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# Return of Private Foundation

## or Section 4947(a)(1) Nonexempt Charitable Trust

### Treated as a Private Foundation

OMB No 1545-0052

2009

Department of the Treasury  
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning , 2009, and ending , 20

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return  
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation <b>ROBERT &amp; JEANINE DAGENAIS FOUNDATIO</b>		A Employer identification number <b>38-3195426</b>
	Number and street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone number (see page 10 of the instructions) <b>(906) 786-1600</b>
	City or town, state, and ZIP code <b>Escanaba, MI 49829</b>		C If exemption application is pending, check here <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 1,440,819</b>		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	
		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)	169,223			
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments	44,436	44,436		
4	Dividends and interest from securities				
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)				
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less: Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	Total. Add lines 1 through 11	213,659	44,436		
13	Compensation of officers, directors, trustees, etc				
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule) STM107	10,038			10,038
b	Accounting fees (attach schedule)				
c	Other professional fees (attach schedule)				
17	Interest				
18	Taxes (attach schedule) (see page 14 of the instructions)	542			
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings	200			200
22	Printing and publication	18			18
23	Other expenses (attach schedule) STM103	920			920
24	Total operating and administrative expenses. Add lines 13 through 23	11,718	0		11,176
25	Contributions, gifts, grants paid	54,960			54,960
26	Total expenses and disbursements. Add lines 24 and 25	66,678	0		66,136
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	146,981			
b	Net investment income (if negative, enter -0-)		44,436		
c	Adjusted net income (if negative, enter -0-)			0	

3

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments		1,293,838	1,439,114	1,439,114
	3	Accounts receivable	1,705			
		Less: allowance for doubtful accounts			1,705	1,705
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less: allowance for doubtful accounts				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments - U.S. and state government obligations (attach schedule)				
	b	Investments - corporate stock (attach schedule)				
	c	Investments - corporate bonds (attach schedule)				
	Liabilities	11	Investments - land, buildings, and equipment basis			
		Less: accumulated depreciation (attach schedule)				
12		Investments - mortgage loans				
13		Investments - other (attach schedule)				
14		Land, buildings, and equipment, basis				
		Less: accumulated depreciation (attach schedule)				
15		Other assets (describe)				
16		<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)		1,293,838	1,440,819	1,440,819
17		Accounts payable and accrued expenses				
18		Grants payable				
Net Assets or Fund Balances	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe)				
	23	<b>Total liabilities</b> (add lines 17 through 22)			0	
	24	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.				
	25	Unrestricted				
	26	Temporarily restricted				
	27	Permanently restricted				
	28	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.				
Assets	29	Capital stock, trust principal, or current funds				
	30	Paid-in or capital surplus, or land, bldg., and equipment fund				
	31	Retained earnings, accumulated income, endowment, or other funds		1,293,838	1,440,819	
	32	<b>Total net assets or fund balances</b> (see page 17 of the instructions)		1,293,838	1,440,819	
	33	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions)		1,293,838	1,440,819	

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,293,838
2	Enter amount from Part I, line 27a	2	146,981
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	1,440,819
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,440,819

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (yr, mo, day)	(d) Date sold (yr, mo, day)
1a			
b			
c			
d			
e			

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			
b			
c			
d			
e			

  

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) . . . } If (loss), enter -0- in Part I, line 8 . . . . . }	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

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

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	57,970	1,131,003	0.051255
2007	50,125	995,817	0.050336
2006	42,414	875,939	0.048421
2005	27,585	722,944	0.038156
2004	12,406	562,017	0.022074

  

2 Total of line 1, column (d) . . . . .	2	0.210243
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . . .	3	0.042049
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 . . . . .	4	1,322,314
5 Multiply line 4 by line 3 . . . . .	5	55,602
6 Enter 1% of net investment income (1% of Part I, line 27b) . . . . .	6	444
7 Add lines 5 and 6 . . . . .	7	56,046
8 Enter qualifying distributions from Part XII, line 4 . . . . . If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18	8	66,136

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		1	444
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0
3 Add lines 1 and 2 . . . . .		3	444
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .		5	444
6 Credits/Payments:			
a 2009 estimated tax payments and 2008 overpayment credited to 2009 . . . . .	6a		
b Exempt foreign organizations - tax withheld at source . . . . .	6b		
c Tax paid with application for extension of time to file (Form 8868) . . . . .	6c		
d Backup withholding erroneously withheld . . . . .	6d		
7 Total credits and payments. Add lines 6a through 6d . . . . .	7		
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached . . . . .	8		
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9		444
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10		
11 Enter the amount of line 10 to be: <b>Credited to 2010 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11		

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		<b>X</b>
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . . If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		<b>X</b>
c Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		<b>X</b>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation. <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities		<b>X</b>
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .		<b>X</b>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>X</b>
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T.		<b>X</b>
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>X</b>	
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 . . .	<b>X</b>	
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> <b>MI</b>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation . . . . .	<b>X</b>	
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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV . . . . .		<b>X</b>
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .		<b>X</b>

