Return of Private Foundation

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

OMB No 1545-0052

Departrient of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. 2016

Open to Public Inspection

For	calen	dar year 2016 or tax year beginning	, 2016	6, and e	ending		, 20
		undation				r identification numbe	r
Has	stinas I	Mutual Insurance Company Charitable Foundation		1		20-2031029	
Nu	mber and	d street (or P O box number if mail is not delivered to street address)	Room	/suite	B Telephon	e number (see instructi	ons)
404	l Fast V	Voodlawn Avenue	1	-		269-945-3405	
		n, state or province, country, and ZIP or foreign postal code			C If exempt	tion application is pendi	ng, check here ▶
Has	stinas.	MI 49058		ļ			•
			of a former public	charity	D 1. Foreign	n organizations, check l	nere ► 🗍
_		☐ Final return ☐ Amended i		1	=	_	
		☐ Address change ☐ Name char	nge			n organizations meeting here and attach compu	
Н	Check	type of organization: Section 501(c)(3) exempt p	rivate foundation			foundation status was t	terminated under
		n 4947(a)(1) nonexempt charitable trust		dation	section 5	07(b)(1)(A), check here	▶□
		arket value of all assets at J Accounting method			F If the four	ndation is in a 60-montl	termination
		Lyony (from Bort II and (a)				ction 507(b)(1)(B), check	
	line 16		on cash basis.)				
P	art I		(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		investment come	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	books	[(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	. 152,879				
:	2	Check ▶ ☐ if the foundation is not required to attach Sch. B					
) 	3	Interest on savings and temporary cash investments	0	i	0	0	
•	4	Dividends and interest from securities	40,413		40,413	0	: 1
	5a	Gross rents	0		0	0	}
	ь	Net rental income or (loss) 0					
<u>⊕</u>	6a	Net gain or (loss) from sale of assets not on line 10	0			ι ,	` `
Revenue	Ь	Gross sales price for all assets on line 6a					ž.
֝֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	7	Capital gain net income (from Part IV, line 2)			0		
٣	8	Net short-term capital gain				0	
SCAME	9	Income modifications				0	
ਹੈ	10a	Gross sales less returns and allowances 0					
S	b	Less: Cost of goods sold 0					
	С	Gross profit or (loss) (attach schedule)	0			0	
	11	Other income (attach schedule)	0		0	0	
	12	Total. Add lines 1 through 11	193,292		40,413	0	
	13	Compensation of officers, directors, trustees, etc.	0		0	0	0
Expenses	14	Other employee salaries and wages .	0		0	0	0
ē	15	Pension plans, employee benefits RECEIVE	2_0		0	0	0
훘	16a	Legal fees (attach schedule)	ાળા ૦		0	0	0
	b	Accounting fees (attach schedule) . All G 7.201	7 131 0	L	0	0	0
Operating and Administrative	C	Accounting fees (attach schedule) . A) G 0.7 20 Other professional fees (attach schedule)	88 0	 	0		
Ę	17	Interest	1 501	}	0	0	0
Zi.	18	Takee (attach concedite) (coe mot adment) Cignig 12 mg	1,501	<u> </u>	0		0
Ę	19	Depreciation (attach schedule) and depletion	0		0		ļ
ğ	20	Occupancy	0	-	0		0
ð	21	Travel, conferences, and meetings	0		0		0
ā	22	Printing and publications	0		0		
g	23	Other expenses (attach schedule)	4,372	 -	3,937	0	0
aţi	24	Total operating and administrative expenses.		l			
ě		Add lines 13 through 23	5,873	 	3,937	0	0
8	25	Contributions, gifts, grants paid	119,087	 			119,087
_	26	Total expenses and disbursements. Add lines 24 and 25	124,961	 	3,937) - •	119,087
	27	Subtract line 26 from line 12:	<u></u>)			
	a	Excess of revenue over expenses and disbursements	68,332	 		 	
	b	Net investment income (if negative, enter -0-)		 	36,476		
	C	Adjusted net income (if negative, enter -0-)		<u></u>		0	<u> </u>

