# **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

OMB No 1545-0052

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Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2018 or tax year beginning 2018, and ending Name of foundation A Employer identification number Grinnell Mutual Group Foundation 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) 4215 Highway 146, P.O. box 790 641-269-8000 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here! Grinnell, Iowa 50112-0790 Initial return of a former public charity G Check all that apply: Initial return D 1. Foreign organizations, check here Amended return Final return 2. Foreign organizations meeting the 85% test, Address change Name change check here and attach computation E If private foundation status was terminated under H Check type of organization: Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at J Accounting method: ✓ Cash ☐ Accrual F If the foundation is in a 60-month termination end of year (from Part II, col. (c), under section 507(b)(1)(B), check here ▶□ Other (specify) line 16) ► \$ / **?** (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements for charitable (a) Revenue and (c) Adjusted net (b) Net investment amounts in columns (b), (c), and (d) may not necessarily equal expenses per books purposes the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) Check ► ☐ If the foundation is not required to attach Sch. B 3 Interest on savings and temporary cash investments Dividends and interest from securities . . . . Gross rents . . . . . . . . 5a Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain . . . . Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . Gross profit or (loss) (attach schedule) Other income (attach schedule) . 11 12 Total. Add lines 1 through 11 . 260,146 13 Compensation of officers, directors, trustees, etc. and Administrative Expenses 14 Other employee salaries and wages . . 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule) . . 17 Taxes (attach schedule) (see instructions) . Depreciation (attach schedule) and depletion . . . 20 SCANNED OCT 0 1 2021 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 . . . . . . . . . 25 Contributions, gifts, grants paid . . . . . 262.744 262,744 26 Total expenses and disbursements. Add lines 24 and 25 262,744 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Cat No. 11289X

Form 990-PF (2018)

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-wear amounts only. (See instructions			End c			
	<b>.</b>	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash—non-interest-bearing	8,699	6,101	6,101	
	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 ▶	<u> </u>			
٠.	, 5	Grants receivable	<u></u>			
_	6	Receivables due from officers, directors, trustees, and other	'	• 4		
•		disqualified persons (attach schedule) (see instructions)				
	7.	Other notes and loans receivable (attach schedule)				
·	8,	Less: allowance for doubtful accounts ▶		<del></del>	· · · · · · · · · · · · · · · · · · ·	
Assets	9	Inventories for sale or use		. ,		
SS	] -	Investments—U.S. and state government obligations (attach schedule)				
•	10a b	Investments—corporate stock (attach schedule)				
	c	Investments—corporate stock (attach schedule)				
	11 ,	Investments—Land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule)				
٧.	12	Investments—mortgage loans		· ·	•	
٠ .	13	Investments—other (attach schedule)		· · · · · · · · · · · · · · · · · · ·	· ·	
"	14	Land, buildings, and equipment basis ▶				
•		Less: accumulated depreciation (attach schedule) ▶			- , ,	
٠.	15	Other assets (describe ► , + )			*	
٠,	16	Total assets (to be completed by all filers—see the			,	
		instructions. Also, see page 1, item l)	8,699	6,101	6,101	
	17	Accounts payable and accrued expenses		•		
ç,	18	Grants payable				
<u>:</u>	19	Deferred revenue		·		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
<u> 2</u>	'21	Mortgages and other notes payable (attach schedule)	•	<u> </u>		
- 1	22 23	Other liabilities (describe ► ')  Total liabilities (add lines 17 through 22)		<u> </u>		
-		Foundations that follow SFAS 117, check here		<u> </u>		
es		and complete lines 24 through 26, and lines 30 and 31.		* * * * * * * * * * * * * * * * * * * *		
Balances	24 .	Unrestricted		1 4		
흥	25	Temporarily restricted				
	26	Permanently restricted	,	* No.		
P P	, 1	Foundations that do not follow SFAS 117, check here ▶ □	, ,			
叮		and complete lines 27 through 31.		•		
<u>o</u>	27	Capital stock, trust principal, or current funds				
Net Assets or Fun	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
SSI	29,0	Retained earnings, accumulated income, endowment, or other funds				
֚֚֚֚֚֝֡֡֞֞֜֓֓֓֓֡֡֡֡֡֡֡	30%	Total net assets or fund balances (see instructions)	8,699	6,101		
ž	3190	Total liabilities and net assets/fund balances (see	•			
Da	rt III	Analysis of Changes in Net Assets or Fund Balances	. ,			
		net assets or fund balances at beginning of year—Part II, colu	mn (a) line 30 (mus	t agree with	<del></del>	
		of-year figure reported on prior year's return)		1	8,699	
2		r amount from Part I, line 27a		2	(2,598)	
3		r increases not included in line 2 (Itemize) ▶	. •	3	(2,000)	
4		lines 1, 2, and 3		4.		
5		eases 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), li	ne 30 <b>6</b>	6,101	
					5. 000 DE (5545)	

