				
b	From 2011				
c	From 2012				
	From 2013				
	From 2014				
f	Total of lines 3a through e				
	Qualifying distributions for 2015 from Part				
•	XII, line 4 ▶ \$				
а	Applied to 2014, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election required—see instructions)				
ч	Applied to 2015 distributable amount				
	· ·				
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2015				
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract line 4b from line 2b				
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				
d	Subtract line 6c from line 6b Taxable amount —see instructions				
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see				
f	Undistributed income for 2016 Subtract				
	lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				
7	A mounts 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)				
ð	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)				
٥	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				
е	Excess from 2015				
				F ₁	orm 990-PF (2015

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

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

c Any submission deadlines

factors

Form 990-PF (2015)

Part XV Supplementary Information(continued)

3 Grants and Contributions Paid	During the Year or App	proved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	A mount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year See Additional Data Table	or substantial contributor	Тестріені		
Total			▶ 3a	396,647
b Approved for future payment		T	<u> </u>	
Total		1	<u></u> 3h	1

nter gros	s amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exempl
1 Prograr	n service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
a NURSI	ING HOMES					4,662,760
	FED LIVING					734,956
						,
е						
f						
_	and contracts from government agencies					
3 Intere	ership dues and assessmentsst on savings and temporary cash ments					1,50
	nds and interest from securities			14	79,570	
	ntal income or (loss) from real estate					
	-financed property					
	lebt-financed property					
	ntal income or (loss) from personal ty					
	investment income			14	115,382	
invent	r (loss) from sales of assets other than cory			14	298,757	
	come or (loss) from special events profit or (loss) from sales of inventory					
	revenue a <u>OTHER</u>					13,55
	al Add columns (b), (d), and (e).		(493,709	5,412,77
	Add line 12, columns (b), (d), and (e)			1	3	5,906,481
	worksheet in line 13 instructions to verify					
Part XV	I-B Relationship of Activities to					
Line No. ▼	Explain below how each activity for whithe accomplishment of the foundation's instructions.)			` /	'	•
A	THE FOUNDATION OPERATES 2 NURS	SING HOMES FO	R THE ELDERL	Y WITH		
. A	APPROXIMATELY 124 BEDS					
. В	THE FOUNDATION OPERATES AN AS:	SISTED LIVING	FACILITY FOR	THE ELDERLY		
1	INTEREST INCOME FROM NURSING H	OMES AND ASS	SISTED LIVING	FACILITY		
1 A	OTHER MISCELLANEOUS INCOME					

Form 990-Pf	<u> </u>										Pag	ge 13
Part XVI	Information Re Noncharitable					action	s and F	Relationships	With			
	rganization directly or ii 01(c) of the Code (othe	ndırectly e	engage	in any of	the following wit						Yes	No
organızat	ions?											
	from the reporting four											
	1									1a(1)		No
	erassets									1a(2)		No
b Other tra												
	s of assets to a noncha									1b(1)		No
` .	hases of assets from a									1b(2)		No
	al of facilities , equipment.									1b(3)		No
	nbursement arrangemen									1b(4)		No
	ns or loan guarantees.								• •	1b(5)		No
• •	mance of services or m			_						1b(6)		No
_	of facilities, equipment, i	_	•		,					1c	<u> </u>	No
of the god in any tra	swer to any of the above ods, other assets, or se insaction or sharing arra	rvices give angement,	en by t , show	he reporti in column	ng foundation I	f the fou the goo	ndation rods, other	eceived less thar assets, or servic	fair marke es receive	et value ed	2	
(a) Line No	(b) Amount involved	(C) Name	or none	паптаріе ехе	empt organization	(4)	Jescription	of transfers, transact	ons, and sna	ning ana	ngemen	LS
-												
-												
												-
described √ No	undation directly or indiid in section 501(c) of the complete the following s	e Code (o schedule		nan sectio	n 501(c)(3)) or	ın sectio		·		. [Y	es	
	(a) Name of organization	1		(1) Type of organiza	LION		(c) Descrip	tion of relati	onsnip		
the	der penalties of perjury, best of my knowledge a rmation of which prepar	nd belief,	ıt ıs tr	ue, correc					n taxpaye		sed on	all
Here	*****				2016-11-14	k	*****		return	he prepa		
	Signature of officer or ti	rustee			Date	— y	Title		below		_	
	Print/Type preparer's TERRY V MERFELD	name	Prepa	arer's Sıgn	ature	Date 2016	-11-14	Check if self- employed ▶	PTIN P	004542	267	
Paid Preparer Use	Firm's name ► ROTH & COMPANY P	С	<u> </u>			1		Firm's EIN ▶ 4.	1 2-136103	8		
Only	Firm's address ► 666 WALNUT STREE IA 503093918	T SUITE 1	 L450 E	DES MOIN	ES,			Phone no (515) 244-026	56		