D:	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	6,950	5,596	5,596
	2	Savings and temporary cash investments	494,543	193,623	193,623
	3	Accounts receivable ▶ 9,468			
	[Less: allowance for doubtful accounts ▶ 0	8,079	9,468	9,468
	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)	ol	0	0
	7	Other notes and loans receivable (attach schedule) ▶0			
		Less: allowance for doubtful accounts ▶ 0	0	0	0
ţ	8	Inventories for sale or use	0	0	0
Assets	9	Prepaid expenses and deferred charges	0	0	0
ĕ	10a	Investments—U.S. and state government obligations (attach schedule)	1,396,543	1,761,716	1,761,716
	b	Investments - corporate stock (attach schedule)	842,066	923,179	923,179
	С	Investments—corporate bonds (attach schedule)	0	0	0
	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 ► None)	0	0	0
	16	Total assets (to be completed by all filers-see the			<u> </u>
-		ınstructions. Also, see page 1, item l)	2,748,181	2,893,583	2,893,583
	17	Accounts payable and accrued expenses	1,609	2,381	
/ 0	18	Grants payable	0	0	
ë	19	Deferred revenue	0		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0		
iat	21	Mortgages and other notes payable (attach schedule)	0		
_	22	Other liabilities (describe ► Tax Payable)	331	60	
	23	Total liabilities (add lines 17 through 22)	1,940	2,441	
Balances		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	1,040		
چ	24	Unrestricted	2,746,241	2,891,142	
als	25	Temporarily restricted	0	2,001,142	
d B	26	Permanently restricted	0	0	
Fun		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
Net Assets or	27	Capital stock, trust principal, or current funds	0	o	
ts	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
Š	29	Retained earnings, accumulated income, endowment, or other funds	0		
۲	30	Total net assets or fund balances (see instructions)	2,746,241	2,891,142	
et l	31	Total liabilities and net assets/fund balances (see	2// 10/211		
_ [ınstructions)	2,748,181	2,893,583	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	2//40/101	2/000/000/	
		I net assets or fund balances at beginning of year-Part II, colur	nn (a), line 30 (must	agree with	
	end-	of-year figure reported on prior year's return)	1-9,	1	2,746,241
2		r amount from Part I, line 27a			68,332
3		er increases not included in line 2 (itemize) Vinrealized Gains on I		3	
		lines 1, 2, and 3			2,891,137
-	D	and a set in about a discription of the control of		<u> </u>	2,031,137
6	Total	reases not included in line 2 (itemize) None I net assets or fund balances at end of year (line 4 minus line 5)—F	art II, column (b), lin	e 30 6	2,891,137

Part	V Capital Gains and	Losses for Tax on Investm	<u>ent</u> Inc	ome_				
		kınd(s) of property sold (e.g., real estate e, or common stock, 200 shs. MLC Co)			(b) How acquired P—Purchase D—Donation		ate acquired , day, yr)	(d) Date sold (mo., day, yr)
1a	See Attachment 4					V	arious	Various
<u>b</u>	 							
<u>C</u>								
d_		- 						
е								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis ase of sale			n or (loss)) minus (g)
<u>a</u>	1,003,306	0			1,003,306			0
<u>b</u>								
<u>C</u>								
<u>d</u>								
е	Complete only for assets show	wing gain in column (h) and owned I	ov the fou	indation	on 12/31/69			(h)
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	<u> </u>		of col (i)	!	col (k), but not	(h) gain minus less than -0-) or rom col (h))
а								
b								
C								
d								
е								
2	Capital gain net income or	INDI CANITAL INCCL. (t I, line 7	2		0
3	Net short-term capital gair	or (loss) as defined in sections	1222(5)	and (6):				<u>_</u>
		l, line 8, column (c) (see instruc						
	Part I, line 8]	3		0
Part	V Qualification Unde	er Section 4940(e) for Redu	ced Ta	x on N	et Investment	Inco	me	
	ptional use by domestic priv ion 4940(d)(2) applies, leave	rate foundations subject to the set this part blank	section 4	940(a) 1	tax on net invest	ment i	ncome.)	
			able con				ovia dO	☐ Yes 🗸 No
rvas i f "Yes	s." the foundation does not	section 4942 tax on the distribut qualify under section 4940(e). D	able ame o not col	molete:	any year in the t this part	base p	eriou?	☐ 162 [¥] 140
1		unt in each column for each yea				akına a	nv entries.	
	(a)	(b)			(c)	T		(d)
Cale	Base penod years indar year (or tax year beginning in)	Adjusted qualifying distributions	Ne:	t value of	noncharitable-use as	ssets		nbution ratio livided by col. (c))
	2015	103	3,554		2,52	9,336		0.0409
	2014		,271			3,323		0.0642
	2013	122	2,733		2,42	3,204		0.0506
	2012	134	,425		2,46	9,516		0.0544
	2011	140	,946		2,55	1,321		0.0552
2	Total of line 1, column (d)	<u> </u>				·	2	0.2655
3		or the 5-year base period—divid				the		
	number of years the found	ation has been in existence if le	ss than 5	years		·	3	0.053098
4	Enter the net value of nonc	haritable-use assets for 2016 fr	om Part	X, line !	5	. [4	2,727,300
_	Manufacture and the control of						_	
5	Multiply line 4 by line 3 .			• •		.	5	144,814
6	Enter 1% of net investmen	t income (1% of Part I, line 27b)				. }	6	365
7	Add lines 5 and 6					.	7	145,179
8		ns from Part XII, line 4 ter than line 7, check the box in				. L	8 Int using a 1	119,087 % tax rate. See the