Part		Losses for Tax on Investm	<del></del>	(b) How acquired			· · · · · · · · · · · · · · · · · · ·
	(a) List and describe the kin 2-story brick warehous	P-Purchase D-Donation	(c) Date ( (mo , d		(d) Date sold (mo., day, yr.)		
<u>1a</u>				ļ			
b	<del> </del>		<del></del>	ļ <u>.</u>			
<u> </u>				<u> </u>			<u> </u>
<u>d</u>				<del> </del>			
е_	<del></del>	(6 Personation allowed	(a) Cast o	r other bear		(h) Co	n or (loos)
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale			n or (loss) (f) minus (g))
<u>a</u>							
<u> </u>			<del></del>				
c d		···	··				
e-							
	Complete only for assets show	wing gain in column (h) and owned i	y the foundation	on 12/31/69.		Gains (Co	l. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) l. (j), if any	col	(k), but no	t less than -0-) or rom col (h))
а							
b				·-			
C							
d_							<del>.</del>
е_		( 1/			<del> </del>		<del></del>
2	Capital gain net income or		also enter in Pa enter -0- in Pa		2		
3	Net short-term capital gair	or (loss) as defined in sections	1222(5) and (6)	):		_	
	-	l, line 8, column (c). See instruc		), enter -0- in }	_ }		
DA	Part I, line 8	er Section 4940(e) for Redu			3	<del> </del>	N/A
Part							
	-	ate foundations subject to the s	section 4940(a)	tax on het invest	ment inc	)III <del>C</del> .)	
f secti	ion 4940(d)(2) applies, leave	this part blank.					
Was th	ne foundation liable for the s	section 4942 tax on the distribut	able amount of	f any year in the b	ase perio	d?	☐ Yes 🗹 No
f "Yes		ualify under section 4940(e). Do					<del></del>
1		unt in each column for each yea	r; see the instru	uctions before ma	aking any	entries.	
	(a) Base period years	(b)	Not value a	(c)			(d) tribution ratio
Caler	ndar year (or tax year beginning in)	Adjusted qualifying distributions		of noncharitable-use as		(col (b)	divided by col. (c))
	2017 2016	<del></del>	5,067		3,767		23.62
	2015		2,599		6,322		17.93
	2014		3,399 1,730		7,703 5,710		13.18 9.85
	2013		7,605		1,214		12.27
2	Total of line 1, column (d)				. 2		76.85
3		for the 5-year base period—div			by		
	the number of years the fo	undation has been in existence	if less than 5 ye	ears	. 3		15.37
					1.	1	
4	Enter the net value of nonc	charitable-use assets for 2018 fr	om Part X, line	5	. 4		7,337
5	Multiply line 4 by line 3 .				. 5		112,770
6	Enter 1% of net investmen	t income (1% of Part I, line 27b)			. 6	<u> </u>	0
7	Add lines 5 and 6				. 7		112,770
•	misso cana e i i i				·   -	+	112,770
8		ns from Part XII, line 4			. 8		262,744
		ter than line 7, check the box in	Part VI, line 11	b, and complete t	that part	using a	1% tax rate. See the
	Part VI instructions.						