**Part VII-A Statements Regarding Activities** (continued)

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 page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ N/A

14 The books are in care of ▶ JEANINE K DAGENAIS Telephone no. ▶ 906-786-1600  
 Located at ▶ 2007 LAKE SHORE DR ESCANABA, MI ZIP+4 ▶ 49829

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here ▶ ☐  
 and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

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

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

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>	1b	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009? <input type="checkbox"/>	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is <b>not</b> 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 page 20 of the instructions.) <input type="checkbox"/>	2b	X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2009 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 2009) <input type="checkbox"/>	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <input type="checkbox"/>	4a	X
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 2009? <input type="checkbox"/>	4b	X

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

**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . . . . . ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . . ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . . ☒ Yes ☐ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) . . . . . ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . . ☐ Yes ☒ No

**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? . . . . . **5b** ☐ ☒ Organizations relying on a current notice regarding disaster assistance check here . . . . . ☐

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . . ☐ Yes ☐ No  
If "Yes," attach the statement required by Regulations section 53.4945-5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . ☐ Yes ☒ No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . **6b** ☐ ☒  
If "Yes" to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . . ☐ Yes ☒ No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . . **7b** ☐ ☐

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JEANINE K DAGENAIS 2007 LAKE SHORE DR, MI 49829	PRESIDENT 3	0	0	0
MATTHEW A DAGENAIS 5636 28TH LANE BRAMPTON, MI 49837	TRUSTEE 1	0	0	0
PAUL R DAGENAIS E5153 M35 ESCANABA, MI 49829	TRUSTEE 1	0	0	0
TIMOTHY R DAGENAIS 4152 12TH RD Escanaba, MI 49829	TRUSTEE 1	0	0	0

**2** Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).

If none, enter "NONE."

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

Total number of other employees paid over \$50,000 . . . . . ☐

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3** Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services . . . . .		▶

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments** (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See page 24 of the instructions	
3	
Total. Add lines 1 through 3 . . . . .	▶



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	1,342,451
<b>c</b>	Fair market value of all other assets (see page 24 of the instructions) . . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	1,342,451
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	1,342,451
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions) . . . . .	<b>4</b>	20,137
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 . . . . .	<b>5</b>	1,322,314
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	<b>6</b>	66,116

**Part XI Distributable Amount** (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	66,116
<b>2a</b>	Tax on investment income for 2009 from Part VI, line 5 . . . . .	<b>2a</b>	444
<b>b</b>	Income tax for 2009. (This does not include the tax from Part VI) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	444
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	65,672
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	65,672
<b>6</b>	Deduction from distributable amount (see page 25 of the instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	<b>7</b>	65,672

**Part XII Qualifying Distributions** (see page 25 of the instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 . . . . .	<b>1a</b>	66,136
<b>b</b>	Program-related investments - total from Part IX-B . . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 . . . . .	<b>4</b>	66,136
<b>5</b>	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 page 26 of the instructions) . . . . .	<b>5</b>	444
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	65,692

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

**Part XIII Undistributed Income** (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
<b>1</b> Distributable amount for 2009 from Part XI, line 7 . . . . .				65,672
<b>2</b> Undistributed income, if any, as of the end of 2009:				
<b>a</b> Enter amount for 2008 only . . . . .				
<b>b</b> Total for prior years: _____, _____, _____				
<b>3</b> Excess distributions carryover, if any, to 2009.				
<b>a</b> From 2004 . . . . .				
<b>b</b> From 2005 . . . . .				
<b>c</b> From 2006 . . . . .				
<b>d</b> From 2007 . . . . .				1,354
<b>e</b> From 2008 . . . . .				1,962
<b>f</b> Total of lines 3a through e . . . . .	3,316			
<b>4</b> Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 66,136				
<b>a</b> Applied to 2008, but not more than line 2a . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
<b>c</b> Treated as distributions out of corpus (Election required - see page 26 of the instructions) . . . .				
<b>d</b> Applied to 2009 distributable amount . . . . .				65,672
<b>e</b> Remaining amount distributed out of corpus . . . .	464			
<b>5</b> Excess distributions carryover applied to 2009 . . . . (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e. Subtract line 5 . .	3,780			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions . . . . .				
<b>e</b> Undistributed income for 2008 Subtract line 4a from line 2a. Taxable amount - see page 27 of the instructions . . . . .				
<b>f</b> Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .				
<b>9</b> Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a . . . . .	3,780			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2005 . . . . .				
<b>b</b> Excess from 2006 . . . . .				
<b>c</b> Excess from 2007 . . . . .				1,354
<b>d</b> Excess from 2008 . . . . .				1,962
<b>e</b> Excess from 2009 . . . . .	464			

**Part XIV Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling . . . . .					
b Check box to indicate whether the foundation is a private operating foundation described in section		<input type="checkbox"/> 4942(j)(3) or		<input type="checkbox"/> 4942(j)(5)	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
b 85% of line 2a . . . . .					
c Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
d Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter:					
(1) Value of all assets . . . . .					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
(3) Largest amount of support from an exempt organization . . . . .					
(4) Gross investment income . . . . .					

