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

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2015

Open to Public Inspection

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

Name of foundation Hastings Mutual Insurance Company Charitable Foundation		A Employer identification number 20-2031029
Number and street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone number (see instructions) 269-945-3405
404 East Woodlawn Avenue		C If exemption application is pending, check here ☐
City or town, state or province, country, and ZIP or foreign postal code Hastings, MI 49058		D 1. Foreign organizations, check here ☐
G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity		D 2. Foreign organizations meeting the 85% test, check here and attach computation ☐
☐ Final return ☐ Amended return		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐
☐ Address change ☐ Name change		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐
H Check type of organization: ☒ Section 501(c)(3) exempt private foundation		
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 2,748,181	J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) _____	
(Part I, column (d) must be on cash basis.)		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	242,733			
	2 Check ☐ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	0	0	0	
	4 Dividends and interest from securities	39,819	39,819	0	
	5a Gross rents	0	0	0	
	b Net rental income or (loss)	0			
	6a Net gain or (loss) from sale of assets not on line 10	0			
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain			0	
	9 Income modifications			0	
	10a Gross sales less returns and allowances	0			
b Less: Cost of goods sold	0				
c Gross profit or (loss) (attach schedule)	0		0		
11 Other income (attach schedule)	0	0	0		
12 Total. Add lines 1 through 11	282,552	39,819	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0	0	0	0
	14 Other employee salaries and wages	0	0	0	0
	15 Pension plans, employee benefits	0	0	0	0
	16a Legal fees (attach schedule)	0	0	0	0
	b Accounting fees (attach schedule)	0	0	0	0
	c Other professional fees (attach schedule)	0	0	0	0
	17 Interest	0	0	0	0
	18 Taxes (attach schedule) (see instructions)	730	0	0	0
	19 Depreciation (attach schedule) and depletion	0	0	0	
	20 Occupancy	0	0	0	0
	21 Travel, conferences, and meetings	0	0	0	0
	22 Printing and publications	0	0	0	0
	23 Other expenses (attach schedule)	4,096	3,634	0	0
	24 Total operating and administrative expenses. Add lines 13 through 23	4,826	3,634	0	0
	25 Contributions, gifts, grants paid	103,554			103,554
26 Total expenses and disbursements. Add lines 24 and 25	108,380	3,634	0	103,554	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	174,173				
b Net investment income (if negative, enter -0-)		36,185			
c Adjusted net income (if negative, enter -0-)			0		

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing		5,609	6,950	6,950
	2 Savings and temporary cash investments		139,730	494,543	494,543
	3 Accounts receivable ▶ 8,079				
	Less: allowance for doubtful accounts ▶	0	3,766	8,079	8,079
	4 Pledges receivable ▶	0			
	Less: allowance for doubtful accounts ▶	0	0	0	0
	5 Grants receivable		0	0	0
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)		0	0	0
	7 Other notes and loans receivable (attach schedule) ▶	0			
	Less: allowance for doubtful accounts ▶	0	0	0	0
	8 Inventories for sale or use		0	0	0
	9 Prepaid expenses and deferred charges		0	0	0
	10a Investments—U.S. and state government obligations (attach schedule)		1,562,806	1,396,543	1,396,543
	b Investments—corporate stock (attach schedule)		848,880	842,066	842,066
	c Investments—corporate bonds (attach schedule)		12,014	0	0
Liabilities	11 Investments—land, buildings, and equipment: basis ▶	0			
	Less: accumulated depreciation (attach schedule) ▶	0	0	0	0
	12 Investments—mortgage loans		0	0	0
	13 Investments—other (attach schedule)		0	0	0
	14 Land, buildings, and equipment: basis ▶	0			
	Less: accumulated depreciation (attach schedule) ▶	0	0	0	0
	15 Other assets (describe ▶ <u>Tax Recoverable</u>)		347	0	0
	16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)		2,573,153	2,748,181	2,748,181
	17 Accounts payable and accrued expenses		1,602	1,609	
	18 Grants payable		0	0	
Net Assets or Fund Balances	19 Deferred revenue		0	0	
	20 Loans from officers, directors, trustees, and other disqualified persons		0	0	
	21 Mortgages and other notes payable (attach schedule)		0	0	
	22 Other liabilities (describe ▶ <u>Tax Payable</u>)		0	331	
	23 Total liabilities (add lines 17 through 22)		1,602	1,940	
	Foundations that follow SFAS 117, check here ☒				
	24 Unrestricted		2,571,551	2,746,241	
	25 Temporarily restricted		0	0	
	26 Permanently restricted		0	0	
	Foundations that do not follow SFAS 117, check here ▶ ☐				
Net Assets or Fund Balances	27 Capital stock, trust principal, or current funds		0	0	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund		0	0	
	29 Retained earnings, accumulated income, endowment, or other funds		0	0	
	30 Total net assets or fund balances (see instructions)		2,487,062	2,746,241	
	31 Total liabilities and net assets/fund balances (see instructions)		2,573,153	2,748,181	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,571,551
2 Enter amount from Part I, line 27a	2	174,172
3 Other increases not included in line 2 (itemize) ▶ <u>Unrealized Gains on Investments</u>	3	521
4 Add lines 1, 2, and 3	4	2,746,245
5 Decreases not included in line 2 (itemize) ▶ <u>None</u>	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	2,746,245