Part		nstr	<u>ictio</u> i	<u>18)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) 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		730	00
_	here ▶ □ and enter 1% of Part I, line 27b		7.50	
С	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-)		0	00
3	Add lines 1 and 2		730	00
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	00
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		730	00
6	Credits/Payments: 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 677 00			. [
a b				
C	Exempt foreign organizations—tax withheld at source			
d	Backup withholding erroneously withheld 6d 0 00			
7	Total credits and payments. Add lines 6a through 6d		677	00
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		_0	00
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		53	00
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10		0	_00
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ 0 00 Refunded ▶ 11		0	00
Pant 1a	VII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Γ	Yes	No
ıa	participate or intervene in any political campaign?	1a	162	140
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	Ia		
-	Instructions for the definition)?	1b		✓_
	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.			
C	Did the foundation file Form 1120-POL for this year?	1c		→
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ None (2) On foundation managers. ▶ \$ None			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			,
•	on foundation managers. S None			لب
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		✓
3	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		[[
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		✓
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		1
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		✓
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or By state larger that affectively arrested the governing instrument at that are residually and the governing instrument.			,
	• 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? If "Yes," complete Part II, col. (c), and Part XV	<u>6</u> 7	1	
, 8а	Enter the states to which the foundation reports or with which it is registered (see instructions)		_	
	Michigan			
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	8b	1	
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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10	1	✓_

Par	VIFA Statements Regarding Activities (continued)			
44	At any time divide the year did the foundation directly a testing the contract of the contract		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		1
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		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	<u> </u>
	Website address N/A		<u> </u>	<u> </u>
14	The books are in care of ► Hastings Mutual Insurance Company Telephone no. ► 26	9-945-	3405	
	Located at ► 404 East Woodlawn Avenue, Hastings MI ZIP+4 ►	4905	8	
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			N/A
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority	$\overline{}$	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	/
	the foreign country	ļ		
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		
	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?			l
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes Volume	1		
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		1	1
	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.)			:
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		1
	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			ļ
•	were not corrected before the first day of the tax year beginning in 2016?	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)):			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2016?			
	If "Yes," list the years ▶ 20, 20, 20, 20			}
Ь	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_		<u> </u>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20, 20, 20, 20, 20, 20, 20, 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?			
_				
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2016.) N/A	3b		
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			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		<u> </u>
	Fo	rm 99	0-PF	(2016)

Part	VII-B	Statements Regarding Activities	s for W	<u>/hich Form</u>	4720	May Be R	equire	d (contir	nued)			
5a	During th	ne year did the foundation pay or incur a	ny amo	ount to:							. 1	
		on propaganda, or otherwise attempt t						☐ Yes	✓ No		.]	
		ence the outcome of any specific public		•		•					.	
		tly or indirectly, any voter registration dr						☐ Yes	✓ No		.	l
		ide a grant to an individual for travel, stu	•		•			☐ Yes	✓ No		<u> </u>	
		de a grant to an organization other than									. [
		on 4945(d)(4)(A)? (see instructions)						☐ Yes	√ No			İ
		de for any purpose other than religious						_			. 1	1
		oses, or for the prevention of cruelty to						☐Yes	_ ✓ No			1
р		swer is "Yes" to 5a(1)–(5), did any of the ons section 53.4945 or in a current notice							ibed in	<u> </u>	·	
			-	-		-	•			_5b	-	
_	_	ations relying on a current notice regardi swer is "Yes" to question 5a(4), does t	-				the toy		▶∐			-
C		it maintained expenditure responsibility				puon nom		_			1	1
		attach the statement required by Regula					• •	∐ Yes	∐ No		, (İ
6a		oundation, during the year, receive any					emiums				}	1
		1.4			-			☐ Yes	✓ No		1	1
b	•	oundation, during the year, pay premiun					benefit	_		6b	 	-
		to 6b, file Form 8870.	·	•	,,							
7a	At any tir	ne during the tax year, was the foundation a	a party	to a prohibited	tax sh	elter transad	ction?	Yes	✓ No			
b		did the foundation receive any proceeds										
Part	VIII	Information About Officers, Direc	tors, 1	rustees, F	ounda	tion Man	agers,	Highly F	Paid Er	nploy	ees,	
		and Contractors										
	List all C	officers, directors, trustees, foundation						ontribution:				
		(a) Name and address	hou	e, and average rs per week	i (lf r	mpensation ot paid,	emplo	yee benefit	plans	(e) Expe	nse acc	
			devot	ed to position	er	ter -0-)	and dete	rred compe	nsation			
Soo At	tachment	E				0			o			0
JCC A				·								_
									1			
												
