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# 3337

Department of the Treasury

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009 Open to Public

nter	nal Revenue S	ervice	The organization may have to use a copy of this feturi to satisf	iy state repor	ung requiren	ients.	Inspection
Ą	For the 2039	calendar ye	ar, or tax year beginning , and ending				
в	Check if applicable	Please	C Name of organization		ם	Emplo	yer identification number
7	Address change	use IRS	CADILLAC AREA COMMUNITY FOUNDA	TION			
≒.	Name change	label or print or	Doing Business As			38-	2848513
_	-	type.	Number and street (or P O box if mail is not delivered to street address)	Room	/suite E	Teleph	one number
' '	nitial return	See	201 N. MITCHELL	10	1	231	-775-9911
_].	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G	Gross rece	pts \$ 2,305,287
$\neg$	Amended return	tions.	CADILLAC MI 49601				
=		F Name	e and address of principal officer		н	l(a) is this a	a group return for
	Application pendi	iig   _	ED SPRAGUE			affiliate	[m] [w]
		58	90 E 50 RD		н	Are all Include	
		1	DILLAC MI 49601				attach a list. (see instructions)
,	Tax-exempt s	[3.7					
	Website· ▶		CADILLACFOUNDATION.ORG			I(c) Groun	exemption number
		- F	poration Trust Association Other	L Year of f		·	M State of legal domicile MI
	Type of organiza			1 L Tear Of It	omiation 10	00	141 State of legal dollniche 111
		Summa	he organization's mission or most significant activities.				
			OSE OF CACF IS TO PROVIDE A VEHICLE FOR DONA	אידרוופ			
93	l .		IC-MINDED CITIZENS IN ORDER TO BUILD PERMAN				
паг	b .		TS FOR THE COMMUNITY FROM WHICH GRANTS ARE A				
<u>,</u>							•
æŚ		k this box		an 25% or its	iiei asseis	3	11
3			members of the governing body (Part VI, line 1a)			4	11
fies			endent voting members of the governing body (Part VI, line 1b)			<del> </del>	2
.¥	1		employees (Part V, line 2a)			5	
¥	1		volunteers (estimate if necessary)			6	10
<b>⋽</b>			ated business revenue from Part VIII, column (C), line 12			7a	
SKANNYEL JULACHVIRIES & Bovernance	b Net u	nrelated bu	siness taxable income from Form 990-T, line 34	<del></del>	Prior Year	7b	Current Year
Li Li	0 0		d grants (Part VIII, line 1h)		639	272	196,827
<b>Z</b>			160	-	032	600	286
<b>₹</b>	9 Progr	am service	ne (Part VIII, column (A), lines 3, 4, and 7d) JUN 14 2010		90	,308	-488,464
<b>X</b>	10 Inves	tment incor				, 300	-400,404
0			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		720	,180	-291,351
	<del>                                     </del>		add lines 8 through 11 (must equal Fart VI) (Culm) (A) Ine (2)	····		, 379	451,840
	1		ar amounts paid (Part IX, column (A) <del>; lines 1=3)</del>		510	, 3 / 9	401,040
		-	or for members (Part IX, column (A), line 4)		67	,261	68,288
nses			ompensation, employee benefits (Part IX, column (A), lines 5–10)		67	, 201	00,200
ens			draising fees (Part IX, column (A), line 11e)				
Expe	<b>b</b> Total		expenses (Part IX, column (D), line 25) > 12,785		71	,030	75,488
	I II Oute		(Part IX, column (A), lines 11a–11d, 11f–24f)			,670	595,616
	1	-	Add lines 13–17 (must equal Part IX, column (A), line 25)			,510	
<u>-</u>	19 Reve	nue less ex	penses Subtract line 18 from line 12	Beni	nning of Curren		-886,967 End of Year
sts o	20 Total	accets (Pa	rt X, line 16)	100	5,018		5,419,051
Net Assets or	20 Total	•	Part X, line 26)			,109	29,384
Set	21 10(a)	•	nd balances. Subtract line 21 from line 20		4,944		5,389,667
	Part II		re Block	<u>I</u>	-/	, , , , ,	3/302/00.
	artii		Ities of perjury, I declare that I have examined this return, including accompanying sche	dules and state	ments and to	the hest of	f my knowledge
		and belief, i	t is true, porrect, and complete Declaration of proparer (other than officer) is based on a	all information of	of which prepar	er has any	knowledge
e:		k a	(1,11.0.11)			م ا	-1-10
	gn	*	X to the second			Date	<u>-8 ,</u>
пе	ere		Ge of officer  DHN H. BISHOP  AS	SSISTAN	משפת יתו	SURE!	D
	1		r print name and title	DIDIM	I INDA	SOICE	
_		y Type C			1		Preparer's identifying number
D-	iid	Preparer's	Da	ate	Check if self-		(see instructions)
	eparer's	signature	<u> </u>		employed	<u> </u>	P00061198
	se Only	Firm's nam	BAIRD, COTTER AND BISHOP, P.C	·		EIN ▶	38-1995866
US	oc Omy	if self-emplo	byed). 134 WEST HARRIS			Phone	
		address, ar				no 🕨	<u>231-775-9789</u>
			eturn with the preparer shown above? (see instructions)				X Yes No
Fo	r Privacy A	ct and Pap	erwork Reduction Act Notice, see the separate instructions.				Form 990 (2009)
-							617 🔿

10,607 ) (Revenue \$ 10,607 including grants of \$ 4c (Code. ) (Expenses \$ GRANT TO NORTHERN MICHIGAN CHRISTIAN SCHOOL TO ASSIST WITH OPERATIONS.

4d Other program services (Describe in Schedule O) 45,837 including grants of \$ 45,837 ) (Revenue \$ (Expenses \$ 4e Total program service expenses ▶ 451,840

Form 990 (2009)

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 Χ 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C. Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," Χ complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part 9 X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," Χ complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or Suasi-endowments? If "Yes," complete Schedule D, Part V Χ 10 11 \_s the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, Χ 11 VII, VIII, IX, or X as applicable ● Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete ⊇Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more 🕠 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 489 If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12 Χ Schedule D, Parts XI, XII, and XIII 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. 12A is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G. Part I 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

Form 990 (2009)

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If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

X

Form	990 (2009) CADILLAC AREA COMMUNITY FOUNDATION 38-2848513		P	<u>age 4</u>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	, <u>23</u>		X
24a	· · · · · · · · · · · · · · · · · · ·			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	- 1		
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_ 26		X
岩	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
20	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28 <sup>N</sup>	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	İ		
$\dashv$	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
JUL,	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
SCAMNED	Schedule L, Part IV	28b		X
Ž	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	ļ		
K	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
S	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part i	31_		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32_		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	į		
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O.