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a See Attachment 4				Various	Various
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a 293,307	0	293,307	0		
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
(j) F.M.V. as of 12/31/69	(l) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	0	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8			3	0	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	156,271	2,433,323	0.0642
2013	122,733	2,423,204	0.0506
2012	134,425	2,469,516	0.0544
2011	140,946	2,551,321	0.0552
2010	93,134	2,572,078	0.0362
2 Total of line 1, column (d)			2 0.2606
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.052112
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5			4 2,529,336
5 Multiply line 4 by line 3			5 131,809
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 362
7 Add lines 5 and 6			7 132,171
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			8 103,554

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b	1	724	00
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0	00
3	Add lines 1 and 2	3	724	00
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0	00
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	724	00
6	Credits/Payments:			
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	398	00
b	Exempt foreign organizations—tax withheld at source	6b	0	00
c	Tax paid with application for extension of time to file (Form 8868)	6c	403	00
d	Backup withholding erroneously withheld	6d	0	00
7	Total credits and payments. Add lines 6a through 6d	7	801	00
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	0	00
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0	00
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	77	00
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax 77 00 Refunded	11	0	00

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		✓
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		✓
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. ▶ \$ <u>None</u> (2) On foundation managers. ▶ \$ <u>None</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>None</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		✓
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		✓
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		✓
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		✓
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	✓	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	✓	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ <u>Michigan</u>		
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 <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	✓	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		✓
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		✓

Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		✓
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)		✓
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	✓	
14 The books are in care of ► Hastings Mutual Insurance Company Telephone no. ► 269-945-3405 Located at ► 404 East Woodlawn Avenue, Hastings, MI ZIP+4 ► 49058		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here.		☐
and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		✓
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		

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

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

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☒ Yes ☐ No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ No		
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	✓
Organizations relying on a current notice regarding disaster assistance check here ☐		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c	✓
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ☐ Yes ☒ No If "Yes," list the years ► 20____, 20____, 20____, 20____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) N/A	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No		
b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i>) N/A	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	✓
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	✓

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

- 5a** During the year did the foundation pay or incur any amount to:
- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No
- b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? **N/A** **5b**
- Organizations relying on a current notice regarding disaster assistance check here ☐
- c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **N/A** ☐ Yes ☐ No
- If "Yes," attach the statement required by Regulations section 53.4945–5(d).
- 6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b**
- If "Yes" to 6b, file Form 8870. ☒
- 7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No
- b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A** **7b**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Attachment 5		0	0	0

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

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

Total number of other employees paid over \$50,000 **0**

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

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

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

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 None	
2 None	
3 None	
4 None	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 None	
2 None	
All other program-related investments. See instructions.	
3 None	
Total. Add lines 1 through 3	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	2,562,448
b	Average of monthly cash balances	1b	5,406
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	2,567,854
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,567,854
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	38,518
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,529,336
6	Minimum investment return. Enter 5% of line 5	6	126,467