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the instructions.)**1 Information Regarding Foundation Managers:**

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

SEE SCHEDULE 170 ATTACHED,

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

NONE,

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

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number of the person to whom applications should be addressed:  
990APP

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

- c Any submission deadlines:

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

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

Recipient			If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)						
a Paid during the year						
DAUGHTERS AMERICAN REVOLUTION 901 8TH AVE Menominee MI 49858			NONE	PVT	BOY & GIRL CLUB	1,000
SALVATION ARMY 80 W RUSSELL Marinette WI 54143			NONE	PUBLIC	FOOD PANTRY	1,000
ST THOMAS AQUINAS ACADEMY 1200 MAIN STREET Marinette WI 54143			NONE	PVT	SCHOLARSHIP	500
SALVATION ARMY 1009 WEST BARAGA AVE Marquette MI 49855			NONE	PUBLIC	FOOD PANTRY	1,000
SUPERIORLAND SOCCER ASSN PO BOX 417 Marquette MI 49855			NONE	PVT	YOUTH PAVILIAN	500
WOMENS CENTER 1310 SO FRONT STREET Marquette MI 49855			NONE	PVT	DOMESTIC VIOLENCE CENTER	4,500
BEACON HOUSE 1301 NO 4TH STREET Marquette MI 49855			NONE	PVT	FUND RAISER	100
COMMUNITY ACTION AGENCY 507 1ST AVE NO Escanaba MI 49829			NONE	PUBLIC	WALK FOR WARMTH FUNDRAISER	100
Total						3a
b Approved for future payment						
Total						3b

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
CHILD and FAMILY SERVICES 709 CHIPPEWA SUITE 200 Marquette MI 49855	NONE	PUBLIC	PARENTING PROGRAM	300
MARCH OF DIMES 1102 NO 15TH STREET Escanaba MI 49829	NONE	PUBLIC	GENERAL	25
DICKINSON SPORTSMANS CLUB W7689 SPORTSMEN CLUB DRIVE Iron Mountain MI 49801	NONE	PVT	KIDS PROGRAM	500
SALVATION ARMY 221 EAST A STREET Iron Mountain MI 49801	NONE	PUBLIC	FOOD PANTRY	1,000
BETHANY LUTHERAN CHURCH 202 SO 11TH STREET Escanaba MI 49829	NONE	PVT	FORTUNE LAKE CAMP SCHOLARSHIP	2,190
BIG BAY DE NOC HIGH SCHOOL 8928 025 RD Cooks MI 49817	NONE	PUBLIC	SCHOLARSHIP	500
SALVATION ARMY 3001 5TH AVE Escanaba MI 49829	NONE	PUBLIC	FOOD PANTRY	5,000
BIG BROS BIG SISTERS 1100 LUDINGTON STREET Escanaba MI 49829	NONE	PUBLIC	MENTORING PROGRAM	5,000
Total . . . . .			3a	
b Approved for future payment				
Total . . . . .			3b	

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> Paid during the year				
CALVARY BAPTIST CHURCH 2000 11TH AVE NO Escanaba MI 49829	NONE	PVT	KIDS PROGRAM	100
DELTA CO CANCER ALLIANCE 419 LUDINGTON STREET Escanaba MI 49829	NONE	PUBLIC	PATIENT NEEDS	200
ESCANABA AREA HIGH SCHOOL 500 SO LINCOLN ROAD Escanaba MI 49829	NONE	PUBLIC	DRIVERS EDUCATION SCHOLARSHIP	500
ESCANABA BLUE LINE HOCKEY ASSN PO BOX 1 Escanaba MI 49829	NONE	PVT	YOUTH SPORTS PROGRAM	1,000
ESCANABA JR HOCKEY ASSN PO BOX 150 Escanaba MI 49829	NONE	PVT	JUNIOR HOCKEY PROGRAM	520
HOLY NAME SCHOOL 409 SO 22ND STREET Escanaba MI 49829	NONE	PVT	SCHOLARSHIPS	5,000
JAMES T JONES SCHOOL 400 SO 10TH STREET Gladstone MI 49837	NONE	PUBLIC	FIELD TRIP	250
NEW LIFE ASSEMBLY OF GOD 2005 8TH AVE SO Escanaba MI 49829	NONE	PVT	SCHOOL SUPPLIES	200
<b>Total</b> .....			<b>3a</b>	
<b>b</b> Approved for future payment				
<b>Total</b> .....			<b>3b</b>	