Recipient	If recipient is an individual,	Foundation	Purpose of grant or contribution	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Contribution	
a Paid during the year				
AMANDA THE PANDA 1821 GRAND AVE WEST DES MOINES,IA 50265	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	3,500
ANIMAL RESCUE LEAGUE 5452 NE 22ND ST DES MOINES,IA 50313	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	2,500
CELEBRITY FIGHT NIGHT 2111 EAST HIGHLAND AVE STE 135 PHOENIX,AZ 85016	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	47,000
CHILDREN & FAMILIES OF IOWA 5406 MERLE HAY RD JOHNSTON,IA 50131	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	10,000
CITY OF MCGREGOR 416 MAIN STREET MCGREGOR,IA 52157	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	10,000
EDGEWATER 9225 CASCADE AVE WEST DES MOINES,IA 50266	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	2,500
FOOD BANK OF IOWA 2220 E 17TH ST DES MOINES,IA 50316	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	200
GIGI'S PLAYHOUSE 6507 UNIVERSITY AVE WINDSOR HEIGHTS,IA 50324	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	1,000
GOLDEN GLOVES OF AMERICA 1503 LINDA LANE HUTCHINSON,KS 67502	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	5,000
HABITAT FOR HUMANITY 2200 E EUCLID DES MOINES,IA 50317	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	5,000
IA HEALTH FDN FESTIVAL OF TREES & LIGHTS 1440 INGERSOLL AVENUE DES MOINES,IA 50309	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	9,310
IOWA HEALTH CARE ASSOC FOUNDATION 6750 WESTOWN PARKWAY SUITE 100 WEST DES MOINES,IA 50266	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	20,000
IOWA HISTORICAL FOUNDATION 600 E LOCUST ST DES MOINES,IA 50319	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	1,000
IOWA STATE FAIR BLUE RIBBON FOUNDATION PO BOX 57130 DES MOINES,IA 50317	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	5,000
LUTHERAN CHURCH OF HOPE 925 JORDAN CREEK PKWY WEST DES MOINES,IA 50266	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	5,000

Form 990PF Part XV Line 3 - G	rants 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	A mount
a Paid during the year				
MARMAC UNIFIED DISTRICT 319 PLEASANT DR MARQUETTE,IA 52158	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	87
MAYO CLINIC RESEARCH & DEVELOPMENT 200 FIRST STREET SW ROCHESTER,MN 55905	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	2,500
MCGREGOR MARQUETTE CHAMBER OF COMMERCE 146 MAIN ST MCGREGOR,IA 52157	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	300
MEALS OF THE HEARTLAND 357 LINCOLN ST WEST DES MOINES, IA 50265	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	2,500
PDC ROTARY PO BOX 35 PRAIRIE DU CHIEN,WI 53821	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	50
PUPPY JAKE FOUNDATION PO BOX 12115 DES MOINES,IA 50312	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	2,500
RED BASKET 1700 FARNAM ST OMAHA,NE 68102	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	30,000
SALVATION ARMY 105 E EUCLID AVE DES MOINES,IA 50313	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	2,000
STRANDS OF STRENGTH 520 SOUTH 18TH STREET WEST DES MOINES,IA 50265	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	2,400
TOYS FOR TOTS 18251 QUANTICO GATEWAY DRIVE TRIANGLE,VA 22172	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	200
TURKEY RIVER REC CORRIDOR PO BOX 916 POSTVILLE,IA 52162	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	100
VARIETY CLUB OF IOWA 505 FIFTH AVENUE STE 310 DES MOINES,IA 50309	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	116,000
WEST DES MOINES CHRISTIAN CHURCH 4501 MILLS CIVIC PKWY WEST DES MOINES,IA 50265	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	110,000
WOUNDED WARRIOR PROJECT PO BOX 758517 TOPEKA,KS 66675	NONE	PUBLIC	TO FURTHER CHARITABLE PURPOSES	1,000
Total			▶ 3a	396,647

TY 2015 Accounting Fees Schedule	
AL THE TOLIN DIAND ZELDA Z COURD	

Name:	THE JOHN R AND ZELDA Z GRUBB	
	CHARITABLE FOUNDATION	
EIN:	42-6521745	

6,929

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TAX PREPARATION

	EIN: 42-6521745					
					Disbursements for Charitable Purposes	
ACCOUNTING FEES 96,467		0	96,467	0		

2,310

DLN: 93491320001296

2,309

2,310

efile GRAPHIC print - DO NOT PROCESS	As Filed D	ata -	DLN	l: 93491320001296	
TY 2015 Investments - Other Schedule					
Name:	THE JOHN R	AND ZELDA Z GRU	BB		
CHARITABLE FOUNDATION					
EIN: 42-6521745					
Category/ Item		Listed at Cost or	Book Value	End of Year Fair	

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
OTHER INVESTMENTS	AT COST	8,040,033	7,729,031