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	126,467
2a	Tax on investment income for 2015 from Part VI, line 5	2a	724
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b	0
c	Add lines 2a and 2b	2c	724
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	125,743
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	125,743
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	125,743

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	103,554
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	103,554
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	103,554

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				125,739
2 Undistributed income, if any, as of the end of 2015:				
a Enter amount for 2014 only			44,861	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015:				
a From 2010	0			
b From 2011	0			
c From 2012	0			
d From 2013	0			
e From 2014	0			
f Total of lines 3a through e	0			
4 Qualifying distributions for 2015 from Part XII, line 4: ► \$ 103,554				
a Applied to 2014, but not more than line 2a			44,861	
b Applied to undistributed income of prior years (Election required—see instructions)		0		
c Treated as distributions out of corpus (Election required—see instructions)	0			
d Applied to 2015 distributable amount				58,693
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0		
d Subtract line 6c from line 6b. Taxable amount—see instructions		0		
e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				67,047
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	0			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9:				
a Excess from 2011	0			
b Excess from 2012	0			
c Excess from 2013	0			
d Excess from 2014	0			
e Excess from 2015	0			

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

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	N/A	N/A	N/A	N/A	0
b 85% of line 2a	0	0	0	0	0
c Qualifying distributions from Part XII, line 4 for each year listed					0
d Amounts included in line 2c not used directly for active conduct of exempt activities					0
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	0	0	0	0	0
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income	0	0	0	0	0

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

1 Information Regarding Foundation Managers:

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

None

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

None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

Cindy Beckwith, 404 East Woodlawn Avenue, Hastings, MI 49058, (269) 945-3405

b The form in which applications should be submitted and information and materials they should include:**Grant Application Form****c** Any submission deadlines:

March 31, June 30, September 30, December 31

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

Limited to state of Illinois, Indiana, Iowa, Michigan, Ohio, and Wisconsin

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
See Attachment 6				103,554
Total			▶	3a 103,554
b <i>Approved for future payment</i>				
None				
Total			▶	3b 0

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount		
1 Program service revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities			14	39,819		
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue: a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e)				39,819		
13 Total. Add line 12, columns (b), (d), and (e)				13	39,819	39,819

(See worksheet in line 13 instructions to verify calculations.)

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
---------------	---

[illegible]

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

[illegible]

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

b If “Yes,” complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign
Here**

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

Signature of officer or trustee Joseph Baluch Date 7/18/16 Title President

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

Paid
Preparer
Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶		Firm's EIN ▶		
Firm's address ▶		Phone no		

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

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

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

OMB No 1545-0047

2015**Name of the organization**

Hastings Mutual Insurance Company Charitable Foundation

Employer identification number

20-2031029

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

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

Form 990-PF

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

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

Special Rules

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

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

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Hastings Mutual Insurance Company 404 E. Woodlawn Avenue Hastings, MI 49058	\$ 240,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----

Name of organization

Employer identification number

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
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Attachment 1

Form 990-PF
Tax Year 2015
Part I, Line 18

Hastings Mutual Insurance Company Charitable Foundation
EIN = 20-2031029

Taxes Detail:

Federal Income Taxes - Current	724
Federal Income Taxes - Deferred	<u>6</u>
Total Taxes - Line 18	<u>\$ 730</u>

Attachment 2

Form 990-PF
Tax Year 2015
Part I, Line 23

Hastings Mutual Insurance Company Charitable Foundation
EIN = 20-2031029

Other Expenses Detail:

Clearwater Investment Software Fee	193
Comerica Bank Charges	442
GRNEAM Investment Manager Fees	2,733
Investment fees - Custodian	708
State of Michigan Filing Fee	<u>20</u>

Total Other Expenses - Line 23	<u><u>4,096</u></u>
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Attachment 3