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1a Exempt operating foundations described in section 4940((i)(2), beek here ▶ □ and enter "NA" on line 1. Date of ning or determination letter "(astack-poxy letter if inscess)—see instructions) be Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ □ and enter 19 of Part I, line 27b.  c. All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, cot. (b).  2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0)  3 Add lines 1 and 2  3 O O A Subtite A (income) lax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0)  5 Tax based on investment income. Subtract time 4 from line 3, If zero or less, enter -0  5 Tax padd with application for extension of time to file (Form 1868)———————————————————————————————————	Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instructions)	
b Domestic foundations that meet the section 4940(p) requirements in Part V, check here □ and enter 19 for 1947 b) and enter 19 for 1947 b) and enter 1946 of Part I, line 12 to. 10, (b) and 1947 b)	1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.		
here ▶ □ and enter 1% of Part I, line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).  7 av under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  3 Add lines 1 and 2  4 Subtitib A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  5 Tax based on investment income. Subtract line 4 from line 5. If zero or less, enter -0-  5 Tax based on investment income. Subtract line 4 from line 5. If zero or less, enter -0-  5 Tax based on investment income. Subtract line 4 from line 5. If zero or less, enter -0-  5 Tax based on investment income. Subtract line 4 from line 5. If zero or less, enter -0-  5 Tax based on investment income. Subtract line 4 from line 5. If zero or less, enter -0-  5 Tax based on investment income. Subtract line 4 from line 5. If zero or less, enter -0-  5 Tax based on investment income. Subtract line 4 from line 5. If zero or less, enter -0-  6 Exempt foreign organizations—tax withheld at source  6 B C credits/Payments:  10 Exempt foreign organizations—tax withheld at source  6 B C credits/Payments:  11 Exempt foreign organizations—tax withheld at source  6 B C C Tax paid with application for extension of time to file (Form 888)——6c		Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		
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  Add lines 1 and 2  Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4  Credis/Payments:  2 018 astimated tax payments and 2017 overpayment credited to 2018 6  Exempt foreign organizations—tax withheld at source  Credis/Payments:  2 2018 astimated tax payments and 2017 overpayment credited to 2018 6  Exempt foreign organizations—tax withheld at source  Backup withholding erroneously withheld  Gal 0  Total oredits and payments. Add lines 6 at through 6d  Enter any penalty for underpayment of sentanetd tax. Check here ☐ if Form 2220 is attached  Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  Total oredits and payments. Add lines 6 at through 6d  Total oredits and payments. Add lines 6 at through 6d  Total oredits and payments. Add lines 5 at 10 or 10, and 10 or 10	b		0	
Part I, line 12, col. (b).  Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 2  Add lines 1 and 2  Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4  Credits/Payments:  2018 estimated tax payments and 2017 overpayment credited to 2018 6a 0  Exempt foreign organizations—tax withheld at source 6b 0  Exempt foreign organizations—tax withheld at source 7c 1  Exempt foreign organizations—tax with source 7c 1  Exempt for		■ NOSESWEINONGO		
3 add lines 1 and 2 4 Subtitle Aprome) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-0 5 Tax based on investment income, Subtract line 4 from line 3, if zero or less, enter -0-0 6 Credits/Payments: 2018 estimated tax payments and 2017 overpayment credited to 2018 be Exempt foreign organizations—tax withheld at source 1 Tax paid with application for extension of time to file (Form 8868) 1 Exempt foreign organizations—tax withheld at source 1 Tax paid with application for extension of time to file (Form 8868) 2 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed 2 Tax paid with application for extension of time to file (Form 8868) 3 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed 2 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed 3 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed 4 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed 5 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed 6 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed 7 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed 8 Enter any penalty for underpayment of estimated tax ≥ Refunded ≥ 11 to 0 11 Enter the amount of line 10 to be, Credited to 2019 estimated tax ≥ Refunded ≥ 11 to 0 12 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount ower paid ≥ 10 to 0 11 Enter the amount of line 10 to be, Credited to 2019 estimated tax ≥ Refunded ≥ 11 to 0 12 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount ower paid ≥ 10 to 0 13 Tax due, If the total of lines 5 and 8 is more than line 7, enter the amount of line 10 to be, Credited to 2019 estimated tax ≥ Refunded ≥ 11 to 0 14 Tax due, If the total of lines 5 and 8 is more than line 7, or lines than 10 to 0 15 Tax due, If the total of lines 5 to 1 to 0 to 1 to 0 to 0 to 0 to 0 to 0	С			
4 Subtitle A (process) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-	2		0	
Tax based on investment income. Subtract line 4 from line 3, if zero or less, enter -0		<del>)</del>	0	
6 Credits/Payments: a 2018 estimated tax payments and 2017 overpayment credited to 2018 b Exempt foreign organizations—tax withheld at source			0	
a 2018 estimated tax payments and 2017 overpayment credited to 2018 b Exempt foreign organizations—tax withheld at source c Tax paid-with application for extension of time to file (Form 8868)— 6 Backup withholding erroneously withheld d Backup withholding erroneously withheld Total credits and payments. Add lines 6 and 8 is a furrough 6d Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached Total credits and payments. Add lines for any some than line 7, enter amount owed Total credits and payments. Add lines for any some than line 7, enter amount owed Total credits and payments. Add lines for any some than line 7, enter amount owed Total credits and payments. Add lines for any some tax line 7, enter amount owed Total credits and payments and the total of lines 5 and 8, enter the amount overpaid Total credits and payments and the total of lines 5 and 8, enter the amount overpaid Total credits and payments and the total of lines 5 and 8, enter the amount overpaid Total credits and payments and the total of lines 5 and 8, enter the amount overpaid Total credits and payments and the total of lines 5 and 8, enter the amount overpaid Total credits and payments and the total of lines 5 and 8, enter the amount overpaid Total credits and payments and the total of lines 5 and 8, enter the amount overpaid Total credits and payments and the total credits and t	_		0	
b Exempt foreign organizations—tax withheld at source  c Tax paid-with application for extension of time to file (Form 8868)—  d Backup withholding erroneously withheld  7 Total credits and payments. Add lines 6a through 6d  8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached  8 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed  9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed  9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed  10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  10 Enter the amount of line 10 to be. Credited to 2019 estimated tax ▶  Refunded  11 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  b Did at pend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in onnection with the activities.  c Did the foundation file Form 1120-POL for this year?  1 Center the amount (1 any) of tax on political expenditures (section 4955) imposed during the year:  1) On the foundation highly paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$  2 Has the foundation managers. ▶ \$  2 Has the foundation managers. ▶ \$  2 Has the foundation managers. ▶ \$  3 Has the foundation managers. ▶ \$  2 Has the foundation managers. ▶ \$  3 Has the foundation managers. ▶ \$  4 Did the foundation have unrelated business gross income of \$1,000 or more during the year?  5 For the requirements of section \$08(e) (relating to sections \$4941 through \$4945) satisfied either.  8 By language in the governing instrument??  10 Did the foundation have at least \$5,000 in assets at		120000000000000000000000000000000000000		
c Tax paid-with application for extension of time to file (Form 8868)	_	1,000,000,000,000,000,000		
d Backup withholding erroneously withhold 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 0 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 2019 estimated tax ▶ Refunded ▶ 11 0 12 Enter the amount of line 10 to be. Credited to 2019 estimated tax ▶ Refunded ▶ 11 0 13 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? 14 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? 15 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? 16 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 expansion. 16 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it just the foundation foundation in the state and the description of the activities. 16 Did the foundation file Form 1120-POL for this year? 17 Did the foundation file Form 1120-POL for this year? 18 Did the foundation file Form 1120-POL for this year? 19 Did the foundation managers. ▶ \$ 20 On foundation managers. ▶ \$ 20 Did the foundation engaged in any activities that have not previously been reported to the IRS? 2 Did the foundation managers. ▶ \$ 20 Did the foundation have unrelated business gross income of \$1,000 or more during the year? 2 Did the foundation have at least \$0.00 this year? 2 Did the foundation have at least \$0.00 this year? 3 Did the foundation have at least \$0.00 this year.				
Total credits and payments. Add lines 6a through 6d  Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached  Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owery 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached ☐ 1	_		0	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Inter the amount of line 10 to be. Credited to 2019 estimated tax ▶ Refunded ▶ 111 o c  Part VII-A Statements Regarding Activities  In During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation with the activities and copies of any materials published or distributed by the foundation with the activities and copies of any materials published or distributed by the foundation with the activities and copies of any materials published or distributed by the foundation managers. ▶ \$  10 If the foundation N	8		0	
Enter the amount of line 10 to be. Credited to 2019 estimated tax ▶ Refunded ▶ 11 0  Part VII-A Statements Regarding Activities  1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition of the definition of the activities and copies of any materials published or distributed by the foundation in connection with the activities.  c Did the foundation file Form 1120-POL for this year?  d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ▶ \$  Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$  Has the foundation engaged in any activities that have not previously been reported to the IRS?  4a Did the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.  4b If "Yes," has it filed a tax return on Form 990-T for this year?  4b If "Yes," attach the statement required by General Instruction T.  6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.  • By language in the governing instrument?  b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General for designate) of each state as required by General Instruction G? If "No," attach explanation.  b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation.  b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or d	9	the control of the co	0	
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?  b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition  if the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation with the activities.  c Did the foundation he Form 1120-POL for this year?  (1) On the foundation he form 1120-POL for this year?  (2) On foundation managers. ▶ \$  2 Has the foundation engaged in any activities that have not previously been reported to the IRS?  if "Yes," attach a detailed description of the activities.  3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.  4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?  6 Was there a liquidation, termination, dissolution, or substantial contraction during the year?  7 Was there a liquidation, termination, dissolution or substantial contraction during the year?  6 Was there a liquidation, termination, dissolution, or substantial contraction during the year?  7 Was there a liquidation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?  7 Did the foundation have at least \$5,000 in assets at	10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10	0	
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names and addresses			9 / /	V
names and addresses	10			
		names and addresses	<del></del>	