TY 2015 Legal Fees Schedule		

DLN: 93491320001296

23,546

	CHARITABLE FOUNDATION
EIN:	42-6521745

23,590

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LEGAL FEES

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

44

Name: THE JOHN R AND ZELDA Z GRUBB

BASIS OF LIFE INSURANCE INVESTMENT

POLICY VALUE OF LIFE INSURRANCE INVESTMENT

DIVIDEND RECEIVABLE

INTEREST RECEIVABLE

PREPAID INCOME TAX

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End of Year - Fair

Market Value

27,971

59,563

5,402

108

DLN: 93491320001296

Name: THE JOHN R AND ZELDA Z GRUBB CHARTTARIE ECHNINATION

Description	Beginning of Year -	
EI	42 -6521745	
	CHARLI ABLE FOUNDATION	

Beginning of Year -	End of Year - Book

27,971

25,422

59,563

5,402

Value

27,971

59,563

5,402

108

Book Value

efile GRAPHIC print - DO NOT PROCESS As Filed Data -		DLN: 93491320001296			
TY 2015 Other Decreases Schedule					
	THE JOHN R AND ZELDA Z GRUBE CHARITABLE FOUNDATION 42-6521745	3			
Des	scription	Amount			
NON-DEDUCTIBLE CONTRIBUTIONS		8,690			
BOOK TAX DIFFERENCE AVISTA K-1		57,871			
BOOK TAX DIFFERENCE NORTHERN TIER	ENERGY K-1	17			
BOOK TAX DIFFERENCE PIMCO ONSHORI	E K-1	16,033			
NON-DEDUCTIBLE DUES		1,583			
BOOK TAX DIFFERENCE PREMIER BLACKS	STONE ENERGY K-1	3,137			

28,497

LIFE INSURANCE

2,232

19,434

0

0

0

TY 2015 Other Expenses Schedule

PURCHASED SERVICES

MISCELLANEOUS

MANAGEMENT FEE

Name: THE JOHN R AND ZELDA Z GRUBB

CHARITABLE FOUNDATION

	EIN: 42-6521745	EIN: 42-6521745			
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
OFFICE EXPENSE	56,707	0	56,707	0	
TELEPHONE	15,179	0	15,179	0	
ADVERTISING	35,830	0	35,830	0	
EMPLOYEE RECRUITMENT	32,261	0	32,261	0	
DUES & LICENSE	12,785	0	12,785	0	
STAFF EDUCATION	23,454	0	23,454	0	
BUSINESS TRAVEL	7,654	0	7,654	0	
WORKMENS COMPENSATION	80,643	0	80,643	0	
SUPPLIES	220,948	0	220,948	0	
DIETARY	216,135	0	216,135	0	
UTILITIES	197,124	0	197,124	0	
INCONTENENT CARE	1,041	0	1,041	0	
REPAIRS & MAINTENANCE	148,904	0	148,904	0	
SNF SUPPLIES & THERAPIES	258,337	0	258,337	0	
INSURANCE	44,397	0	44,397	0	
INVESTMENT FEES	36,772	36,772	0	0	
LINEN AND BEDDING	1,308	0	1,308	0	
BUSINESS EXPENSE	2,007	0	2,007	0	

2,232

38,869

5

19,435

NET INVESTMENT INCOME FROM K-1 ACTIVITIES

MSSB - CAPITAL GAIN DISTRIBUTIONS

NURSING HOMES

ASSISTED LIVING

OTHER

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93491320001296

Name: THE JOHN R AND ZELDA Z GRUBB

CHARITABLE FOUNDATION

	EIN: 42-6521745	5	
Description		Revenue And Expenses Per Books	

Net Investment Income

67,006

48,376

67,006

48,376

4,662,760

734,956

13,555

Adjusted Net Income

67,006

48,376

4,662,760

734,956

13,555

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TY 2015 Other Increases Sche	dule	
(THE JOHN R AND ZELDA Z GRUBB CHARITABLE FOUNDATION 42-6521745	
Des	cription	Amount
ADDITIONAL BOOK DEPRECIATION IN EX	CESS OF TAX DEPRECIATION	12,278
BOOK TAX DIFFERENCE PIMCO OFFSHOR	KE K-1	17,863

ACCRUED VACATION

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	Γ	DLN: 93491320001296	
TY 2015 Other Liabilities Scheo	dule			
Name:	: THE JOHN R AND ZELDA Z GRUBB			
	CHARITABLE FOUNDATION			
EIN:	42-6521745			
Description		Beginning of Year - Book Value	End of Year - Book Value	
DEPOSITS		53,775	46,140	

TY 2015 Other Professional Fees Schedule			
Name: THE JOHN R AND ZELDA Z GRUBB			

DLN: 93491320001296

207,782

CHARITABLE FOUNDATION

EIN: 42-6521745

207,782

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NURSING HOME MANAGEMENT

& OTHER

				4
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

TY 2015 Taxes Schedule		
Name:	THE JOHN R AND ZELDA Z GRUBB	
	CHARITABLE FOUNDATION	
EIN:	42-6521745	

DLN: 93491320001296

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EXCISE TAX ON INVESTMENT

LIN 72 0321/73				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL	186,321	0	186,321	0
PROPERTY	118,230	0	118,230	0