Form 990-PF
Tax Year 2015
Part II, Line 10a and 10b

Hastings Mutual Insurance Company Charitable Foundation
EIN = 20-2031029

Line 10a: Detailed listing of U.S. and state government obligations held at year-end:

FEDERAL NATIONAL MORTGAGE ASSOCIATION	50,005.00
FEDERAL NATIONAL MORTGAGE ASSOCIATION	251,950.00
FREDDIE MAC	49,650.00
FEDERAL NATIONAL MORTGAGE ASSOCIATION	50,140.00
FEDERAL NATIONAL MORTGAGE ASSOCIATION	198,240.00
UNITED STATES TREASURY	50,013.50
UNITED STATES TREASURY	50,060.50
UNITED STATES TREASURY	199,046.00
UNITED STATES TREASURY	49,980.50
UNITED STATES TREASURY	49,699.00
UNITED STATES TREASURY	99,762.00
UNITED STATES TREASURY	100,383.00
UNITED STATES TREASURY	99,164.00
UNITED STATES TREASURY	49,562.50
UNITED STATES TREASURY	48,886.50

Total Line 10a	<u><u>\$ 1,396,542.50</u></u>
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Line 10b: Detailed listing of corporate stocks held at year end:

S&P 500 DEPOSITORY	842,065.70
--------------------	------------

Total Line 10b	<u><u>\$ 842,065.70</u></u>
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Line 10c: Detailed listing of corporate bonds held at year end:

Total Line 10c	<u><u>\$ -</u></u>
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Attachment 4

Form 990-PF
Tax Year 2015
Part IV, Line 1

Hastings Mutual Insurance Company Chantable Foundation
EIN = 20-2031029

Capital Gains and Losses for Tax on Investment Income

Security Description	Proceeds	Book Value	Tax Gain/Loss	Acq Date	Disp Date
US Treasury N/B	50,000.00	50,000.00	-	08/18/2010	07/31/2015
US Treasury N/B	25,000.00	25,000.00	-	09/09/2010	08/31/2015
US Treasury N/B	50,000.00	50,000.00	-	10/19/2010	08/31/2015
US Treasury N/B	50,000.00	50,000.00	-	04/10/2013	04/15/2015
CNH Equip Tr 2011-A A4	1,459.07	1,459.07	-	05/04/2011	01/15/2015
CNH Equip Tr 2011-A A4	4,019.68	4,019.68	-	05/04/2011	02/15/2015
CNH Equip Tr 2011-A A3	5,079.77	5,079.77	-	03/14/2012	01/15/2015
CNH Equip Tr 2011-A A3	1,442.70	1,442.70	-	03/14/2012	02/15/2015
Goldman Sacs F/S Federal Fund	5,000.00	5,000.00	-	12/22/2008	01/21/2015
Goldman Sacs F/S Federal Fund	175.57	175.57	-	12/22/2008	01/28/2015
Goldman Sacs F/S Federal Fund	7,000.00	7,000.00	-	12/22/2008	02/25/2015
Goldman Sacs F/S Federal Fund	7,000.00	7,000.00	-	12/22/2008	03/18/2015
Goldman Sacs F/S Federal Fund	4,000.00	4,000.00	-	12/22/2008	03/19/2015
Goldman Sacs F/S Federal Fund	177.69	177.69	-	12/22/2008	04/28/2015
Goldman Sacs F/S Federal Fund	8,500.00	8,500.00	-	12/22/2008	05/06/2015
Goldman Sacs F/S Federal Fund	17,000.00	17,000.00	-	12/22/2008	05/20/2015
Goldman Sacs F/S Federal Fund	8,000.00	8,000.00	-	12/22/2008	06/16/2015
Goldman Sacs F/S Federal Fund	177.26	177.26	-	12/22/2008	07/29/2015
Goldman Sacs F/S Federal Fund	21,500.00	21,500.00	-	12/22/2008	08/11/2015
Goldman Sacs F/S Federal Fund	175.38	175.38	-	12/22/2008	10/28/2015
Goldman Sacs F/S Federal Fund	5,000.00	5,000.00	-	12/22/2008	11/06/2015
Goldman Sacs F/S Federal Fund	7,000.00	7,000.00	-	12/22/2008	11/18/2015
Goldman Sacs F/S Federal Fund	10,500.00	10,500.00	-	12/22/2008	12/03/2015
Goldman Sacs F/S Federal Fund	5,100.00	5,100.00	-	12/22/2008	12/15/2015
Total	293,307.12	293,307.12	-		