Form **990** (2009)

Part VI

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	<del></del>		
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	-		
_	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	$\dashv$		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4.	Х	
_	gaming (gambling) winnings to prize winners?	1c		-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  2a 2	ŀ		
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 2  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Х	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	_2b		
٥.	instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
3a	this return?	3a		х
<b>L</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35		<u> </u>
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes." enter the name of the foreign country	74		1
b	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	"Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b=	f "Yes," did the organization include with every solicitation an express statement that such contributions or			
=	rgifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
a H	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
5	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
Ø.	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		_X_
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			3,7
_	required?	7h		<u>X</u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	ŀ		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			v
_	organization, have excess business holdings at any time during the year?	8		<u>X</u>
9	Sponsoring organizations maintaining donor advised funds.	ا م		v
a	Did the organization make any taxable distributions under section 4966?	9a 9b		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	_		
11	Section 501(c)(12) organizations. Enter:	⊣ ∣		
11	Gross income from members or shareholders			
a h	Gross income from other sources (Do not net amounts due or paid to other sources against	$\dashv$		
р	amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	And the same of th			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for à "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body  1a 11			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		_ X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		_X_
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
a	The governing body?	8a	<u>X</u> _	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			3.7
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
	renue Code.)	<del></del>	V	N-
0 10 10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes X	No
<b>~</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	Iva	^	
≥øb	affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь	Х	
井	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100	^	
Ħ	form?	11		Х
<b>3</b> 1a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			71
⊒12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		<del></del>
5	rise to conflicts?	12b	$\mathbf{x}$	
Ď.	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	<u> </u>		
_	describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ MI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
_	organization ▶ JOHN H. BISHOP 8475 S. 45 ROAD	21	- ^	252
-c	ADILLAC MI 49601 2	31 - 779	コース	スコス

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee"

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order, individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

RABARA DARRIGAN TRUSTEE TABLE TERES TABLE	(A) Name and Title	(B) Average	Posi	ition (		C) k all i	that ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
A0.00	01	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
BARBARA DARRIGAN   TRUSTEE											
TRUSTEE		40.00				L_			34,000	0	0
CHRIS HUCKLE  EC.	/	j	]]								
DAVID MCCURDY			X			<b> </b>	$\sqcup$		0		0
DAVID MCCURDY			Х		Х				0	0	0
VICE PRES.							1 1				
DAVID PETERSON			X		Х				ol	0	0
FRED SPRAGUE         X         X         X         0         0           JOHN BISHOP         X         X         X         0         0           ASST TREAS.         X         X         0         0           LAURIE MELSTROM         C         0         0           TRUSTEE         X         0         0           MIKE LUEDER         X         0         0           TRUSTEE         X         0         0           ROBERT VANDELLEN         X         X         0         0           SCOTT HUNTER         X         X         0         0           SCOTT HUNTER         X         X         0         0           STEPHEN REZNICEK         X         X         0         0	O DAVID PETERSON						П				
FRED SPRAGUE         X         X         X         0         0           JOHN BISHOP         X         X         X         0         0           ASST TREAS.         X         X         0         0           LAURIE MELSTROM         C         0         0           TRUSTEE         X         0         0           MIKE LUEDER         X         0         0           TRUSTEE         X         0         0           ROBERT VANDELLEN         X         X         0         0           SCOTT HUNTER         X         X         0         0           SCOTT HUNTER         X         X         0         0           STEPHEN REZNICEK         X         X         0         0	Ø <sub>TRUSTEE</sub>	ĺ	X						0	0	0
JOHN BISHOP         X         X         X         0         0           LAURIE MELSTROM         X         0         0         0           TRUSTEE         X         0         0         0           MIKE LUEDER         X         0         0         0           ROBERT VANDELLEN         X         X         0         0           SCOTT HUNTER         X         X         0         0           STEPHEN REZNICEK         X         X         0         0											
ASST TREAS	PRESIDENT		X		X				0	0	0
LAURIE MELSTROM       X       0       0         TRUSTEE       X       0       0         MIKE LUEDER       X       0       0         TRUSTEE       X       0       0         ROBERT VANDELLEN       X       X       0       0         VICE PRES       X       X       X       0       0         SCOTT HUNTER       X       X       0       0       0         STEPHEN REZNICEK       X       X       0	JOHN BISHOP				-						
TRUSTEE       X       0       0         LEE BROWN       X       0       0         TRUSTEE       X       0       0         MIKE LUEDER       X       0       0         TRUSTEE       X       0       0         ROBERT VANDELLEN       X       X       0       0         VICE PRES       X       X       0       0         SCOTT HUNTER       X       X       0       0         STEPHEN REZNICEK       0       0       0			X		X				0	0	0
LEE BROWN	LAURIE MELSTROM										
TRUSTEE         X         0         0           MIKE LUEDER         X         0         0           TRUSTEE         X         0         0           ROBERT VANDELLEN         X         X         0         0           VICE PRES.         X         X         0         0           SCOTT HUNTER         X         X         0         0           STEPHEN REZNICEK         X         X         0         0			X				$\sqcup$		0	0	0
MIKE LUEDER         X         0         0           TRUSTEE         X         0         0           ROBERT VANDELLEN         X         X         X         0         0           VICE PRES.         X         X         X         0         0           SCOTT HUNTER         X         X         0         0           TREASURER         X         X         0         0           STEPHEN REZNICEK         0         0         0	LEE BROWN	i									
TRUSTEE         X         0         0           ROBERT VANDELLEN         0         0           VICE PRES.         X         X         0         0           SCOTT HUNTER         0         0         0         0           TREASURER         X         X         X         0         0           STEPHEN REZNICEK         0         0         0         0			X				$\perp \perp \downarrow$		0	0	0
ROBERT VANDELLEN VICE PRES. X X 0 0 SCOTT HUNTER TREASURER X X X 0 0 STEPHEN REZNICEK	MIKE LUEDER .		i i				1 1				
VICE PRES.         X         X         0         0           SCOTT HUNTER         X         X         X         0         0           TREASURER         X         X         X         0         0           STEPHEN REZNICEK         X <td></td> <td>ļ</td> <td>X</td> <td></td> <td></td> <td><u> </u></td> <td><math>\sqcup</math></td> <td></td> <td>0</td> <td>0</td> <td>0</td>		ļ	X			<u> </u>	$\sqcup$		0	0	0
SCOTT HUNTER TREASURER X X X 0 0 0 STEPHEN REZNICEK											
TREASURER X X X 0 0 STEPHEN REZNICEK		<u> </u>	X		Χ	<u> </u>	1		0	0	0
STEPHEN REZNICEK	•		1 {			ļ			_		
			I.X.		X	_	$\sqcup$		0	0	0
TRUSTEE X 0 0		ļ	1			l	1 1		_		
	TRUSTEE	<del> </del>	X			ļ	┦		0	0	0
											<del></del>
			-								