Par	VII-A Statements Regarding Activities (continued)			<u> </u>
			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	11		<b>\</b>
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		<b>√</b>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓	
	Website address ▶ jennifer.bebout@grinnellmutual.com			
14	***************************************	1-269-		
4=		0112-0	790	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here	· ·	. 1	<b>►</b> ∐
	and enter the amount of tax-exempt interest received or accrued during the year		V 1	NI -
16	At any time during calendar year 2018, 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?	16	Yes	No ✓
	See-the-instructions for exceptions and filing requirements for FinGEN Form 1-14- If "Yes," enter the name of			
	the foreign country ►			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	\$17517678X		
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	PROFESSION N	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			1
	<ul> <li>(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes</li> <li>✓ No</li> <li>(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a</li> </ul>			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   Yes   No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?		W.	
	(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.)			
þ	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	<del>Pracrorary</del>	<b>√</b>
_	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		<b>✓</b>
. <b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			<b>**</b>
	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)	蒙蒙		
	(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.)			E.M
_		2b	38843	<b>√</b>
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.  ▶ 20, 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
-	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
U	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 2018.)	3b	- Professor	<b>√</b>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		12 G 12	25.5
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		<b>√</b>

Par	Statements Regarding Activities	s for v	Vhich Form	4/20	мау ве н	lequire	<b>ea</b> (continue	ea)	
5a	During the year, did the foundation pay or incur	any am	ount to:						Yes No
	(1) Carry on propaganda, or otherwise attempt t							∐ No	
	(2) Influence the outcome of any specific public		-			-	ı		
	directly or indirectly, any voter registration dr							] No	
	(3) Provide a grant to an individual for travel, stu							☑ No	
	(4) Provide a grant to an organization other than section 4945(d)(4)(A)? See instructions							∑ No	
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to a							] No	
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the in Regulations section 53.4945 or in a current no							ibed	5b ✓
	Organizations relying on a current notice regardi	ng disa	ister assistan	ce, che	ck here		1	<b></b>	
С	If the answer is "Yes" to question 5a(4), does t								
	because_it_maintained expenditure_responsibility						Yes 🗸	☑ No	-   -
	If "Yes," attach the statement required by Regula						-		
6a	Did the foundation, during the year, receive any							_	
							∐ Yes ☑	∐No	Programme in the second
b	Did the foundation, during the year, pay premium	ns, aire	ctly or indire	ctly, on	a personal	benefi	contract?	•	6b   ✓
7-	If "Yes" to 6b, file Form 8870.				-14 4	-4:O		7	
_	At any time during the tax year, was the foundation of "Yes," did the foundation receive any proceeds						_ Yes _/	_	7b 🗸
ь 8	Is the foundation subject to the section 4960 ta							•	70 4
0	remuneration or excess parachute payment(s) du							7 No	
Part	VIII Information About Officers, Direc								nplovees.
	and Contractors	,	,			-9,			
1	List all officers, directors, trustees, and found	ation r	nanagers ar	d their	compens	ation. S	See instruct	ions	· · · · · · · · · · · · · · · · · · ·
	(a) Name and address	(b) Title hou	e, and average rs per week ed to position	(c) Co	npensation ot paid, ter -0-)	(d) ( emplo	Contributions to yee benefit plai erred compensa	ns	(e) Expense account, other allowances
See At	achement								
<b></b>									
								İ	
<b></b>									
	Comment of the birth of the birth	- /	41 41			<u> </u>			N 16
2	Compensation of five highest-paid employee "NONE."	es (otn	er than thos	se incli	uaea on II	ne 1—:	see instruc	tions	6). If none, enter 
(	a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a hours per v devoted to p	veek -	(c) Compe	nsation	(d) Contribution employee ber plans and defe compensation	nefit erred	(e) Expense account, other allowances
Vone									
								l	
		<b>-</b>							
•			Į						
Total :	number of other employees paid over \$50,000 .		<u> </u>		l			<b></b>	
· o car i	rumber of other employees paid over 400,000 .	<u>·</u> ·	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		- 000 DE

. . . . .

3 Fi	ve highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compo
None		<del>                                     </del>
	nber of others receiving over-\$50,000 for-professional services	
Part IX-	A Summary of Direct Charitable Activities	
	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of tions and other beneficiaries served, conferences convened, research papers produced, etc.	Exper
		ļ
1 None	<u> </u>	
2		<del> </del>
٠		
3		<del></del>
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.	Amo
1 None	<u> </u>	
		<u> </u>
2		
	program-related investments. See instructions.	
All other	program-related investments. See instructions.	
	program-related investments. See instructions.	