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

Recipient			If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)						
a Paid during the year						
OSF HOSPITAL FOUNDATION 3409 LUDINGTON STREET Escanaba MI 49829			NONE	PVT	FUND DRIVE	125
PATHWAYS 2820 COLLEGE AVE Escanaba MI 49829			NONE	PUBLIC	UP STATE FAIR PASSES	250
RAPID RIVER LIONS CLUB 9685 BB ROAD Rapid River MI 49878			NONE	PUBLIC	COMMUNITY SUP	100
SPECIAL OLYMPICS PO BOX 275 Wells MI 49894			NONE	PUBLIC	SCHOLARSHIPS	500
ST VINCENT DE PAUL SOCIETY 815 1ST AVE NO Escanaba MI 49829			NONE	PVT	CARE FREE DENTAL CLINIC	1,000
WELLS SPORTS COMPLEX 1647 174 ROAD Wells MI 49894			NONE	PVT	ICE RINK SUPPLIES	5,000
WM BONIFAS FINE ARTS CENTER 700 1ST AVE SO Escanaba MI 49829			NONE	PVT	YOUTH ART PROGRAM	5,000
MICHIGAN STATE UNIVERSITY 252 STUDENT SERVICES BLDG East Lansing MI 48824			NONE	PUBLIC	EMPLOYEE SCHOLARSHIP PROGRAM	4,000
Total .....					3a	
b Approved for future payment						
Total .....					3b	

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
FERRIS STATE UNIVERSITY 1201 SO STATE STREET Big Rapids MI 49307	NONE	PUBLIC	EMPLOYEE SCHOLARSHIP PROGRAM	4,000
KALAMZOO VALLEY COLLEGE 6767 WEST O STREET Kalamazoo MI 49003	NONE	PUBLIC	EMPLOYEE SCHOLARSHIP PROGRAM	4,000
<b>Total</b> . . . . .			<b>3a</b>	54,960
b Approved for future payment				
<b>Total</b> . . . . .			<b>3b</b>	



**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies . . . . .					
2 Membership dues and assessments . . . . .					
3 Interest on savings and temporary cash investments . . . . .			14	44,436	
4 Dividends and interest from securities . . . . .					
5 Net rental income or (loss) from real estate:					
a Debt-financed property . . . . .					
b Not debt-financed property . . . . .					
6 Net rental income or (loss) from personal property . . . . .					
7 Other investment income . . . . .					
8 Gain or (loss) from sales of assets other than inventory . . . . .					
9 Net income or (loss) from special events . . . . .					
10 Gross profit or (loss) from sales of inventory . . . . .					
11 Other revenue   a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e) . . . . .				44,436	
13 Total. Add line 12, columns (b), (d), and (e) . . . . .				44,436	44,436

(See worksheet in line 13 instructions on page 28 to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No.



Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See page 29 of the instructions.)

<p><b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p>		
<p><b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:</p>		
(1) Cash	.....	1
(2) Other assets	.....	1
<p><b>b</b> Other transactions:</p>		
(1) Sales of assets to a noncharitable exempt organization	.....	1
(2) Purchases of assets from a noncharitable exempt organization	.....	1
(3) Rental of facilities, equipment, or other assets	.....	1
(4) Reimbursement arrangements	.....	1
(5) Loans or loan guarantees	.....	1
(6) Performance of services or membership or fundraising solicitations	.....	1
<p><b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p>		.....
<p><b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.</p>		

[illegible]

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign Here**

Janine Dagenais  
Signature of officer or trustee

5/10/10  
Date

**PRESIDENT**

**Title**

**Paid  
Preparer's  
Use  
Only**

Preparer's  
signature

► Dale M. Ford CPA

Date \_\_\_\_\_

**04-28-2010**

Check if  
self-employed

Preparer's identifying  
number (see **Signature** on  
page 30 of the instructions)

Firm's name (or yours if self-employed), address, and ZIP code

DALE M FORD CPA PC  
Escanaba, MI 49829

**EIN ▶**

Phone no **906-786-1600**

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

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

OMB No 1545-0047

**2009**

Name of the organization

Employer identification number

**ROBERT & JEANINE DAGENAIS FOUNDATIO****38-3195426**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

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

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☐ For a section 501(c)(3) organization filing Form 990 or Form 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization <b>ROBERT &amp; JEANINE DAGENAIS FOUNDATIO</b>	Employer identification number <b>38-3195426</b>
--	---

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MPTD INC dba RIVERSIDE TOWN & COUNTR 2600 LUDINGTON ST  ESCANABA, MI 49829	\$ 5,480	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
2	JDPD INC dba RIVERSIDE CHEROLET 501 STEPHENSON AVE  ESCANABA, MI 49829	\$ 5,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
3	FIRST BANK UPPER MICH  1400 DELTA AVE  GLADSTONE, MI 49837	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
4	TRD GROUP INC dba NORTHERN MOTOR COMPANY 1419 LUDINGTON STREET  Escanaba, MI 49829	\$ 5,168	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	DAGENAIS REAL ESTATE INC  1505 NO LINCOLN ROAD  Escanaba, MI 49829	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
6	RIVERSIDE AUTO SALES INC  2511 LUDINGTON STREET  Escanaba, MI 49829	\$ 6,860	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )

Name of organization

ROBERT &amp; JEANINE DAGENAIS FOUNDATIO

Employer identification number

38-3195426

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	RIVERSIDE AUTO SALES OF IRON MT INC N3936 HWY US2 Iron Mountain, MI 49801	\$ 4,760	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	RIVERSIDE AUTO SALES OF MQT INC 2025 US 41 W Marquette, MI 49855	\$ 8,075	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	RIVERSIDE AUTO SALES OF MARINETTE I 4030 HALL AVE Marinette, WI 54143	\$ 3,480	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