	(A) Name and Title	(B) Average hours per	$\vdash$		chec	C) k all t			(D)  Reportable compensation	(E) Reportable compensation	(F Estim amou	nated
	•	week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	oth comper from organi and re organiz	ner nsation i the zation elated
	·											
			-									
<b>0</b>												
Į												
1b	Total		<u> </u>	l				<b>•</b>	34,000			
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0												
3	Did the organization list any fo	ormer officer, dire	ector o	or tru	stee	, key	emp	loye	e, or highest compensated			Yes
4	employee on line 1a? If "Yes," For any individual listed on line the organization and related of	e 1a, is the sum o	of repo	ortab	le co	mpe	nsat	ion a es,"	and other compensation from complete Schedule J for su	 m och	3	
5	individual  Did any person listed on line 1 services rendered to the organ	nızatıon? If "Yes,	rue co " com	mpe plete	nsat Sch	on fr	om a	any ι or su	unrelated organization for ch person		5	
Sec 1	Complete this table for your five	ve highest compe	ensate	ed inc	depe	nden	t cor	ntrac	tors that received more than	n \$100,000 of	<u></u>	
	compensation from the organi	(A) id business address							Descript	(B) tion of services	Ca	(C) ompensatio
	<u> </u>											
												<del></del>
2	Total number of independent more than \$100,000 in compe						to th	ose	listed above) who received			ո 990 (

Pa	<u>rt VI</u>	II Statement of Revenue					
		,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
yy	1a	Federated campaigns 1a				<del></del>	012, 010, 01014
Contributions, gifts, grants		Membership dues 1b					
pe		Fundraising events 1c					
ral			1,005				
9.6		——————————————————————————————————————	1,005				
sin		Government grants (contributions) 1e					
ğ	t	All other contributions, gifts, grants, and similar amounts not included above	105 000				
윤당		<u> </u>	195,822				
E D	g	Noncash contributions included in lines 1a-1f \$	54,075				1
	<u>h</u>	Total. Add lines 1a-1f		196,827			<del></del>
Program Service Revenue			Busn Code				
ver	<b>2</b> a	TRAINING CONFERENCE	900099	286	286		
8	b						
)   	С						<u> </u>
Ser	d						
E	е						
g	f	All other program service revenue					
9		Total. Add lines 2a–2f	<u> </u>	286			
		Investment income (including dividends, interest	, and				
		other similar amounts)	•	155,435	155,435		
	4	Income from investment of tax-exempt bond pro	ceeds •				
	5	Royalties	<b>.</b>				
2010	•		ersonal			· · ·	
20	60	Gross Rents					}
2 2							
es		Less rental exps					
		Rental inc or (loss)					
SCANNED JUL	d 7a	Net rental income or (loss)  Gross amount from (1) Securities (II)	00				
		sales of assets (i) Securities (ii)	Other				
w		other than inventory 1,952,739					
2	b	Less cost or other					
		basis & sales exps 2,596,638					
Ü	С	Gain or (loss) -643,899					
S	d	Net gain or (loss)		-643,899	-643,899		
	8a	Gross income from fundraising events		į			
nue		(not including \$					
3ve		of contributions reported on line 1c)		i			
8		See Part IV, line 18					
Other Revenue	h	Less direct expenses b		i			
ŏ		Net income or (loss) from fundraising events	<b>•</b>				l
		Gross income from gaming activities					
	Ja	See Part IV, line 19					
	_	· · · · · · · · · · · · · · · · · · ·					
		2000: 0.1001 0.1101					<u></u>
		Net income or (loss) from gaming activities		-			
	10a	Gross sales of inventory, less					
		returns and allowances a					
		Less cost of goods sold b					
	С	Net income or (loss) from sales of inventory	<b>▶</b> _				
i		Miscellaneous Revenue	Busn Code	1			
	11a					<del>-</del>	
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶				
	12	Total Revenue See instructions.		-291,351	-488,178	0	0

Form 990 (2009)

#### Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
			Cp.si.1000	35	
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	444,840	444,840		<del></del>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	7,000	7,000		
3	Grants and other assistance to governments,		<u> </u>		
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	34,000		34,000	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	24,449		24,449	
8	Pension plan contributions (include section 401(k)		j		
	and section 403(b) employer contributions)	F 202			
9	Other employee benefits	5,283		5,283	<del></del>
<del>1</del> 9/#7	Payroll taxes	4,556	-	4,556	
	Fees for services (non-employees).		İ		
a	Management				
b b	*	5,500		5,500	<u></u>
, c	Lobbying	3,300		3,300	
	Professional fundraising services See Part IV, line 17				
f		34,088		34,088	<del>-</del>
	Other	268		268	
9 12	Advertising and promotion	1,095		1,095	
13	Office expenses	3,196		3,196	
14	Information technology				
15	Royalties				
16	Occupancy	6,579		6,579	
17	Travel				
18	Payments of travel or entertainment expenses	Ì			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,104		4,104	
20	Interest				
21	Payments to affiliates	500			
22	Depreciation, depletion, and amortization	506 2,359		506 2,359	
23	Insurance	2,339		2,339	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together	ļ			
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				<del> </del>
а	FUND RAISING EXPENSES	12,295			12,29
b	DUES	2,190		2,190	
С	•	1,303		1,303	<del> </del>
d		1,026		1,026	
е	•	905		905	
f	· · · · · ·	74	451 040	-416	490
25 26	Total functional expenses Add lines 1 through 24f  Joint costs. Check here ▶ if following	595,616	451,840	130,991	12,78
20	SOP 98-2. Complete this line only if the		}		
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				Form <b>990</b> (200