								<u> </u>				
									l			
2		sation of five highest-paid employee	es (oth	er than thos	se incl	uded on li	ne 1—s	see instr	uctions). If n	one, e	enter
	"NONE.	, 		, 					— т			
	(a) Nama an	d address of each employee paid more than \$50,00	0	(b) Title, and a		(a) Compos		(d) Contribution of the contribution of the		(e) Expe	nse acc	ount,
	(a) Name an	a address or each employee paid more than \$50,00	U	devoted to p		(c) Compe	ISALIOII	plans and compens		other	allowan	ces
						\						
None						ļ			(
IVOITE												
							}		ŀ			
							,					
Total	number o	other employees paid over \$50,000 .	<u> </u>	<u></u> .	<u> </u>	<u> </u>	<u> </u>	<u> </u>			0	
									F	orm 99	0-PF	(2016)

3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	IE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
. 		
one		
		ļ
		
ota	number of others receiving over \$50,000 for professional services	0
2ar	IX-A Summary of Direct Charitable Activities	
	t the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1		
	None	
2		
2	None	
		1
3		
	None	}
4		
-	None	ţ
	IX-B Summary of Program-Related Investments (see instructions)	
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	None	
	NOTE:	
2		
	None	1
AII	other present related investments. Con materials and	<u> </u>
AII 3	other program-related investments. See instructions	
3	None	}
		1
ota	. Add lines 1 through 3	
		Form 990-PF (20

Part	Y Minimum Investment Return (All domestic foundations must complete this part. Forei	gn foundat	ions,
`	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	2,762,883
b	Average of monthly cash balances	1b	5,949
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	2,768,832
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	2,768,832
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	}	
	ınstructions)	4	41,532
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,727,300
6	Minimum investment return. Enter 5% of line 5	6	136,365
Part	and certain foreign organizations check here ▶ ☐ and do not complete this part.)	oundations	;
1	Minimum investment return from Part X, line 6	1	136,365
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.) 2b 0]]	
C	Add lines 2a and 2b	2c	730
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	135,635
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	135,635
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	135,635
Dard	XII Qualifying Distributions (see instructions)		
r ai t	An Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	119,087
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	C
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	119,087
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	O
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	119,087
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	whether th	
	qualifies for the section 4940(e) reduction of tax in those years.	٠٠ ١٠	
		r	000-PE (2016)

Part	XIII ' Undistributed Income (see instruction	ons)			
1	Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
_	line 7				135,635
2	Undistributed income, if any, as of the end of 2016:				
a	Enter amount for 2015 only			67,047	
Ъ	Total for prior years: 20,20,20		0		
3	Excess distributions carryover, if any, to 2016:				
a	From 2011		}		
b	From 2012				
C	· · · · · · · · · · · · · · · · · · ·				
d e	From 2014		Ì		
f	Total of lines 3a through e				
4	Qualifying distributions for 2016 from Part XII,	0			
•	line 4: ► \$ 119,087			-	
а	Applied to 2015, but not more than line 2a .		<u> </u>	67.047	r
b	Applied to undistributed income of prior years			67,047	
	(Election required—see instructions)		0		
С	Treated as distributions out of corpus (Election				
	required—see instructions)	o			
d	Applied to 2016 distributable amount				52,037
е	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2016	0:			
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
	• • • • • • • • • • • • • • • • • • • •		ĺ		
6	Enter the net total of each column as indicated below:				
а	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)	ļ			
_	tax has been previously assessed		0		
ď	Subtract line 6c from line 6b. Taxable amount—see instructions		ľ	İ	, .
			0		
е	Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount—see				
	instructions	İ			
f	Undistributed income for 2016. Subtract lines			0	
•	4d and 5 from line 1. This amount must be			i	
	distributed in 2017				00.505
7	Amounts treated as distributions out of corpus				83,595
•	to satisfy requirements imposed by section	}			
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)	o			1
8	Excess distributions carryover from 2011 not				
	applied on line 5 or line 7 (see instructions).	اه		1	
9	Excess distributions carryover to 2017.				
	Subtract lines 7 and 8 from line 6a	اه		Í	
10	Analysis of line 9:	<u>'</u>			
а					
b	Excess from 20130		į	Į	
С	Excess from 20140				
d	Excess from 20150			i	
е	Excess from 2016 0		}	}	İ