# Federal Supporting Statements

2009 PG 01

Name(s) as shown on return

Your Social Security Number

ROBERT & JEANINE DAGENAIS FOUNDATIO

38-3195426

Statement #103

## Form 990PF, Part I, Line 23 - Other Expenses Schedule

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
MICH ANNUAL REPORT FEE	20	0	0	20
DUES	900	0	0	900
Totals	920	0	0	920

PG 01

Statement #107

## Form 990PF, Part I, Line 16(a) - Legal Fees Schedule

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
ATTORNEY FEES RELATED TO QUALIFICATION OF EMPLOYEE SCHOLARSHIP PROGRAM	10,038 0 0	0 0 0	0 0 0	10,038 0 0
Totals	10,038	0	0	10,038

# Federal Supporting Statements

2009 PG 01

Your Social Security Number

38-3195426

Name(s) as shown on return

ROBERT & JEANINE DAGENAIS FOUNDATIO

Form 990PF, Part I, Line 18 - Taxes Schedule

Statement #110

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
EXCISE TAX ON INVESTMENT INCOM	542	0	0	0
Totals	542	0	0	0

**Federal Supporting Statements****2009 PG 01**

Name(s) as shown on return

Your Social Security Number

**ROBERT & JEANINE DAGENAIS FOUNDATIO****38-3195426****Form 990PF, Part XV, Line 2  
Application Submission Information****990APP****Grant Program****GENERAL GRANTMAKING****Applicant Name****JEANINE DAGENAIS****Address****1505 NO LINCOLN ROAD****ESCANABA****MI 49829****Telephone****906-786-1600****Form & Content****SEE GRANT APPLICATION ATTACHED****Submission Deadline****NO DEADLINES****Restrictions on Award**

**PREFERENCE IS GIVEN TO SEC 501(C)(3) ORGANIZATIONS LOCATED IN THE UPPER PENINSULA OF MICHIGAN. THE FOUNDATION HAS ESTABLISHED A MAXIMUM GRANT RANGE, GENERALLY OF \$5,000 TO ANY ONE ORGANIZATION PER YEAR, EXCEPT FOR CIRCUMSTANCES APPROVED BY THE BOARD OF DIRECTORS.**



# **COMMON GRANT APPLICATION FORM**

## **ROBERT & JEANINE DAGENAIS FOUNDATION**

Dear Nonprofit Colleague:

The *Common Grant Application Form* was developed by a committee of the Council of Michigan Foundations to facilitate the application process for grantmakers and grantseekers.

Please keep in mind that every grantmaker has different guidelines and priorities, as well as different deadlines and timetables. Any funder that has agreed to accept this form may request additional information at any stage in the proposal process.

### **INSTRUCTIONS**

1. Do your research to determine the foundations and corporations that make grants to your type of organization, in the geographic area in which you function and for your field of interest.
2. After you do your research, contact the grantmaker to secure their specific grantmaking guidelines.
3. A cover letter should be included with each proposal which introduces your organization and your proposal and makes a strategic link between your proposal and the funder's mission and grantmaking interests.
4. Please type and double-space all proposals.
5. Please answer all the questions in the order listed.
6. Please use the headings, subheadings and numbers provided.
7. Please submit the number of copies each grantmaker requests.
8. Please do not include any materials other than those specifically requested at this time.
9. Please do not send videotapes.

#### **Resources:**

Call or write to each grantmaker to obtain a copy of their funding guidelines.  
Use the *Michigan Foundation Directory*.  
Visit a Foundation Center Collection Library.

**The Council of Michigan Foundations Does Not Make Grants.**

**ROBERT & JEANINE DAGENAIS FOUNDATION  
COMMON GRANT APPLICATION  
COVER SHEET**

Date of Application: \_\_\_\_\_

Legal name of organization  
applying: \_\_\_\_\_

(Should be same as on IRS determination letter and as supplied on IRS  
Form 990.)

Year Founded: \_\_\_\_\_ Current Operating Budget: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Phone number: \_\_\_\_\_

Contact person/title/phone number  
(if different from executive director) \_\_\_\_\_

Address (principal/administrative office): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail  
Address: \_\_\_\_\_

List any previous support from this funder in the last 5 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project  
Name: \_\_\_\_\_

Purpose of Grant (one sentence): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of the Project: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

\_\_\_\_\_  
*Signature, Chairperson, Board of Directors*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Typed Name and Title*

\_\_\_\_\_  
*Signature, Executive Director*

\_\_\_\_\_  
*Date*

# COMMON GRANT APPLICATION FORMAT

*Please provide the following information in this order. Use these headings, subheadings and numbers provided in your own word processing format, thus leaving flexibility for length of response.*

## A. NARRATIVE

### 1. Executive Summary

- Begin with a half-page executive summary. Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if the grant is made.