P	art X	Balance Sheet					
		1			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest bearing			71,238	1	71,035
	2	Savings and temporary cash investments		[	609,845	2	188,606
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, tru	ustees, key				
		employees, and highest compensated employees Comple	ete Part II of				
	ļ	Schedule L		}		5	
	6	Receivables from other disqualified persons (as defined u	nder section	•			
		4958(f)(1)) and persons described in section 4958(c)(3)(B		i			
		Part II of Schedule L				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment cost or					
	IVa	other basis Complete Part VI of Schedule D	10a	41,947			
		·	10b	8,919	33,534	10c	33,028
	l	Less: accumulated depreciation Investments—publicly traded securities	1001	0,210	4,252,295	11	5,078,995
	11	Investments—other securities. See Part IV, line 11		-	<u> </u>	12	5,010,995
	12			-	· · · · · · · · · · · · · · · · · · ·		
	13	Investments—program-related See Part IV, line 11				13	
_	14	Intangible assets		-	51,594	14	47 207
₹ A	15	Other assets. See Part IV, line 11		}		15	47,387
<b>-</b>	16	Total assets. Add lines 1 through 15 (must equal line 34)			5,018,506	16	5,419,051
<b>)</b>	17	Accounts payable and accrued expenses		}	6,964	17	184
	18	Grants payable		-	67,145	18	29,200
	19	Deferred revenue		-		19	
	20	Tax-exempt bond liabilities		-		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of S		-		21	
≣	22	Payables to current and former officers, directors, trustees					
ab.	}	employees, highest compensated employees, and disqua	lified				
Ë		persons Complete Part II of Schedule L		1		22	
	23	Secured mortgages and notes payable to unrelated third p		1		_23	<del> </del>
	24	Unsecured notes and loans payable to unrelated third part	ties	-		24	
	25	Other liabilities Complete Part X of Schedule D				25	
_	26	Total liabilities. Add lines 17 through 25			74,109	_26	29,384
S	1	Organizations that follow SFAS 117, check here ▶ X	and			1	
ဋ		complete lines 27 through 29, and lines 33 and 34.				ļ	
Balances	27	Unrestricted net assets				27	
B	28	Temporarily restricted net assets		L	376,417	28	104,597
٦	29	Permanently restricted net assets		<u> </u>	4,567,980	29	5,285,070
ᇐ		Organizations that do not follow SFAS 117, check her	e ▶ [_]				
Ĕ		and complete lines 30 through 34.			İ		
S	30	Capital stock or trust principal, or current funds		L		30	
šet	31	Paid-in or capital surplus, or land, building, or equipment for	und			31	
Assets or Fund	32	Retained earnings, endowment, accumulated income, or o		Γ		32	
,t /	33	Total net assets or fund balances		Γ	4,944,397	33	5,389,667
Net	34	Total liabilities and net assets/fund balances			5,018,506	34	5,419,051

Form **990** (2009)

Form 99	00 (2009) CADILLAC AREA COMMUNITY FOUNDATION 38-2848513		Pa	ge <b>12</b>
Part	XI Financial Statements and Reporting			
	,		Yes	No
1 A	ccounting method used to prepare the Form 990.			
If	the organization changed its method of accounting from a prior year or checked "Other," explain in			
s	chedule O.			
2a W	Vere the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
ьν	Vere the organization's financial statements audited by an independent accountant?	2b	Х	
c If	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
t	he audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	<u> </u>
lf	the organization changed either its oversight process or selection process during the tax year, explain in	·		
s	schedule O.			
d If	"Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
IS	ssued on a consolidated basis, separate basis, or both.			l
	Separate basis Consolidated basis Both consolidated and separate basis			
3a A	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
th	ne Single Audit Act and OMB Circular A-133?	3a		X
b If	f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
re	equired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		<u> </u>
		Form	990	(2009)

# SCANNED JUL 27 2010

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number Name of the organization CADILLAC AREA COMMUNITY FOUNDATION 38-2848513 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(IV). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III-Functionally integrated d Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο and (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(n) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(m) Provide the following information about the supported organization(s) (v) Did you notify (vi) Is the (vii) Amount of (ii) EIN (iii) Type of organization (iv) is the organization (i) Name of supported (described on lines 1-9 in cot (i) listed in your the organization in anızatıon in col support organization (i) organized in the col (i) of your above or IRC section governing document? US? support? (see instructions)) Yes Yes No Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sect	ion A. Public Support	onou me pon o			<del></del>	····	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						(,)
	include any "unusual grants ")	185,633	221,446	145,523	142,958	196,827	892,387
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	185,633	221,446	145,523	142,958	196,827	892,387
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						264,137
6	Public support. Subtract line 5 from line 4						628,250
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	185,633	221,446	145,523	142,958	196,827	892,387
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	151,375	211,356	241,210	186,264	155,435	945,640
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	69	-152	_7,128	600	286	7,931
11	Total support. Add lines 7 through 10						1,845,958
12	Gross receipts from related activities, etc. (	see instructions)				12	
13	First five years. If the Form 990 is for the o		econd, third, fourth,	, or fifth tax year as	a section 501(c)(3	)	
	organization, check this box and stop here						▶ □
Sec	tion C. Computation of Public Su	pport Percentag	ge				
14	Public support percentage for 2009 (line 6,	column (f) divided by	y line 11, column (f)	))		14	34 03 %
15	Public support percentage from 2008 Schei	dule A, Part II, line 1	4			15	37 06 <b>%</b>
16a	33 1/3 % support test-2009. If the organi			and line 14 is 33 1/	/3 % or more, chec	k this box	
	and stop here. The organization qualifies a	is a publicly support	ed organization				<b>▶</b> [X]
ь	33 1/3 % support test—2008. If the organi			16a, and line 15 is	33 1/3 % or more,	check this	
	box and stop here. The organization qualif						▶ □
17a	10%-facts-and-circumstances test—2009				r 16b, and line 14 i	s 10% or	
	more, and if the organization meets the "fac						
	organization meets the "facts-and-circumsti						<b>&gt;</b>
b	10%-facts-and-circumstances test—200					e 15 is 10% or	
J	more, and if the organization meets the "fac						
	organization meets the "facts-and-circumst						<b>▶</b> [ ]
18	Private foundation. If the organization did					tructions	<b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2009

38-2848513

Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

Ca	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			.,			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	_ <del></del> _					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				<u> </u>		
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
JUL 223	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	:					
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>∑</b> c	Add lines 10a and 10b						
<b>D</b> 11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the c	rganization's first	second, third, fourth	n, or fifth tax vear a	is a section 501(c)(	3)	
	organization, check this box and stop here		,	., ,		<b>-</b> ,	▶ [
Sec	tion C. Computation of Public Su		age				
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column (	f))		15	%
16	Public support percentage from 2008 Schee	dule A, Part III, line	15			16	%
Sec	ction D. Computation of Investmen	nt Income Perc	entage				
17	Investment income percentage for 2009 (lin			olumn (f))		17	%
18	Investment income percentage from 2008 S	Schedule A, Part III	, line 17			18	%
19a	33 1/3 % support tests—2009. If the organ						
	17 is not more than 33 1/3 %, check this bo		-				▶ [
b	33 1/3 % support tests—2008. If the organ line 18 is not more than 33 1/3 %, check this						