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foun	dations,
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	0
b	Average of monthly cash balances	1b	7,337
C	Fair market value of all other assets (see instructions)	1c	0
ď	Total (add lines 1a, b, and c)	1d	7,337
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	7,337
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	110
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	-5	<u> </u>
6	Minimum investment return. Enter 5% of line 5	6	
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► and do not complete this part.)	oundation	ons
1	Minimum investment return from Part X, line 6	1	361
2a			
b	Income tax for 2018. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	361
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	361
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,		<u>_</u>
	line 1	7	361
Part		.h	
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	262,744
b	Program-related investments—total from Part IX-B	1b	202,744
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	<del>                                     </del>	
_	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	263.744
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	<del>                                     </del>	262,744
•	Enter 1% of Part I, line 27b. See instructions	5	_
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0
6		سلت	262,744
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whethe	er the foundation

Part	XIII Undistributed Income (see instruction	ions)			
		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI,				361
2	Undistributed income, if any, as of the end of 2018:			RONAL PROPERTY AND ARREST OF THE PARTY AND T	301
а	Enter amount for 2017 only			0	
b	Total for prior years: 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2018.				
а	From 2013			a de la companya de	
ь	From 2014	H <b>6</b> 231			
C	From 2015				
d	From 2016				
- f	From 2017	1,144,420			
4	Qualifying distributions for 2018 from Part XII,	1,144,420			
•	line 4: ▶ \$ 262,744				
а	Applied to 2017, but not more than line 2a .			0	
b	Applied to undistributed income of prior years				
	(Election required—see instructions)		0		
С	Treated as distributions out of corpus (Election required—see instructions)	0			
d	Applied to 2018 distributable amount				361
е	Remaining amount distributed out of corpus	262,383			
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)				0
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,407,164			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0		
С	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		
е	Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see instructions	days - I		0	
f _	Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				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 2013 not applied on line 5 or line 7 (see instructions) .	137,044			
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	1,273,120			
10	Analysis of line 9:				
а	Excess from 2014				
b	Excess from 2015 232,514				
С	Excess from 2016 291,492				
d	Excess from 2017				
е	Excess from 2018				

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the 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., to individuals or organizations under other conditions, Barb Baker, 4215 Hwy 146, Grinnell, Iowa 50112 (641)269-8000 b The form in which applications should be submitted and information and materials they should include: See attachment Any submission deadlines: C Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other d factors: none Form **990-PF** (2018)

none

Part XV Supplementary Information (co 3 Grants and Contributions Paid During	ntinued) g the Year or Approv	ed for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation		T .
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year	<del>                                     </del>			
See attachement		ĺ		262,74
		1		
Total			3	a 262,7
<b>b</b> Approved for future payment				
		1		
		1		
Total		L	<u> </u>	lb.

Pa	irt XV	I-A Analysis of Income-Producing Ac	tivities				
Ente	er gros	ss amounts unless otherwise indicated.		usiness income	Excluded by sect	ion 512, 513, or 514	(e)
4	Prog	ıram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1	a a	rant service revenue:					
	ь –						
	c				<del></del>		
	d _						
	е _	· · · · · · · · · · · · · · · · · · ·					
	f _						
	-	ees and contracts from government agencies					<del></del>
_		bership dues and assessments	-				
3		est on savings and temporary cash investments lends and interest-from-securities			14	146	
		rental income or (loss) from real estate:					
,		entar income or (loss) nom real estate.					
		lot debt-financed property			-		
6		ental income or (loss) from personal property					
7		r investment income					
8	Gain	or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events					
10	Gros	s profit or (loss) from sales of inventory					
11	Othe	r revenue: a					
	b _						
	°. –						· 
			1				<del></del>
	d _	<del></del>			l .		
10	e _					146	
	e Subte	otal. Add columns (b), (d), and (e)				146	<del></del>
13	e Subto	otal. Add columns (b), (d), and (e)				146 13	146
<b>13</b> See	e Subte Total	otal. Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation	 is.)				
13 See Pal Lin	e Subte Total	otal. Add columns (b), (d), and (e)	 is.) .ccomplishm	ent of Exemp	t Purposes	13	146
13 See Pal Lin	Subto Total works rt XV	otal. Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	 is.) .ccomplishm	ent of Exemp	t Purposes	13	146
13 See Pal Lin	Subto Total works rt XV	otal. Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) .ccomplishm	ent of Exemp	t Purposes	13	146
13 See Pai Lin	e Subto Total works rt XVI e No. ▼	otal. Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) .ccomplishm	ent of Exemp	t Purposes	13	146
13 See Pal Lin	e Subto Total works rt XVI e No. ▼	otal. Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) .ccomplishm	ent of Exemp	t Purposes	13	146
13 See Pai Lin	e Subto Total works rt XVI e No. ▼	otal. Add columns (b), (d), and (e)  I. Add line 12, columns (b), (d), and (e)  sheet in line 13 instructions to verify calculation  Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) .ccomplishm	ent of Exemp	t Purposes	13	146
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		Organizati	ons		**********								,
1 a	in se orgar	ection 501(c) (o nizations?	ther than section	engage in any of the 501(c)(3) organization o a noncharitable exe	ons) or	in secti	on 527, rel					Yes	No
	(1) C	ash									1a(1)		~
	(2) 0	ther assets .									1a(2)		<b>V</b>
b	Other	r transactions:											
	(1) S	ales of assets to	a noncharitable exe	empt organization .							1b(1)		~
				able exempt organiza							1b(2)		~
				rassets							1b(3)		~
			• •								1b(4)		~
		oans or loan gua	_								1b(5)		~
		_		np or fundraising soli							1b(6)		~
С				sts, other assets, or p							1c		~
		_		s," complete the follo		-					w the	fair m	arket
-				ces given by the rep									
				ement, show in colur									
(a) Line		b) Amount involved		narıtable exempt organizatı			ription of transfe						
		•					<u>.</u>			<u> </u>			
	-												—
	-					_							
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	$\neg$												
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							-						
											_		
				······································				••••••	•••••				
						-							
	descr	ribed in section 5		ffiliated with, or related to the control of the co							□ Ye	es [	No
		(a) Name of organ		(b) Type of org	janization			(c) Des	cription	of relation	nship		
•													
-													
				ed this return, including accor					bēst of r	ny knowle	dģe ānd	belief, if	is true,
Sign Here	<u> </u>	ature of officer or trus	Thiadot	an taxpayer) is based on all in 3-12-20	L.		<u>-</u>	wieage 		May the with the p	oreparer s	shown t	elow?
	1 5.9.1	Print/Type preparer		Preparer's signature	7106		Date	I			PTIN		
Paid		The biebarer		. roparor o signature						:  if noloyed			
Prepa										·			
Use (	Only	Firm's name							EIN ▶				
		Firm's address ▶	_					Phone	e no				