### 2. Purpose of Grant

- Statement of needs/problems to be addressed; description of target population and how they will benefit.
- Description of project goals, measurable objectives, action plans, and statements as to whether this is a new or ongoing part of the sponsoring organization.
- Timetable for implementation.
- Who are the other partners in the project and what are their roles?
- Acknowledge similar existing projects or agencies, if any, and explain how your agency or proposal differs, and what effort will be made to work cooperatively.
- Describe the active involvement of constituents in defining problems to be addressed, making policy, and planning the program.
- Describe the qualifications of key staff and volunteers that will ensure the success of the program. Are there specific staff training needs for this project?
- Long-term strategies for funding this project at end of grant period.

### 3. Evaluation

- Plans for evaluation including how success will be defined and measured.
- How evaluation results will be used and/or disseminated and, if appropriate, how the project will be replicated.
- Describe the active involvement of constituents in evaluating the program.

### 4. Budget Narrative/Justification

- Grant budget; use the **Grant Budget Format** that follows, if appropriate.
- On a separate sheet, show how each budget item relates to the project and how the budgeted amount was calculated.
- List amounts requested of other foundations, corporations and other funding sources to which this proposal has been submitted.
- In the event that we are unable to meet your full request, please indicate priority items in the proposed grant budget.

### 5. Organization Information

- Brief summary of organization's history.
- Brief statement of organization's mission and goals.
- Description of current programs, activities and accomplishments.
- Organizational chart, including board, staff and volunteer involvement.

## B. ATTACHMENTS

1. A copy of the current IRS determination letter indicating 501(c)(3) tax-exempt status.
2. List of Board of Directors with affiliations.
3. Finances
  - Organization's current annual operating budget, including expenses and revenue.
  - Most recent annual financial statement (independently audited, if available; if not available, attach Form 990).
4. Letters of support should verify project need and collaboration with other organizations. (Optional)
5. Annual report, if available.

# GRANT BUDGET FORMAT

Below is a listing of standard budget items. Please provide the project budget in this format and in this order.

A. Organizational fiscal year: \_\_\_\_\_

B. Time period this budget covers: \_\_\_\_\_

C. For a CAPITAL request, substitute your format for listing expenses. These will likely include: architectural fees, land/building purchase, construction costs, and campaign expenses.

D. **Expenses:** include a *description and the total amount* for each of the following budget categories, in this order:

Salaries	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____
Fringe Benefits	\$ _____	\$ _____
Consultants and Professional Fees	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Equipment	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Printing and Copying	\$ _____	\$ _____
Telephone and Fax	\$ _____	\$ _____
Postage and Delivery	\$ _____	\$ _____
Rent	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Evaluation	\$ _____	\$ _____
Marketing	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
<b>Total amount requested</b>	<b>\$ _____</b>	<b>Total project expenses \$ _____</b>

D. **Revenue:** include a *description and the total amount* for each of the following budget categories, in this order; please indicate which sources of revenue are committed and which are pending.

	<u>Committed</u>	<u>Pending</u>
1. Grants/Contracts/Contributions		
Local Government	\$ _____	\$ _____
State Government	\$ _____	\$ _____
Federal Government	\$ _____	\$ _____
Foundations (itemize)	\$ _____	\$ _____
Corporations (itemize)	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
2. Earned Income		
Events	\$ _____	\$ _____
Publications and Products	\$ _____	\$ _____
3. Membership Income	\$ _____	\$ _____
4. In-Kind Support	\$ _____	\$ _____
5. Other (specify)	\$ _____	\$ _____
6. Total Revenue	\$ _____	\$ _____

The following funders have agreed to accept the Council of Michigan Foundations' *Common Grant Application Form*. Those with an asterisk (\*) **require** that this form be used. Before sending an application to any of the funders listed below, be sure to check their specific requirements. Some of them may require preliminary, additional, or supplementary information.

Americana Foundation  
 Ann Arbor Area Community Foundation  
 Claude D. & Etta H. Andrews Foundation  
 Guido A. & Elizabeth H. Binda Foundation  
 Capital Region Community Foundation  
 The Carls Foundation  
 Charlevoix County Community Foundation  
 \*Community Foundation for Delta County  
 Community Foundation for Muskegon County  
 Community Foundation for Northeast Michigan  
 Community Heritage Foundation of Eaton Rapids  
 Consumers Energy Company  
 Consumers Energy Foundation  
 \*Robert & Jeanine Dagenais Foundation  
 Detroit Edison Foundation  
 The J.F. Ervin Foundation  
 Greater Frankenmuth Area Community Foundation  
 The Fremont Area Foundation  
 The Grand Rapids Foundation  
 \*Greenville Area Foundation  
 Health Education Foundation  
 Robert L. & Judith S. Hooker Foundation  
 Hudson-Webber Foundation  
 The Jackson Community Foundation  
 William A. & Ruth Janks Foundation