Schedule A (Form 990 or 990-EZ) 2009				38-284		Page 4
	ormation. Complete this 17b; and Part III, line 12					
, art ii, iiile 17a oi	17 b, and r are m, mic 12	r iovide arry of	nor additional inion	nation. Ccc	mondenons.	
SUPPORT SCHEDULE -	UNUSUAL GRANTS				•	
2005 DONATION FROM	ESTATE			\$	100,000	
2005 DONATION OF LA	AND .			\$	32,000	
2005 DONATION FROM	DISSOLVED ORGAN	NIZATION		\$	25,953	
2006 DONATION FROM	CHARTIABLE TRUS	ST		,\$	144,422	
2008 DONATION FROM	2 ESTATES			\$	496,314	
PART II, LINE 10 -	OTHER INCOME DE	ETAIL				
FUND RAISING		\$	7,045			
. TRAINING CONFERENCE	Ξ	\$	886			

# SCANNED JUL 27 2010

DAA

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements ▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Na	me	of the organization		Employ	er identification	number	
	$C\Delta$	DILLAC AREA COMMUNITY FOUNDATION		38-2	2848513		
	Par		ds or Other Similar Funds or Ac			if	
_		the organization and words in the contract of	(a) Donor advised funds	<u>(t</u>	o) Funds and othe	r accounts	
	1	Total number at end of year	8			0	
		Aggregate contributions to (during year)	58,949		<del></del>		—
		Aggregate grants from (during year)	377,414		<u>-</u>		
		Aggregate value at end of year	1,138,621				
		Did the organization inform all donors and donor advisors in writing that the			<del></del>		
		funds are the organization's property, subject to the organization's exclus			Ī	Yes 🗍	No
		Did the organization inform all grantees, donors, and donor advisors in wr			1=-		
		used only for charitable purposes and not for the benefit of the donor or d					
		purpose conferring impermissible private benefit?	, , , , ,		X	Yes	No
_	Pa		nization answered "Yes" to Form	990, P	art IV, line 7		
_		Purpose(s) of conservation easements held by the organization (check al		<u> </u>		. —	_
		Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically imp	ortant lan	nd area		
		Protection of natural habitat	Preservation of certified historic st				
		Preservation of open space					
	2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservat	ion			
		easement on the last day of the tax year					
					Held at the En	d of the Tax \	 /ear
	а	Total number of conservation easements		2a			
>	b	Total acreage restricted by conservation easements		2b			
507		Number of conservation easements on a certified historic structure include	ed in (a)	2c			
7		Number of conservation easements included in (c) acquired after 8/17/06		2d			
7	3	Number of conservation easements modified, transferred, released, extin-		during			
`		the taxable year					
5	4	Number of states where property subject to conservation easement is loc	ated <b>&gt;</b>				
י	5	Does the organization have a written policy regarding the periodic monitor					
8		violations, and enforcement of the conservation easements it holds?			ī	Yes 1	No
•	6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year			_	
•		<b>)</b>					
) )	7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	servation easements during the year				
	8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section				
		170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			!	Yes [] 1	٥V
	9	In Part XIV, describe how the organization reports conservation easemen	ts in its revenue and expense statement, a	ınd			
		balance sheet, and include, if applicable, the text of the footnote to the org	ganization's financial statements that descr	ribes			
_		the organization's accounting for conservation easements					
	Pa	organizations Maintaining Collections of Art, H Complete if the organization answered "Yes" to		milar A	ssets.	_	
_	1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet v	vorks of			
		art, historical treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of put	olic servic	ce,		
		provide, in Part XIV, the text of the footnote to its financial statements that	t describes these items.				
	b	If the organization elected, as permitted under SFAS 116, to report in its r	evenue statement and balance sheet work	s of art,			
		historical treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of public s	service,			
		provide the following amounts relating to these items					
		(i) Revenues included in Form 990, Part VIII, line 1	-	•	*	- <b>-</b> -	_
		(ii) Assets included in Form 990, Part X		•	* * <u> </u>		_
	2	If the organization received or held works of art, historical treasures, or other		e the			
		following amounts required to be reported under SFAS 116 relating to the	se items				
	а	Revenues included in Form 990, Part VIII, line 1		•	* <b>\$</b>		_
	b	Assets included in Form 990, Part X		<b>&gt;</b>	· \$		
ĩ	For I	Privacy Act and Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (	Form 990) 20	009

	tule D (Form 990) 2009 CADILLAC A	REA COMMUNI				348513	Page 2
	Using the organization's acquisition, accession,						(continued)
3	collection items (check all that apply)	[ <del></del>			a signincam	use of its	
а	Public exhibition	d Loan	or exchange program	ıs			
b	Scholarly research	e 💹 Othe	r			- <b>-</b>	
С	Preservation for future generations						
4	Provide a description of the organization's collect Part XIV	ctions and explain how the	ney further the organiz	ation's e	xempt purpo	ose in	
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be	ceive donations of art, he maintained as part of the	istorical treasures, or he organization's colle	other sim	nılar		Yes No
Pa	rt IV Escrow and Custodial Arran IV, line 9, or reported an amo			tion an	swered "	Yes" to Form	990, Part
12	Is the organization an agent, trustee, custodian			assets n	not		
Ia	included on Form 990, Part X?	or other intermediary for	CONTRIBUTION OF CLIPCI	400000			Yes No
	If "Yes," explain the arrangement in Part XIV and	d complete the following	table				res no
b	it yes, explain the arrangement in a at XIV and	a complete the following	table				Amount
	O balanca					10	Anodit
С.	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance	000 5				1f	
	Did the organization include an amount on Form	990, Part X, line 217					∐ Yes ∐ No
	If "Yes," explain the arrangement in Part XIV			_	000 0 1	D ( 1)	<del></del>
_Pa	rt V Endowment Funds. Complet						
		(a) Current year	(b) Prior year	(c) Iwo	years back	(d) Three years ba	ick (e) Four years back
1a	Beginning of year balance	4,499,710	5,284,055				
b	Contributions	140,962	634,272		-		
С	Net investment earnings, gains,						
8	and losses	806,012	-1,255,157				
2010	Grants or scholarships	33,667	80,444		_		
e	Other expenditures for facilities						
2	and programs						
f	Administrative expenses	80,563	83,016		_		
믁	End of year balance	5,332,454	4,499,710				
<u></u>	Provide the estimated percentage of the year en	d balance held as					
	Board designated or quasi-endowment	%					
	Permanent endowment ▶ 100.00%						
Z	Term endowment ▶ %						
250	Are there endowment funds not in the possession	on of the organization tha	at are held and adminis	stered for	r the		
Ť)	organization by	<b>5</b>					Yes No
	(i) unrelated organizations						3a(1) X
	(ii) related organizations	•					3a(ii) X
_	If "Yes" to 3a(ii), are the related organizations lis	ted as required on Scho	dule R2				3b
_	Describe in Part XIV the intended uses of the organizations						
4 D				Part X	line 10		
	Description of investment	(a) Cost or other basis	(b) Cost or oth			umulated	(d) Book value
	Description of investment	(investment)	basis (other)	l		eciation	(u) book value
						-	22 000
	Land	32,00	70				32,000
	Buildings			-001			
	Leasehold improvements		+	821	_	620	201
d	Equipment		$\frac{9}{1}$	,126		8,299	827
e	Other	<u> </u>	<u> </u>				
Tota	I. Add lines 1a through 1e (Column (d) must equa	il Form 990, Part X, colu	mn (B), line 10(c))			<u> </u>	33,028