Part	XIV Private Operating Founda	tions (see ınstru	ctions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for					
b	Check box to indicate whether the four	ndation is a private	operating foundat		ection 🗌 4942(j)((3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Pnor 3 years		(e) Total
	investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
	each year listed	N/A	N/A	N/A	N/A	0
b	85% of line 2a	0	0	0	0	0
С	Qualifying distributions from Part XII, line 4 for each year listed					0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	0	0	0	0	0
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test - enter:					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	I				0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
С	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income	0	0	0	0	0
Part						ore in assets at
	any time during the year –	•				
1	Information Regarding Foundation	Managers:				
а	List any managers of the foundation v					by the foundation
	before the close of any tax year (but o	nly if they have co	ontributed more the	an \$5,000). (See s	ection 507(d)(2).)	
None	· 					
Ь	List any managers of the foundation					rge portion of the
	ownership of a partnership or other er	itity) of which the	foundation has a 1	0% or greater inte	erest.	
None						
2	Information Regarding Contribution Check here ▶ ☐ if the foundation unsolicited requests for funds. If the foundations, complete items 2a, to	only makes contr oundation makes	butions to presel	ected charitable of		
а	The name, address, and telephone nu	mber or e-mail ad	dress of the perso	n to whom applica	ations should be a	ddressed:
Debbie	Kurtz, 404 East Woodlawn Avenue, Hast	ings, MI 49058. (26	9) 945-3405			
	The form in which applications should			naterials they sho	uld include:	
Grant A	Application Form					
	Any submission deadlines:					
	31, June 30, September 30, December 31					
	Any restrictions or limitations on aw factors:	ards, such as by	geographical are	eas, charitable fie	elds, kinds of inst	titutions, or other

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

	XV Supplementary Information (cont	inued)			
<u>3</u> ,	Grants and Contributions Paid During t	the Year or Approv	ed for Fu	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
а	Paid during the year				
See A	ttachment 6		ĺ		119,087
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	Total			▶ 3a	119,087
b	Approved for future payment				
None)		
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]		1
			}		}
	Total			▶ 3b	

Pa	rt X	VIFA Analysis of Income-Producing Ac					
Ente	r gro	oss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by secti	on 512, 513, or 514	(e)
			(2)	(b)	(0)	(d)	Related or exempt
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
1	Pro	gram service revenue:		7 illiodili	Excitation code	runoana	(See mandenons.)
	а	-					
	b						
	C						
	d						
	6				 		
	f		<u> </u>		 		
	٠.	F			+		
_	g	Fees and contracts from government agencies			 		
2		mbership dues and assessments	 		 		
3		rest on savings and temporary cash investments			L		
4	Div	idends and interest from securities			14	40,413	
5	Ne	rental income or (loss) from real estate:					
	а	Debt-financed property					
	b	Not debt-financed property					
6		rental income or (loss) from personal property			1		
7		er investment income			 		
8		n or (loss) from sales of assets other than inventory			 		
_		, ,			 		
9		income or (loss) from special events			 		
10		oss profit or (loss) from sales of inventory	 				
11	Oth	er revenue: a		·	<u> </u>		
	b				l		
	C				}		
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					1		
	е		Į.		ĺ		
12	_	ototal, Add columns (b), (d), and (e)			 	AD 413	
	Sul	ototal. Add columns (b), (d), and (e)				40,413	40.412
13	Sul To 1	al. Add line 12, columns (b), (d), and (e)				40,413 13	40,413
13 (See	Sul To	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation	s.)				40,413
13 (See Pa	Sul To wo	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa Lin	Sul To	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes	13	
13 (See Pa Lin	Sul To wol rt X	ksheet in line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) .ccomplishm	ent of Exemp	t Purposes	13	
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13 (See Pa Lin	Sul To wol rt X	ksheet in line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) .ccomplishm	ent of Exemp	t Purposes	13	
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13 (See Pa Lin	Sul To wol rt X	ksheet in line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) .ccomplishm	ent of Exemp	t Purposes	13	

Part	XVII		n Regarding Tra	nsfers To	o and Tran	sactio	ns and	Relationsh	ps V	Vith N	loncha	ritab	е	
		Exempt Or	ganizations											
	in sec		directly or indirectly se Code (other than										Yes	No
	_		porting foundation	to a nonch	aritable eve	mnt ara	onization	of				}	} {	}
		-	· · · · · ·									1a(1)		1
		ther assets .				· · ·						1a(1)		1
	. ,	r transactions:										14(2)		_•
			a nanaharitahla ay	omnt oraș	nuzation							1b(1)		✓
			a noncharitable ex									$\overline{}$	\vdash	*
			ets from a nonchari									1b(2)		▼
		· · · · · · · · · · · · · · · · · · ·	, equipment, or oth									1b(3)		
			rrangements									1b(4)	\vdash	√
	• •	oans or loan gua										1b(5)		
			ervices or members									1b(6)		-
			quipment, mailing I									1c		√
			of the above is "Ye											
			ther assets, or sen											
		b) Amount involved	on or sharing arran											
(a) Line		b) Amount involved	(c) Name of none	chantable exe	empt organization	on	(a) Desc	nption of transfe	ers, trar	saction	is, and sna	aring arr	angeme	ents ———
N/A	- -						ļ—							
							 -							
							ļ							
			<u> </u>											
					_ 									
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	_													
														