Elizabeth E. Kennedy Fund  
 Lacks Enterprises, Inc.  
 \*Ludington Area Foundation  
 Marquette Community Foundation  
 The W.B. McCardell Family Foundation  
 McKinley Foundation  
 \*Metro Health Foundation  
 MichCon Foundation  
 \*Michigan AIDS Fund  
 Michigan Gateway Community Foundation  
 \*\*The Michigan Women's Foundation  
 Morley Brothers Foundation  
 NBD Bank  
 NBD Bank Charitable Trust  
 The Nokomis Foundation  
 Petoskey-Harbor Springs Area Community Foundation  
 The Pistons-Palace Foundation  
 \*Rotary Charities of Traverse City  
 May Mitchell Royal Foundation  
 Shiawassee Foundation  
 Southfield Community Foundation  
 Sturgis Foundation  
 A.M. Todd Company Foundation  
 The Wege Foundation

\*\* - this form is accepted by invitation only after concept paper is approved

## GLOSSARY OF TERMS

- Outcome:** The intended impact or results a program or project is trying to produce.
- Project:** A planned undertaking or organized set of services designed to achieve specific outcomes that begins and ends within the grant period. (Note: A successful project may become an ongoing program of the organization.)
- Program:** An organized set of services designed to achieve specific outcomes for a specified population that will continue beyond the grant period.
- Capital Request:** A planned undertaking to purchase, build or renovate a space or building or to acquire equipment.
- General Operating Support:** Grant funds to support the ongoing services, mission or goals of an organization.
- Collaboration:** Organizations submit joint proposals for funding to address common issues of organizational capacity and program outreach where they have similar outcomes to accomplish.
- Cooperation:** Organizations explain the networking and information sharing that is occurring with other similar organizations in their community and include any shared values that the organization has with similar organizations in their community.

**Federal Supporting Statements**

**2009 PG 02**

Name(s) as shown on return

Your Social Security Number

**ROBERT & JEANINE DAGENAIS FOUNDATIO**

**38-3195426**

**Form 990PF, Part XV, Line 2**  
**Application Submission Information**

**990APP**

**Grant Program**

**EMPLOYEE SCHOLARSHIP**

**Applicant Name**

**JEANINE DAGENAIS**

**Address**

**1505 NO LINCOLN ROAD**

**Escanaba**

**MI 49829**

**Telephone**

**906-786-1600**

**Form & Content**

**SEE SCHOLARSHIP APPLICATION ATTACHED**

**Submission Deadline**

**MARCH 31 ANNUALLY**

**Restrictions on Award**

**SEE PROGRAM DESCRIPTION ATTACHED.**

# ROBERT & JEANINE DAGENAIS FOUNDATION

# Scholarship Application

**Deadline for Submission:** \_\_\_\_\_

**PERSONAL DATA:**

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_  
(Street Number and Name)

(City) (State) (Zip Code) (Country)

Telephone: \_\_\_\_\_

Female [ ] Male [ ] Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parents (or guardian): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Number and Name)

(City) (State) (Zip Code) (Country)

To be a qualified applicant, one or more of your parents or grandparents must be employed by Dagenais Enterprises or First Bank Upper Michigan. Please check the box indicating your parent's employer and list the name of your parent so employed in the space provided.

[ ] Dagenais Enterprises, 1505 Lincoln Road, Michigan, 49829

[ ] First Bank Upper Michigan, 1400 Delta Avenue, Gladstone, Michigan, 49837

Name of Parent or Grandparent employed by the box checked above: \_\_\_\_\_

### HIGH SCHOOL EDUCATION DATA:

High School/Home Schooling Program: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Number and Name)

(City) (State) (Zip Code) (Country)

Name of school counselor: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Cumulative Grade Point Average (4.0 scale): \_\_\_\_\_ A.C.T. and/or S.A.T. Score: \_\_\_\_\_

Graduating Class Size: \_\_\_\_\_ Rank in Class: \_\_\_\_\_

**COLLEGE/UNIVERSITY DATA (To be completed only by applicants that are currently enrolled and attending college or university classes):**

College/University: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Number and Name)

\_\_\_\_\_  
(City) (State) (Zip Code) (Country)

Degree Program: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Semester Hours Completed: \_\_\_\_\_ Semester Hours Currently Enrolled: \_\_\_\_\_

Cumulative Grade Point Average (4.0 scale): \_\_\_\_\_

**SCHOOL ACTIVITIES:**

List and describe school activities that you are or have been involved in during the past four (4) years (attach separate page, if necessary):

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**COMMUNITY ACTIVITIES:**

List and describe community activities that you are or have been involved in during the past four (4) years (attach separate page, if necessary):

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**OTHER EXTRA-CURRICULAR ACTIVITIES:**

List and describe any other extra-curricular activities that you are or have been involved in during the past four (4) years (attach separate page, if necessary):

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**SCHOLARSHIPS, GRANTS, ETC.:**

List and describe other scholarships, grants or tuition reimbursements you are receiving or have applied for (attach separate page, if necessary):

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**AWARDS AND HONORS:**

List personal, local, state or national awards and honors you have received (attach separate page, if necessary):

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**COLLEGES, UNIVERSITIES AND/OR PROGRAMS:**

List colleges and universities that you have applied to or been accepted to, along with the state or country where located (attach separate page, if necessary):

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**Separately, please include the following:**

1. Official transcript of your high school scholastics.
2. Copy of A.C.T. and/or S.A.T. test scores.
3. Copy of your Free Application for Federal Student Aid (FAFSA).
4. At least one (1) letter of recommendation by a non-family member. Preference will be given to recommendations from faculty members or other individuals active in your school, extra-curricular or community activities.
5. Essay describing your qualifications and need for this scholarship. You should include any special strengths, skills or financial need.