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 CADILLAC AREA COMMUL		38-2848513 Pa	ge 3
Part VII Investments—Other Securities. See Form S	(b) Book value		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
	-	Cost of and of your market value	
Financial derivatives			
Closely-held equity interests .			
Other	_		
	-		
	-	<del></del>	
	_		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>		
Part VIII Investments—Program Related. See Form			
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market value	
0,			
Total: (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>&gt;</b>		
Rart IX Other Assets. See Form 990, Part X, line 15	).		
(a) Description		(b) Book value	
CONTROL TO ANTO		47,0	$\overline{11}$
STUDENT LOANS  MINERAL INTEREST  VIATICLES  W			75
O VIATICLES			1
<u> </u>			
₹			
78			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<b>▶</b> 47,3	87
Part X Other Liabilities. See Form 990, Part X, line	25.		
1 (a) Description of hability	(b) Amount		
Federal income taxes			
T GOOD ENGO			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 )	<b>•</b>		
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the org	anization's financial statements tha	t reports the	
organization's liability for uncertain tax positions under FIN 48			

Sc	hec	tule D (Form 990) 2009 CADILLAC AREA COMMUNITY FOUNDA				Page <b>4</b>
	Pa	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audit	ed Financial Statem	ents	
	1	Total revenue (Form 990, Part VIII, column (A), line 12)		3	1	-291,351
	2	Total expenses (Form 990, Part IX, column (A), line 25)			2	595,616
	3	Excess or (deficit) for the year. Subtract line 2 from line 1			_ 3	-886,967
	4	Net unrealized gains (losses) on investments			4	1,332,237
	5	Donated services and use of facilities			5	
	6	Investment expenses			6	
	7	Prior period adjustments			7	
	8	Other (Describe in Part XIV )			8	-1
	9	Total adjustments (net). Add lines 4 through 8			9	1,332,236
1	0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	445,269
	Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	ts W	th Revenue per Ret	urn	
_	1	Total revenue, gains, and other support per audited financial statements			1	1,040,886
	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			-	
	а	Net unrealized gains on investments	2a	1,332,237	]	
	b	Donated services and use of facilities	2b		]	
	С	Recoveries of prior year grants	2c		]	
	d	Other (Describe in Part XIV )	2d		]	
	e	Add lines 2a through 2d			2e	1,332,237
	3	Subtract line 2e from line 1			3	-291,351
	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	}			
	a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	b	Other (Describe in Part XIV.)	4b	<u> </u>	]	
	c	Add lines 4a and 4b		-	4c	
	5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	-291,351
	_	int XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	ith Expenses per R	eturi	n
7		Total expenses and losses per audited financial statements			1	595,617
8	2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
e		Donated services and use of facilities	2a			
딒	b	Prior year adjustments	2b			
3	c	Other losses	2c		]	
	d	Other (Describe in Part XIV )	2d	1	1	
ίÑ	e	Add lines 2a through 2d			2e	1
CANNED	3	Subtract line 2e from line 1			3	595,616
₹	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	]			
S.	a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
90		Other (Describe in Part XIV )	4b		1	
		Add lines 4a and 4b			4c	
	5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	595,616
-	P	art XIV Supplemental Information				· · · · · · · · · · · · · · · · · · ·
a	and his	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 2b; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2b part to provide any additional information	2d and	4b Also complete		· <b>_</b>
_	 D	OUNDING		Ś		-1
-	– <sup>K</sup>	OUNDING		<del>_</del> <del>_</del> _		
_	_					
	E	ART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED	) IN	FINANCIALS -	ro ·	HER
			_ ==:			
	_ R	<u>OUNDING</u>		\$		1
	_					·
	E	<u>ART XIV - SUPPLEMENTAL FINANCIAL INFORMATION</u>	<u> </u>			. <b></b>

Sche	lule	D (F	orn	n 990	0) 20	009		CA	DΙ	LI	ıΑC	C 7	ARI	ΞΑ	CC	MC	ſUΙ	VI.	ΓY	FC	NUN	IDA	TI	ON	<u> </u>	38	3 - 2	84	85	13						Page 5
Pa	rt X	ΊV	_ :	Sup	ple	me	nta	al Ir	nfo	rma	atio	n (	cor	itini	led	)																				
_P <u>/</u>	<u>IRI</u>	<u> </u>	<u>., V</u>	_L	ΪΝ	Ξ :	<u>4</u> .	TO	_ F	RC	<u>V</u>	Ι <u>D</u> Ι	E_ I	Ξ <u>Α</u> Ι	<u> M</u> 2	1 <u>N</u> C	<u>s</u>	<u>F</u> (	<u>P</u>	<u>A</u> 1	<u>IN</u> U	J <u>A</u> I	G	<u>R</u> A	ŊΤ	<u>s</u>			- –	_	_	_	_			
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27 2010	<u>.</u> -		_		_	_	_	_		_	_	_		-	_	_	_			-	-	_	_	_	_					_		_	_			
_6%	<u>.</u> -	_	_	_ ·	_	_		_		_	-	_	-	_	-	_	_	_	_	_	_	_	_	_						-		_	_			
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3337

SCANNED JUL 27 2010
Grants and Other Assistance to Organizations,

"Yes" on Form 990, Part IV, lines 21 or 22. o Form 990.