														
	_		<u></u>											
	descr	ribed in section 5	ectly or indirectly a 501(c) of the Code (e following schedule	other than] Yes	· 🗸	No
		(a) Name of organi		ï.	(b) Type of org	anization			(c) Des	criptic	n of relatio	nshin		
N/A		(L) riamo or organi		┼	(5) 1) po oi oig				(0) 50		TOTTOIGLIO			
NIM				 										
				 										
				 										
				 										
	Unde	r penalties of penury 1	declare that I have examir	ed this return	. including accord	nnanving s	chedules and	d statements and	to the	hest of	my knowler	dge and	belief it	is true
Sign			aration of preparer (other the							1				
_		ے لامہ بسک	TR 0	0 1	7/21/17	1					May the II with the I			
Here		ature of officer of trus	stool - Julean		Date	Title	esident			—	(see Instru			
		Print/Type preparer		Denous				Data				TINI	===	===
Paid		Third Type prepares	- CHILD	Peparer	's signature			Date			· 📙 🕆 📙	MITC		
Prepa	rer	 		₩							mployed			
Use C		Firm's name ►							Firm's	EIN >	·			
		Firm's address ▶							Phone	e no				

Schedule B

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

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Employer identification number Name of the organization Hastings Mutual Insurance Company Charitable Foundation 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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(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 331/3 % 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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 co	pies 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	\$ 150,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Employer identification number

Noncash Property (See instructions). Use duplicate co	pies of Part II if additional space	ce is needed.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
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(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
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Schedule B (F	Form 990, 990-EZ, or 990-PF) (2016)			Page 4
Name of or	ganization			Employer identification number
Part III	the following line entry. For organizati contributions of \$1,000 or less for the	the year from any or ions completing Part l e year. (Enter this info	ne contributor. (II, enter the tota rmation once. S	Complete columns (a) through (e) and I of exclusively religious, charitable, etc.,
(a) No.	Use duplicate copies of Part III if addi	itional space is neede	a	
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, an	d ZIP + 4	Relation	ship 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	<u> </u>
	Transferee's name, address, an	d ZIP + 4	Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
Ì		(e) Transfer	of gift	
	Transferee's name, address, an	d ZIP + 4	Relation	ship of transferor to transferee
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/2VNI				·
(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, an	d ZIP + 4	Relation	ship of transferor to transferee
}			·	
1				

Form 990-PF Tax Year 2016 Part I, Line 18

Hastings Mutual Insurance Company Charitable Foundation EIN = 20-2031029

Taxes Detail:

Total Taxes - Line 18	\$ 1,501
Federal Income Taxes - Deferred	765
Federal Income Taxes - Current	736

Form 990-PF Tax Year 2016 Part I, Line 23

Hastings Mutual Insurance Company Charitable Foundation EIN = 20-2031029

Other Expenses Detail:

Clearwater Investment Software Fee	329
Comerica Bank Charges	415
GRNEAM Investment Manager Fees	2,879
Investment fees - Custodian	729
State of Michigan Filing Fee	20

Total Other Expenses - Line 23	4,372

Total Line 10c

Form 990-PF Tax Year 2016 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:

<u>Line toa.</u> Detailed listing of 0.5. and state government obligation	ons neid at year-end.
FEDERAL HOME LOAN MORTGAGE CORP	49,910.00
FEDERAL NATIONAL MORTGAGE ASSOCIATION	199,400.00
FEDERAL NATIONAL MORTGAGE ASSOCIATION	251,950.00
FEDERAL NATIONAL MORTGAGE ASSOCIATION	50,075.00
FH G08722	100,205.61
FH G18582	87,809.95
FN AP4058	87,625.85
G2 MA3454	85,670.12
UNITED STATES TREASURY	149,683.50
UNITED STATES TREASURY	99,996.00
UNITED STATES TREASURY	99,742.00
UNITED STATES TREASURY	100,539.00
UNITED STATES TREASURY	50,047.00
UNITED STATES TREASURY	199,906.00
UNITED STATES TREASURY	49,957.00
UNITED STATES TREASURY	49,851.50
UNITED STATES TREASURY	49,347.50
Total Line 10a	\$ 1,761,716.02
<u>Line 10b</u> : Detailed listing of corporate stocks held at year end:	
S&P 500 DEPOSITORY	923,178.90
Total Line 10b	\$ 923,178.90
	