# GRINNELL MUTUAL GROUP FOUNDATION I D NO 42-1308146 SCHEDULE B - ATTACHMENT TO 990-PF DECEMBER 31, 2018

PART I, LINE 1

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

January 2018	125,000 00
February 2018	0 00
March 2018	50,000 00
Aprıl 2018	0 00
May 2018	0 00
June 2018	0 00
July 2018	10,000 00
August 2018	0 00
September 2018	0 00
October 2018	0 00
November 2018	75,000 00
December 2018	<u>0 00</u>
Total	260,000 00

# GRINNELL MUTUAL GROUP FOUNDATION I D NO. 42-1308146 ATTACHMENT TO 990-PF DECEMBER 31, 2018

PART I, LINE 18

2018 Excise Tax on Investment Income for 2018 Form 990-PF

0 00

# GRINNELL MUTUAL GROUP FOUNDATION I.D NO. 42-1308146 ATTACHMENT TO 990-PF DECEMBER 31, 2018

PART VII-A, LINE 10:

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

0

GMG FOUNDATION ID NO 42-1308146 ATTACHMENT TO 990-PF

31-Dec-18

EXPENSE ACCT, OTHER ALLOWANCES 0 0 0 0 0 0 0 0 0 0 0 CONTRIBUTIONS TO EMPLOYEE BENEFIT PLAN Q:\GMG\2017 Tax Info\2018 GMGdirectors.xlsx, 2018 0 0 0 0 0 0 0 0 0 0 0 COMPENSATION (IF ANY) 0 0 0 0 0 0 0 0 0 0 0 TITLE, AVERAGE HRS PER WEEK DEVOTED TO POSITION President & Director Vice President (Minimal) Treasurer Secretary (Minimal) (Minimal) (Minimal) (Minimal) (Mınımal) (Minimal) (Minimal) (Minimal) (Minimal) Manager Director Director Director Director Director Director Director NAME & ADDRESS 501 East 26th Street North 108 South Columbia Street Grinnell, IA 50112-8216 New Sharon, IA 50207 New Sharon, IA 50207 Pleasant Hill, IA 50327 1827 Spencer Street 2000 Spring Street Chelsea, IA 52215 Newton, IA 50208 Grinnell, IA 50112 1509 Main Street 2928 SE 68th St. Lauren Augustın Jeffrey Menary 311 11th Ave W 2121 315th Ave Part VIII, Line 1 David Wingert Mandy Hudnut 3572 40th St Kevin Dowling Hutch Kracht 1506 Reed St. 109 E High St Shawn McKay 1836 Summer 3/26/2019 Kamı Holmes Carla Kelling Peg German **Rick Tjarks** Barb Baker