Employer identification number

OMB No 1545-0047 2009

Open to Public Inspection

SCHEDULE I (Form 990)	Grants and Other Assis Governments, and Individ
	Complete if the organization answered
Department of the Treasury Internal Revenue Service	▶ Attach to
Name of the organization	
	CADILLAC AREA COMMUNITY FOUNDATION

	CADILLAC AREA COMMUNITY FOUNDATION	38-2848513	
1	Control of the confirment Accietance		
ו אפר	General Information of Glants and Assistance		
1 Does t	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ance, and	
the sel	the selection criteria used to award the grants or assistance?		ဍ 
2 Descri	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		
Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	the organization answered "Yes" to	
	Team one recipient for any recipied that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Lea	o recipient received more than \$5 000 1 is	ď

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(L) D
organization ans	
Complete if the box if no one rec	(A Mathed of molecular
the United States. Complete if the organizatios \$5,000. Check this box if no one recipient rece	Collection in the state of the
rganizations in tived more than \$ ce is needed	,
vernments and C ecipient that rece ) if additional spa	7  =
Grants and Other Assistance to Governments and Organizations i Form 990, Part IV, line 21, for any recipient that received more thar Part IV and Schedule I-1 (Form 990) if additional space is needed	
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,00 Part IV and Schedule I-1 (Form 990) if additional space is needed	
Part II	

Part IV and Schedule I-1 (Form 990) if additional spa	0) if additional s	pace is	ice is needed				<b>A</b>
1 (a) Name and address of organization	(p) EIN	) IRC	(d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation	(e) Amount of non-cash	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		if applicable		assistance	other)	non-cash assistance	or assistance
CADILLAC AREA PBULIC SCHOOLS							
421 S MITCHELL							CHALLENGE DAY
CADILLAC MI 49601	38-6004197		34,062				
CITY OF LAKE CITY							
115 W JOHN							RECREATION CONSTRUCT
LAKE CITY MI 49651	38-0740540		361,334				**
ST ANN SCHOOL							
800 W 13TH ST							GENERAL SUPPORT
CADILLAC MI 49601	38-6023884		6,501				!
MISSAUKEE DISTRICT LIBRARY							
210 S CANAL ST						_	GENERAL SUPPORT
LAKE CITY MI 49651	38-3121375		5,883				
NORTHERN MICHIGAN CHRISTIAN SCHOOL							
128 S MARTIN							GENERAL SUPPORT
MCBAIN MI 49657	38-1398853		10,607				
-							
	•						

<sup>3</sup> Enter total number of otner organizations

Schedule I (Form 990) 2009

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젱. SCANNED JUL 2 7 2010

Schedule I (Form 990) 2009 CADILLAC AREA COMMUNITY FOUNDATION 38-2848513

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

I so Part IV and Schedule 1-1 (Form 990) if additional space is needed.

	Use Part IV and Schedule I-1 (Form 990) it additional space is needed	(Form 990) if addition	onal space is needed			
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book,   (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
SCHOLA	SCHOLARSHIPS	4	2,000			•
:						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	complete this part to p	provide the informati	on required in Part I	line 2, and any other add	itional information.

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#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

**Noncash Contributions** 

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Name	of the organization	VDEV	COMMINITY FO	MOTTACIMIN		38-28485		umber	
Pa		AKBA	COMMONITIE	ONDATION		30 20403	<u> </u>		
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g		(d) Method of determining revenues	ng		
1	Art—Works of art								
2	Art—Historical treasures								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded	X	3	54,075	STOCK M	ARKET			
10	Securities—Closely held stock								
11	Securities—Partnership, LLC,								
	or trust interests				-				
12	Securities—Miscellaneous								
13	Qualified conservation								
	contribution—Historic								
	structures								
14	Qualified conservation								
~	t I Types of Property  (a) (b) (c) Revenues reported on Form 990, Part VIII, line 1g revenues  Art—Works of art  Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities—Publicly traded Securities—Publicly traded Securities—Partnership, LLC, or trust interests Securities—Miscellaneous Qualified conservation contribution—Historic structures								
		ļ							
		<u> </u>							
						<del></del>			
					·	<del></del>			
19=	Food inventory				·				
		<u> </u>							
2144	Taxidermy						-		
22	Historical artifacts	<u> </u>							
230	Scientific specimens				<del>.</del>				
24 25	Archeological artifacts				<del></del>				
		-							
26 27			<u> </u>		-				
				<del>-                                    </del>					
	, , , , , , , , , , , , , , , , , , ,						_	Yes	No
30a	During the year, did the organization	receive by	contribution any property	reported in Part I, lines 1-2	8 that				
	• •								
							30a		Х
b			•			•			
31	· · · · · · · · · · · · · · · · · · ·		licy that requires the revi	ew of any non-standard					
							31	X	
32a	Does the organization hire or use thir	rd parties oi	related organizations to	solicit, process, or sell nonc	ash	•			
							32a	X	
b	If "Yes," describe in Part II.								
33		nues in col	umn (c) for a type of prop	erty for which column (a) is	checked,				
	describe in Part II								

32b, and 33. Also complete this part for any additional information.

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS DONATED SECURITIES ARE DEPOSITED WITH BANK TRUST & BROKERAGE FIRMS THAT INVEST THE FOUNDATIONS ASSETS & THEN ARE EITHER SOLD OR HELD AS AN INVESTMENT.

SCANNED JUL 27

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Name of the organization

CADILLAC AREA COMMUNITY FOUNDATION

Employer identification number 38-2848513

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
THE PURPOSE OF CACF IS TO PROVIDE A VEHICLE FOR DONATIONS
FROM CIVIC-MINDED CITIZENS IN ORDER TO BUILD PERMANENT
ENDOWMENTS FOR THE COMMUNITY FROM WHICH GRANTS ARE AWARDED
TO CARRY OUT THE CHARITABLE WISHES OF THE DONORS AND TO
IMPROVE THE QUALITY OF LIFE FOR OUR AREA.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS SEE ATTACHED SCHEDULE

FORM 990, PART VI, LINE 10B - POLICIES AND PROCEDURES GOVERNING CHAPTERS THE ORGANIZATION HAS WRITTEN POLICIES AND PROCEDURES.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE CONFLICT OF INTEREST APPLIES TO ALL EMPLOYEES AND BOARD MEMBERS & IS

MONITORED ANNUALLY BY THE EXECUTIVE DIRECTOR. BOARD MEMBERS WITH CONFLICT

OF INTEREST ON SPECIFIC ISSUES ABSTAIN FROM VOTING ON THE ISSUE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE PERFORMANCE

OF THE EXECUTIVE DIRECTOR & MAKES A RECOMMENDATION FOR COMPENSATION TO THE

ENTIRE BOARD FOR APPROVAL.