<u>Line 10c</u> : Detailed listing of corporate bonds held at year end:	

Form 990-PF Tax Year 2016 Part IV, Line 1

Hastings Mutual Insurance Company Charitable 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
Federal National Mortgage Association	50,000.00	50,000 00		04/10/2013	03/30/2016
United States Treasury	50,000.00	50,000 00		12/22/2011	01/31/2016
United StatesTreasury	50,000 00	50,000 00		04/10/2013	03/15/2016
FH G08722	484.44	484.44		08/23/2016	10/01/2016
FH G08722	567.56	567 56	_	08/23/2016	11/01/2016
FH G08722	612 78	612.78	-	08/23/2016	12/01/2016
FH G18582	711 84	711 84		02/26/2016	04/01/2016
FH G18582	1,013 05	1,013 05		02/26/2016	05/01/2016
FH G18582	1,558 87	1,558.87		02/26/2016	06/01/2016
FH G18582	986.54	986.54	-	02/26/2016	07/01/2016
FH G18582	1,444 53	1,444.53	-	02/26/2016	08/01/2016
FH G18582	2,196 89	2,196 89		02/26/2016	09/01/2016
FH G18582	2,050 38	2,050.38	_	02/26/2016	10/01/2016
FH G18582	1,657 45	1,657 45		02/26/2016	11/01/2016
FH G18582	1,695 31	1,695 31		02/26/2016	12/01/2016
FN AP4058	824 31	824.31	_	02/26/2016	04/01/2016
FN AP4058	1,186.28	1,186.28	-	02/26/2016	05/01/2016
FN AP4058	1,123 73	1,123 73		02/26/2016	06/01/2016
FN AP4058	1,257.68	1,257 68	-	02/26/2016	07/01/2016
FN AP4058	1,046 12	1,046 12	-	02/26/2016	08/01/2016
FN AP4058	1,464 90	1,464 90	-	02/26/2016	09/01/2016
FN AP4058	1,112 98	1,112 98		02/26/2016	10/01/2016
FN AP4058	1,345 28	1,345 28		02/26/2016	11/01/2016
FN AP4058	1,756 93	1,756 93	<u> </u>	02/26/2016	12/01/2016
G2 MA3454	477 26	477 26	-	02/26/2016	04/01/2016
G2 MA3454	1,114.67	1,114 67		02/26/2016	05/01/2016
G2 MA3454	1,443 06	1,443 06	-	02/26/2016	06/01/2016
G2 MA3454	1,537 56	1,537 56	-	02/26/2016	07/01/2016
G2 MA3454	1,571 52	1,571 52	-	02/26/2016	08/01/2016
G2 MA3454	2,562 75	2,562.75	-	02/26/2016	09/01/2016
G2 MA3454	2,966 59	2,966.59		02/26/2016	10/01/2016
G2 MA3454	3,058 00	3,058 00		02/26/2016	11/01/2016
G2 MA3454	2,710 36	2,710 36	-	02/26/2016	12/01/2016
Financial Square Gov CL FST MMF	6,000 00	6,000 00	-	11/22/2016	12/12/2016
Financial Square Federal CL FST MMF	803,766.13	803,766 13	-	12/22/2008	11/22/2016
Total	1,003,305 74	1,003,305.74			

Form 990-PF Tax Year 2016 Part VIII section 1

Hastings Mutual Insurance Company Chantable Foundation EIN = 20-2031029

	(b) Title, and average		(d) Contributions to	
(a) Name and address	hours per week devoted to position	(a) Componentian	employee benefit plans and deferred compensation	(e) Expense account, other allowances
Chnstopher J Fluke c/o Hastings Mutual Insurance Company 404 East Woodlawn Avenue Hastings, MI 49058	Director Less than 5 hours per week	(c) Compensation	\$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. Osternik 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 Puemer 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

Form 990-PF Tax Year 2016 Part XV, Line 3a Hastings Mutual Insurance Company Chantable Foundation EIN ≈ 20-2031029