Attachment 5

Form 990-PF
Tax Year 2015
Part VIII section 1

Hastings Mutual Insurance Company Chantable Foundation
EIN = 20-2031029

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Christopher J. Fluke c/o Hastings Mutual Insurance Company 404 East Woodlawn Avenue Hastings, MI 49058	Director Less than 5 hours per week	\$0 00	\$0 00	\$0 00
Kellie M. Haines c/o Hastings Mutual Insurance Company 404 East Woodlawn Avenue Hastings, MI 49058	Director Less than 5 hours per week	\$0 00	\$0 00	\$0.00
Mark A. Kolanowski c/o Hastings Mutual Insurance Company 404 East Woodlawn Avenue Hastings, MI 49058	Director Less than 5 hours per week	\$0 00	\$0 00	\$0 00
Bruce J. Osternk c/o Hastings Mutual Insurance Company 404 East Woodlawn Avenue Hastings, MI 49058	Director Less than 5 hours per week	\$0 00	\$0 00	\$0 00
James R. Toburen c/o Hastings Mutual Insurance Company 404 East Woodlawn Avenue Hastings, MI 49058	Director Less than 5 hours per week	\$0 00	\$0 00	\$0 00
Joseph J. Babiak c/o Hastings Mutual Insurance Company 404 East Woodlawn Avenue Hastings, MI 49058	President Less than 5 hours per week	\$0 00	\$0 00	\$0 00
Michael T. Kinnary c/o Hastings Mutual Insurance Company 404 East Woodlawn Avenue Hastings, MI 49058	Treasurer Less than 5 hours per week	\$0 00	\$0 00	\$0 00
Michael W. Puerner c/o Hastings Mutual Insurance Company 404 East Woodlawn Avenue Hastings, MI 49058	Secretary Less than 5 hours per week	\$0 00	\$0 00	\$0 00

Attachment 6

Form 990-PF

Tax Year 2015

Part XV Line 3a

Hastings Mutual Insurance Company Charitable Foundation

EIN = 20-2031029

All grant recipients were public charities or equivalents as defined in sections 501 (c) (3) and 509 (a)