# GRINNELL MUTUAL GROUP FOUNDATION I D NO 42-1308146 ATTACHMENT TO 990-PF 31-Dec-18

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PART XV, LINE 3A

Date Recipient Name	Address 1	Address 2	City	ST Zipcode		Purpose	
1/4/18 Brooklyn-Bear Creek Community Fund	P O Box 212		Brooklyn	JA 52211	United Way Employe	donation	1.368 79
####### Brooklyn-Bear Creek Community Fund	P O Box 212		Brooklyn	IA 52211	United Way Employe	United Way Employee Matching donation	(1 368 70)
1/19/18 Transfer							(6,000'.)
1/19/18 Grinnell Newburg School District	1333 Sunset Street		Grinnell	IA 50112	GHS Business Prod	GHS Business Program-3rd of 5 year piedoe	37 000 00
1/19/18 Grinnell Regional Medical Center	210 4th Ave		Grinnell	IA 50112	Multi Year Plednes		00 000,10
1/19/18 University of Iowa Foundation	C/O Sarah Russett, Executive Director of Devel P O Box 4550	of Devel P O Box 4550	towa City		50 Holden Comprehens	52244-4550 Holden Comprehensive Cancer Center-2018 pledge pa	33,300 00
	C/O Greater Poweshiek Community Foundation P O Box 344	Indation P O Box 344	Grinnell		Endowment Fund-3rd of 3 years	nto Cancer Content 2010 precise pa	27,000 00
	2021 4th Ave		Grinnell		Hammond Cepter 3	Hammond Center-3rd year of 5 year plades	00,000,01
	P O Box 372		Grinnell		4th of 5 year commitment	u year oi o year pieuge ment	3,000 00
							3,000 00
2/28/18 Interest							
3/20/18 Transfer							
	nn PO Box 210		Sully	IA 50251	Lynnyille Sully Education Foundation	ation Foundation	3 500 00
3/20/18 PinkySwear Foundation	7835 Telegraph Road		Bloomington	~	2018 Grant		1,500.00
3/20/18 Grinnell Community DayCare and Preschool	1436 Penrose Street		Grinnell	IA 50112	Education Grant		2.321.00
3/20/18 BGM Schools	1090 Jackson Street		Brooklyn	IA 52211	SADD Program		750 00
3/20/18 Iowa College Foundation	505 5th Ave, Suite 1034		Des Moines		50309-2396 Scholarship program for 2018-2019	1 for 2018-2019	12.000.00
3/20/18 Iowa State University Foundation	P O Box 2230	2505 University Blvd	Ames		30 Annual GMG Found	50010-2230 Annual GMG Foundation Scholarships 2018-2019	10.000 00
3/20/18 University of Northern Iowa Foundation	1223 W 22nd St		Cedar Falls		39 Annual GMG Found	50614-0239 Annual GMG Foundation Scholarships 2018-2019	10.526.32
3/20/18 University of Iowa Foundation	One West Park Road		lowa City	IA 52246	2018-2019 Scholars	2018-2019 Scholarships and (\$500) gift fee	7.500 00
3/31/18 Interest							
4/4/18 Faith Baptist Bible College	1900 NW Fourth St		Ankeny	IA 50023	Employee matching fund	fund	210 00
4/4/18 The University of lowa Foundation	P O Box 4550		lowa City		52244-4550 Employee matching fund	fund	750 00
4/4/18 Iowa State University Foundation	P O Box 2230		Ames		50010-2230 Employee matching fund	fund	750 00
4/6/18 Iowa State University Foundation	P O Box 2230		Ames	IA 50010-22	50010-2230 Employee matching fund-Cyclone Club	fund-Cyclone Club	260 00
4/16/18 lowa State University Foundation	P O Box 2230		Ames		50010-2230 Employee matching fund-Zack Spykerman	fund-Zack Spykerman	280 00
5/7/18 Interest					-		
5/17/2018 North Mahaska Band Department	Box 89		New Sharon		Band Equipment		200 00
5/25/2018 Kameron Moore			Grinnell	IA 50112	Dan F Agnew Schola	Dan F Agnew Scholarship Recipient 2018	1,000 00
5/25/2018 Kevin Werner			Grinnell	IA 50112	Dan F Agnew Schol	Dan F Agnew Scholarship Recipient 2018	1,000 00
5/25/2018 Zoe Shinefield			Grinnell	IA 50112	Dan F Agnew Schol	Dan F Agnew Scholarship Recipient 2018	1,000 00
5/25/2018 Kaylyn Kingery	1711 Spring		Grinnell	IA 50112	Larry Jansen Schola	Larry Jansen Scholarship Recipient 2018	1,000 00
5/25/2018 Nicole Arment	348 485th Ave		Searsboro	IA 50242	Larry Jansen Schola	Larry Jansen Scholarship Recipient 2018	1,000 00
5/29/2018 Jessica Hoffmann	57 Westbury Drive		Belleville	IL 62226	Larry Jansen Schola	Larry Jansen Scholarship Recipient 2018	1,000 00
5/29/2018 Vanessa Kraft	5748 Lariat Loop		Bismarck	$\sim$	Larry Jansen Schola	Larry Jansen Scholarship Recipient 2018	1,000 00
5/29/2018 Kevin Lang	1901 Hillsrde Lane		Liste		Larry Jansen Schola	Larry Jansen Scholarship Recipient 2018	1,000 00
5/29/2018 Victoria Christensen	8454 16th Street SE		Courtenay	_	Larry Jansen Schola	Larry Jansen Scholarship Recipient 2018	1,000 00
5/29/2018 The University of Iowa Foundation	P O Box 4550		lowa City		52244-4550 Employee matching fund- I Club Fund	fund- I Club Fund	450 00
5/29/2018 Iowa State University Foundation	2505 University Blvd	P O Box 2230	Атеѕ	IA 50010	Employee matching	Employee matching fund-Master Young Chin Pak Scho	150 00
5/31/18 Interest							
6/29/18 Interest							
7/19/2018 Deposit							
7/20/2018 MDA of Iowa	3925 Fountains Blvd, Suite 100		Cedar Rapids	IA 52411	Summer Camp fund	Summer Camp funding for Poweshiek County youth	00 009
7/20/2018 Saint Francis Manor Foundation	C/O Dion Schrack	2021 4th Ave	Grinnell	IA 50112	Hammond Center-4t	Hammond Center-4th and 5th years of 5 year pledge	10,000 00
//31/2018 Interest	A. A				1		ļ
8/9/2018 Urake University	2507 University Ave		Des Moines	IA 50311-45	50311-4505 Employee matching fund-Douglas Coats	fund-Douglas Coats	275 00
6/31/2018 Interest							
9/28/2018 Interest							