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

Recipient	Address Line 1	Address Line 2	Amount	Purpose
BARRY COMMUNITY FOUNDAITON	231 S Broadway Street	Hastings, Mi 49058	20,000 00	Establish a vocational training program for the Hastings area
BELLA WOMEN'S CENTER	1192 North Road NE	Warren, OH 44483	1,000 00	To open a satellite medical clinic in Ashtabula County that provides free medical services to women facing unplanned pregnancies
BENZIE AREA CHRISTIAN NEIGHBORS, INC	2804 Benzie Highway	Benzonia, MI 49616	1,000 00	Salary support for one part-time program coordinator for WOW - mentioning educational opportunities for women mentioning educational opportunities for women
BOYS & GIRLS CLUB OF NOBLESVILLE, INC	1448 Conner Street	Noblesville, IN 46060	2,500 00	Provide fluctuous meas and shacks to children to promote physical and emotional development
CANFIELD OPERATION BLESSING	PO Box 652	Canfield OH 44406	200 00	To help with the cost of purchasing chickens in November and December of 2016 and hams in March of 2017
COMMUNITIES IN SCHOOLS OF WAYNE COUNTY	33 S 7th Street	Richmond, IN 47374	1,000 00	Provide wrap around support services for struggling students
CRISIS PREGNANCY CENTER OF MAHONING COUNTY	4845 Market Street, Suite 13	Youngstown, OH 44512	1,000 00	Provide free fetal ultrasounds to women at nsk for abortion
DELTON KELLOGG SCHOOLS	10425 Panther Pride Drive	Delton, MI 49046	39 00	Submit Parmer - provide two school field urps for uree students to attend with their class
DISABLED AMERICAN VETERANS OF TRUMBULL COUNTY CHAPTER #11	2044 Youngstown Road SE	Warren, OH 44484	200 00	Provide assistance with food, utilities, car repairs, ramps, etc Provide training for up to 20 volunteers to work with adults and children
FAMILY LITERACY CENTER	311 Higgins Street, PO Box 485	Lapeer, MI 48446	250 00	to build literacy Silent Partner - novide supplies for the Backnack Lunch Pongram and
HASTINGS AREA SCHOOLS	232 W Grand Street	Hastings, Mi 49058	8,629 01	eye exams and glasses for students in need
				Provide beds and other furnishings for one of two new cottage facilities that will allow HHH to accommodate more overlingit guest in secure, commodately mostly bedrooms with ansular baths, repardless of their
HOSPITALITY HOUSE OF SOUTHWEST MICHIGAN	527 W South Street	Kalamazoo, MI 49007	2,500 00	physical limitations
INTEDEALTH HOSPITALITY NETWORK OF SPRINGER! D	601 W Hoth Street	October 10 Approved	00000	Provide necessary services, documentation, and material items for
	oo i va riigii okeel	Springheid, On 43506	7,000 000	
JOHN R & ELEANOR R MITCHELL FOUNDATION	2600 Richview Road, PO Box 923	Mt Vernon II 62864	2 500 00	To offset the costs of educational programs for sothern illinois schools, which have come to rely on the misseum for much of their art cumculum.
LAKEWOOD PUBLIC SCHOOLS	639 Jordan Lake Street	Lake Odessa, MI 48849	250 00	Silent Partner - All night graduation party
				Assist medical advocates work to overcome obstacles that prevent
LUTHERAN AGENCY FOR MISSIONS TO BURMESES, INC	PO Box 15833	Fort Wayne, IN 46885	1,500 00	Burmese people in Allen County from receiving quality healthcare
NEW CITY ALLO, INC.	Sou Alphine Avenue, NW	Grand Rapids, MI 49504	10,000 00 00,000 00,000	Provide tinancial support for one leen Life intern
PHHSSP	1730 frogues Trail	Hastings MI 49058	0000	Provide support for the Christmas program Silent Partner - All pight graduation party
PINE REST CHRISTIAN MENTAL HEALTH SERVICES	300 68th Street SE	Grand Rapids, MI 49501	40,497 75	Silent Partner - Donations for Students Program and counseling
RESCUE MISSIONS OF THE MAHONING VALLEY	962 Martin Luther King Jr Blvd	Youngstown, OH 44502	200 00	To continue to purchase grocenes for the Rescue Mission's Kitchen Help abused and neglected children, in cooperation with children
ROYAL FAMILY KIDS	2303 Manon Mt Gilead Road	Manon, OH 43302	200 00	services, build positive memones through a week long camp setting
			;	Provide basic needs support for clients of Safe Haven Ministries while
SAFE HAVEN MINISTRIES SUPER SHOT, INC	3501 Lake Eastbrook SE #335 709 Clay Street, Suite 300	Grand Rapids, MI 49546 Fort Wayne, IN 46802	10,000 00	they transition into a life free from domestic violence Provide access to immunizations for low income individuals
				To support on-going programs and allow them to expand their career
THE BRIDGE YOUTH MINISTRY CENTER THODINABBLE KELL OCC SCHOOLS	210 E Main Avenue	Zeeland, MI 49464	5,000 00	exploratory program called Skills for Life
WARREN FAMILY MISSION	155 Tod Avenue NW	Warren, OH 44485	200 00	overit rating - various items to success in treed Provide food for the community of the provide summer for Power Carm - specially designed program that
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER FLINT	411 E 3rd Street	Flint, MI 48503 Grand Total	2,700 00 119,087 39	