SCANNED JUL 27 2016

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST, POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE AT THE FOUNDATIONS OFFICE FOR THE PUBLIC TO REVIEW.

Form **4562** 

Department of the Treasury Internal Revenue Service

#### **Depreciation and Amortization**

► See separate instructions.

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172 2009

Attachment Sequence No. 6

Identifying number Name(s) shown on return CADILLAC AREA COMMUNITY FOUNDATION 38-2848513 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses. 1 250,000 Total cost of section 179 property placed in service (see instructions) 2 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 5 (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 r**-1**5 Property subject to section 168(f)(1) election 15 252 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) J Part III 254 MACRS deductions for assets placed in service in tax years beginning before 2009 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation d) Recovery placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property period service only-see instructions) 3-year property 19a 5-year property 7-year property 10-year property 15-year property 20-year property S/L 25 yrs. 25-year property S/L 27 5 yrs. MM Residential rental property 27 5 vrs. MM S/L ММ 39 yrs S/L Nonresidential real property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. S/L b 12-year MM S/L 40 yrs 40-year Summary (See instructions.) Part IV 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 22 506 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs 23

	Fund Raising \$ 490
	Seneral Senera
tements	Frogram Service
RANNED JUL 27 2010 Federal Sta	Form 990, Part IX, Line 24f - All Other Expenses  Total Service  \$ 490 \$ \$ -177
3337 Cadillac Area Community FoundatiôhAMNED JUL 27 2010 38-2848513 FYE: 12/31/2009	Description LEGACY EXPENSES BAD DEBTS LOT EXPENSED TOTAL

#### CADILLAC AREA COMMUNITY FOUNDATION

Form 990 - Schedule O - Other Program Services

AFTER 26 PROJECT, INC	\$ 1,592
CANCEL PRIOR GRANTS	(278)
CADILLAC AREA ARTS COUNCIL	800
CADILLAC AREA OASIS	4,000
CADILLAC FRANKLIN ELEMENTARY	400
CADILLAC SCHOOL - VARSITY SOCCER	400
CADILLAC SCHOOL - MUSIC DEPARTMENT	100
COUNCIL OF MICHIGAN FOUNDATION	500
FOREST VIEW ELEMENTARY SCHOOL	2,500
FRIENDS OF THE LIBRARY	1,000
GIRLS ON THE RUN	3,000
LOVE & LOGIC	1,000
ST. ANN SCHOOL	6,501
THANKS A MILLION - FUND GIVEAWAY	3,200
UNITED WAY - 211 PROJECT	1,000
U.S. PEACE CORPS	885
YMCA	1,907
LAKE CITY SENIOR CITIZENS CENTER	1,200
LAKE CITY POP WARNER FOOTBALL	1,000
MCKINLEY ELEMENTARY SCHOOL	434
MISSAUKEE COUNTY	713
MISSAUKEE DISTRICT LIBRARY	5,883
MISSAUKEE MOUNTIAN	1,000
MSU - 4 H EXTENSION	100
SCHOLARSHIP	 7,000
TOTAL	 45,837

Form (Rev April 2009)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenue								
	filing for an Automatic 3-Month Extension, complete only Part I and check this box		··· • • • • • • • • • • • • • • • • • •	<b>▶</b> X				
•	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this for	m)	•	- 41				
•	ete Part II unless you have already been granted an automatic 3-month extension on a previously filed Fo							
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed							
A	equired to file Form 990-T and requesting an automatic 6-month extension—check this box and complete							
Part I only	equired to file 1 offit 950-1 and requesting an adiomatic o-month extension. Glock this box and complete			▶ □				
•	only er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of							
•	rations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extended the tax returns.	ension of						
	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of							
	rns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8							
•	f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870							
	omposite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Pa		rm					
8868 For more	e details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonpro							
Type or	Name of Exempt Organization	Employ	er identification nur	nber				
print	CARTILAC AREA COMMINITELY FOUNDAMION	1	040510					
File by the due date for	CADILLAC AREA COMMUNITY FOUNDATION	<u> </u>	2848513					
filing your	Number, street, and room or suite no. If a P.O. box, see instructions  201 N. MITCHELL  101							
return See	City, town or post office, state, and ZIP code For a foreign address, see instructions							
instructions	CADILLAC MI 49601							
Check type of	f return to be filed (file a separate application for each return).							
X Form 99	□ - ···································		Form 4720					
Form 99	FI TO THE PROPERTY OF THE PROP		Form 5227					
Form 99			Form 6069					
Form 99	□ - · · · · · · · · · · · · · · · · · ·		Form 8870					
Property The books	s are in the care of   JOHN H. BISHOP							
The books								
_ i elepnone				. $\Box$				
S II allo orga	the organization does not have an office or place of business in the United States, check this box  **The organization does not have an office or place of business in the United States, check this box  **The organization does not have an office or place of business in the United States, check this box  **The organization does not have an office or place of business in the United States, check this box  **The organization does not have an office or place of business in the United States, check this box  **The organization does not have an office or place of business in the United States, check this box  **The organization does not have an office or place of business in the United States, check this box  **The organization does not have an office or place of business in the United States, check this box  **The organization does not have an office or place of business in the United States, check this box  **The organization does not have a construction does not have does							
1	or a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this is						
=		attach						
~	names and EINs of all members the extension will cover at an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time		<del> </del>					
Li Tredues S until 0	18/15/10 , to file the exempt organization return for the organization named above. The extension is	2						
for the c		•						
until 08/15/10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for  X calendar year 2009 or tax year beginning , and ending								
	tax year beginning , and ending							
, , ,	anyon sognimis							
2 If this ta	x year is for less than 12 months, check reason: Initial return Final return Change	in accoun	ting period					
3a If this ap	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,							
	nonrefundable credits. See instructions	3a	\$					
	oplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax							
	its made. Include any prior year overpayment allowed as a credit.	3b	\$					
	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,							
· ·	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	1						
	) See instructions	3c	\$					
-	u are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879	-EO						
for payment in								
For Privacy A	Act and Paperwork Reduction Act Notice, see Instructions.		Form <b>8868</b> (Re	v 4-2009)				