Recipient	Address Line 1	Address Line 2	Amount	Purpose
ASSOCIATED CHARITIES OF LENAWEE COUNTY	221 S Tecumseh Street	Adrian MI	2,200.00	To provide support for the Daily Distribution Program to assist low income families
BIG BROTHERS BIG SISTERS OF NORTH CENTRAL OHIO	360 North Mulberry Street	Mansfield OH 44902	1,000.00	To provide support for a special summer picnic for the Bigs and the Littles and their families at The Infield in Leighton
CHEBOYGAN COUNTY UNITED WAY	520 North Main 304	Cheboygan MI 49721	1,000.00	To help families of Cheboygan County pay their utility bills
ELE'S PLACE	1145 W Oakland Avenue	Lansing MI 48915	3,000.00	To underwrite the cost of providing grief support for Ele's Place Wednesday Early Elementary group for one year
FAMILY & COMMUNITY SERVICES, INC	705 Oakwood Street Suite 221	Ravenna OH 44266	500.00	To support the operation of Somerside Safe Trumbull County's only domestic violence program
FISH TALES, INC	2177 E Erickson Road	Pinecreek MI 49650	1,000.00	To obtain a golf cart for camp that can transport tired disabled campers
GENESSEE COUNTY HABITAT FOR HUMANITY	101 Burton Street	Flint MI 48503	1,500.00	To provide a matching grant to rehab a downtown Devlon business for an entrepreneur who is starting a business and will be living above the offices
GREENEBUCS	PO Box 1	Albia OH 45301	2,500.00	To fund therapeutic bicycles for children and veterans with disabilities
HABITAT FOR HUMANITY - LA CROSSE AREA, INC	3181 Berlin Drive PO Box 2123	La Crosse WI 54602	500.00	The construction of a home in the City of La Crosse in a HUD defined low income area providing a hand up to a family in need by giving them an opportunity to own a safe, decent, efficient and affordable home of their own - while empowering women
HASTINGS AREA SCHOOLS	232 W Grand Street	Hastings MI 49058	500.00	Saint Partner - Provide for Medical Services for Students fundraisers for special education safe graduation celebrations and various other needs of students
HEARTBEAT OF FREMONT	1209 Oak Harbor Road	Fremont OH 43420	4,457.20	To equip mothers and fathers with parenting skills through education and mentoring while earning material needs associated with raising a baby
LAKEWOOD PUBLIC SCHOOLS	639 Jordan Lake Street	Lake Odessa MI 48849	4,000.00	Saint Partner - Provide for Medical Services for Students fundraisers for special education safe graduation celebrations and various other needs of students
MAPLE VALLEY SCHOOLS	11060 Nashville Highway	Vermontville MI 49096	573.23	Saint Partner - Provide for Medical Services for Students fundraisers for special education safe graduation celebrations and various other needs of students
MORENCI KIWANIS INTERNATIONAL	1950 E Main Street	Morenci MI 49256	266.80	To help fill the food boxes and cover the cost of the fresh meat/produce coupons provided to each family - allowing the receiver to have a full pantry and not have to choose between feeding themselves or their families and fulfilling a holiday wish for a loved one
OPEN DOOR OUTREACH CENTER, INC	7170 Cooley Lake Road	Waterford MI 48327	800.00	To provide supplemental food and personal hygiene supplies to those in need
PACKARD HEALTH PHHSP	3174 Packard Road	Ann Arbor MI 48108	1,000.00	To provide funding for "Packard Payers" - a summer walking program targeted to low income patients with chronic health conditions and physical mobility issues
PINE REST CHRISTIAN MENTAL HEALTH SERVICES	1730 Ingot Trail	Hastings MI 49058	500.00	Saint Partner - Donations for Senior Class Lockin
ST ROSE OF LIMA SCHOOL	300 68th Street SE	Grand Rapids MI 49501	1,000.00	Saint Partner - Donations for Students Program and counseling services for students
STAR LIGHT MINISTRIES, INC	707 South Jefferson Street	Hastings MI 49058	46,851.50	Saint Partner - Donations for Students Program
THE POTTER'S HOUSE	3376 Central Blvd	Hudsonville MI 49426	500.00	To develop a resource manual to give to churches, parents, schools, program participants and anyone who needs tools to help guide them through death loss Also to develop a Lunch & Learn series for all churches and pastors to further their education and help them learn from the experts
THORNAPPLE-KELLOGG AREA SCHOOLS	810 VanRaalte SW	Grand Rapids MI 49509	2,500.00	To educate all English Language Learner students not only in the spoken and written English language but also in American culture
VISTA MARIA	10051 Green Lake Road	Middleville MI 49333	15,000.00	Saint Partner - Provide for Medical Services for Students fundraisers for special education safe graduation celebrations and various other needs of students
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER GRAND RAPIDS	20851 West Warner Avenue	Dearborn Heights MI 48127	515.00	To support the basic needs of homeless young women entering into The Shepherd Hall Transitional Living Program which provides housing for young women who are homeless or aging out of the foster care system
YPSILANTI MEALS ON WHEELS	475 Lake Michigan Drive NW	Grand Rapids MI	5,800.00	To provide financial assistance to participants in our Special Needs Therapeutic Riding Program
	1110 W Cross Street	Ypsilanti MI 48197	5,000.00	To offset food costs that Ypsilanti Meals on Wheels incur annually - each year YMAOW spends approximately \$250,000 to provide one hot meal Monday-Friday to 200 clients
		Grand Total	1,500.00	
			103,553.73	