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750 00	. 22,481 80 3,647 00	13,107 10	1,454 00	1 103 00	00 23:1:	2,200 00	1,040 00	338 00	2,942 00	932 00	2,195 00	1,170 00	2,078 00	130 00	130 00	260 00	78 00	338 00	260 00	52 00	90 00	650 00	250 12	260 00	100 00	(708 65)	100 00	3,500 00	4,042 19	1,500 00	į	25 00	00.007	62 744 38 5262 744 38				\$262,744 38
Employee matching fund-Kevin Hoyt Employee matching fund-Michael Ulm	50112-0121 United Way employee matching donatron 52211 United Way employee matching donatron	United Way employee matching donation	United Way employee matching donation	United Way employee matching donation	United Way employee matching donatron	United Way employee matching donation	United Way employee matching donation	United Way employee matching donation	United Way employee matching donation	United Way employee matching donation	United Way employee matching donation	United Way employee matching donation	Tama County Community Foundation	United Way employee matching donation	United Way employee matching donation	United Way employee matching donation	45875-0472 United Way employee matching donation	United Way employee matching donation	50138-0577 United Way employee matching donation	United Way employee matching donation	United Way employee matching donation	52241-2933 United Way employee matching donation-1	United Way employee matching donation	United Way employee matching donation	60901-4055 United Way employee matching donation	Employee Casual Day Matching Funds	52241-2933 United Way Employee Matching donation-2	Annual Contribution-Dogs for Dollars	Gross Motor Function Equipment	Grant		50010, 2230 Employee matching fund-wichael olim				• •		
ake IA 50588 IA 50010	<u>.</u> ≼ ≼	ines IA 50314	ebinos	₹	IA 50141		S	<u>≺</u>	≚	≚	≰	≤	≚	ة ا	<b>=</b>	용	ᆼ	ND 58107	₹	M	=	₹	₹	Ŗ	_	Rapids IA 52402	₹	₹	IA 50112	West Des Moines IA 50266		<u> </u>						
Storm Lake Ames	Grinnell Brooklyn	Des Moines	Newton	Kellogg	Laurel	Lynnville	High Point	Marshalltown	Montezuma	Sully	Oskaloosa	- Victor	Cedar Falls	Springfield	Sterling		O Box 472	P O Box 1609 Fargo	Knoxville	Onalaska	Реопа	Coralville	Ames	Canton	Kankakee	4080 First Ave NE, Suite 1f Cedar Rapids	Coralville	P O Box 344 Grinnell	Grinnell	West D	socioM soC	P O Box 2230 Ames						
610 W 4th St P O Box 868	P O Box 212 P O Box 212	317 7th Ave SE Suite 401	P O Box 844	P O Box 254	Box 1,	P O Box 187	201 Church Ave	709 South Center Street Suite 6	P O Box 132	P O Box 85	500 High Ave West	Drawer R	3117 Greenhill Circle	1999 Wabash Ave, Suite 107	502 First Ave	69 E Water St	118 North Hickory St	219 7th St South	P O Box 577	1855 E Main St			315 Clark Ave		: P O Box 1286	void r c/o Poweshiek Co Relay for Life	nties 1150 5th St , Suite 290	c/o Grinnell Dollars for Scholars	1436 Penrose Street	2700 Westown Parkway Ste 260	1200 Grand View Ave	2505 University Blvd						
10/08/2018 Buena Vista University 10/26/2018 lowa State University Foundation 10/31/2018 Interest 11/7/2018 Transfer	11/7/2018 Grunell United Way 11/7/2018 Brooklyn-Bear Greek Community Fund	11///2018 United Way of Central Iowa 11/7/2018 United Way of East Central Iowa	11/7/2018 Jasper County United Way	11/7/2018 Kellogg Community Chest	11/7/2018 Laurel Communtly Chest	11/7/2018 Lynnville United Way	11/7/2018 United Way of Greater High Point	11/7/2018 Marshalltown Area United Way	11/7/2018 Montezuma Community Fund	11/7/2018 Sully United Fund	11/7/2018 United Way of Mahaska County	11/7/2018 Victor United Way	11/7/2018 Community Foundation of NE lowa	11/7/2018 United Way of Central Illinois	11/7/2018 United Way of Whiteside County	11/7/2018 United Way of Ross County	11/7/2018 United Way of Putnam County	11/7/2018 United Way of Cass Clay	11/7/2018 Marion County United Way	11/7/2018 Great Rivers United Way	11/7/2018 Heart of Illinois United Way	11/7/2018 United Way of Johnson and Washington Counties	11/7/2018 United Way of Story County	11/7/2018 United Way of Greater Stark County	11/7/2018 United Way of Kankakee & Iroquois Counties	11/7/2018 American Cancer Society-Check not cashed void r c/o Poweshiek Co Relay for Life	11/13/2012 United Way of Johnson and Washington Counties 1150 5th St., Suite 290	11/28/2018 Great Poweshiek Comm Foundation	11/28/2018 Grinnell Community DayCare and Preschool	11/28/2018 Leukemia and Lymphoma Society	12/10/2018 Grand View Heweste	12/21/2019 lowa State University Foundation	12/31/2018 Interest	4-6-1-4-6	oubloidais Dispursements	Less Expenses	Lax Total Contrib done	י טנפו כסו ונו ומתיוטיוט

# GMG FOUNDATION CONTRIBUTION APPROVAL FORM

NAME:		
ADDRESS:	,	
PURPOSE:		
AMOUNT:	ī	-
,		
	LISTED IN TAX EXEMPT BOOK:	YES X NO (IF NO, COMPLETE NEXT 2 ITEMS)
	IS RECIPIENT TAX EXEMPT: YES	_ NO
	TAXPAYER I.D. NUMBER	
APPROVED BY:	·	
DATE:		
	·	
FOR ACCOUNTIN	NG USE ONLY:	
CHECK#		
ISSUE DATE		
•		-

GRINNELL MUTUAL GROUP FOUNDATION 42-1308146
ATTACHMENT TO 990-PF 1 12/31/2018

GRINNELL JULIAN AFINS IRAN CE

# **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	Slate	Zíp Code
Employee NoDate of E	imployment	Date of Gift	
(Print name)		(Signature)	
SECTION B (to be completed by	an educational institution offici	al)	<del></del>
hereby confirm the above gift of	\$	was	received by
	(Name of Institution)	<b>V</b>	
on or about	from	(Donor)	
on or about(Date)	from	(Donor)	
on or about(Date)	from	(Donor) re and Title of Official)	
f any portion of this gift is	from(Signatu	re and Title of Official)	am, please
f any portion of this gift is ndicate the amount: \$	from(Signatu designated for your instit	re and Title of Official) ution's athletic progra	am, please