**APPLICANT SIGNATURE:**

**I certify that all the statements made in this application are true, complete, and correct.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Form 990PF, Part XV, Line 2  
Application Submission Information  
Employee Scholarship Program

Foundation operates a grant-making program which awards scholarships of varying amounts to children or grandchildren of the employees of Dagenais Enterprises and First Bank Upper Michigan ("Employers"). To qualify for a scholarship, at the time of initial application, an individual's parent or grandparent must be currently employed by Employers and have been so employed for a period of at least two (2) years. Scholarships are to be awarded to graduating seniors of any accredited high school or accredited home schooling program who are intending to pursue a baccalaureate degree or two year associate degree at an accredited college or university or students who are currently enrolled and attending an accredited college or university. Students must carry a full class load to be eligible.

The required grade point average to be eligible for the scholarship program is 2.5. The additional criteria for awarding scholarships to meet either the 25% test or the 10% test includes a written essay, school participation, extracurricular and/or community activities, leadership roles, standardized test scores, letters of recommendation and financial need. A copy of each applicant's transcript including standardized test scores must be attached to each application. Applications would include any personal, family or financial circumstance that the applicant feels should be considered in the awarding of the scholarship.

An independent Scholarship Selection Committee selected by the Board of Trustees of the Foundation reviews all scholarship applications. To the extent possible, the Scholarship Selection Committee includes individuals knowledgeable in the education field. The Scholarship Selection Committee members are completely unrelated to the Foundation and Employers and neither the Foundation nor Employers is involved in the process of selecting recipients. Each member of the Scholarship Selection Committee reviews the applications and the additional materials submitted. Each member of the Scholarship Selection Committee is obligated to disclose any personal knowledge of and relationship with any applicant and to refrain from participation in the award process in a circumstance where he or she would derive, directly or indirectly, a private benefit if any applicant is selected

over others. No scholarship may be awarded to any members of the Trustees of the Foundation or Employers or the children or grandchildren of either organization, or any member of the Scholarship Selection Committee or their children or grandchildren.

The program is not used by Employers or the Foundation to recruit or induce employees to continue their employment or otherwise follow a course of action sought by Employers. In no event will a scholarship be terminated because the recipient's parent or grandparent terminates employment after the initial grant is made. Similarly, in the event scholarship grants become renewable, scholarship recipients do not become ineligible for renewal of the scholarship if their parents or grandparents terminate employment with Employers.

There is no limit on a recipient's selected course of study and therefore the Employers do not benefit from the program or the recipient's education. Scholarship grants are paid directly to the educational institution. The Scholarship Selection Committee reviews and monitors recipient's enrollment and compliance with minimum academic performance.

The process for selecting individuals is completely objective and non-biased. There are no restrictions or limitations in the selection process based on race, color, religion, or national or ethnic origin of the applicants. Decisions on applicants to receive scholarships is based solely on compliance with the program's eligibility requirements and need. A condition of each scholarship grant is that the scholarship grant is to be used only for qualified tuition and related expenses. Accordingly, the scholarship grant can be used only for: (1) tuition and fees required for the enrollment or attendance of the student at a qualifying institution and/or (2) fees, books, supplies and equipment required for courses of instruction at such an educational institution. The scholarship recipient is required to maintain appropriate records establishing the grant amounts are for qualified tuition or tuition related expenses. The recipient must submit a verified transcript after he or she has completed each semester of study. The recipient must maintain the cumulative minimum grade point average required by the education institution so that the student is not placed on academic probation for any semester of the two or four year degree program. Should the recipient fail to maintain the minimum required grade point average, he or she is placed on probation. During the

probationary period, the scholarship recipient must reestablish the cumulative minimum grade point average required by the educational institution to avoid academic probation or we will terminate the scholarship and require that the scholarship funds be returned. Recipients are also required to notify us that if they transfer to another educational institution, they must provide an official tenement from the institution indicating that they have been granted admission. The Scholarship Committee reviews the transcript on a semi-annual basis. If we do not receive the required reporting, no payments are made until any delinquent reports have been submitted. If after review of the reports provided by the student, we learn that the student has been placed on academic probation; he or she will be placed on "probation". During this period, the scholarship recipient must reestablish the cumulative minimum grade point average required by the educational institution to avoid academic probation or we will terminate the scholarship and require that the funds be returned. If we learn that a student is not enrolled by the institution as a full time student or that funds have not been used to further the purposes of such grant, we will take all reasonable and appropriate steps to recover the funds, including assurance that future diversion will not occur.