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Form **990-EZ** 

# Short Form 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)

2012

OMB No 1545-1150

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

Open to Public Inspection

Department of the Treasury Internal Revenue Service at the end of the year may use this form.

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

				·-	t					
Α	For the	e 2012 calendar year, or tax year beginning , and ending								
В	Check if a	applicable C Name of organization		Employ	er identification number					
	Address		WHITECAPS COMMUNITY FOUNDATION 45-4129451							
	Name cha									
	Initial retu			•	one number					
	Terminate	City or town, state or country and ZIR + 4			-336-6587					
<u> </u>	Amended	CONCEDCY DADY MT 40221		•	Exemption					
<u></u>		······································		Numbe						
G		ting Method Cash X Accrual Other (specify) ► He: ► N/A	Check		the organization is <b>not</b>					
١,		empt status (check only one) — X 501(c)(3) 501(c)( ) 1 (insert no ) 4947(a)(1) or 527	•		h Schedule B EZ, or 990-PF)					
<u>з</u> К	Check									
•		re than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be								
		anization chooses to file a return, be sure to file a complete return	required	(300 11101	addions, but ii					
L	_	s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,								
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$	138,475					
F	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in	struction	ns for Pa						
		Check if the organization used Schedule O to respond to any question in this Part I	_		, <u>X</u>					
	1	Contributions, gifts, grants, and similar amounts received		1	87,594					
	2	Program service revenue including government fees and contracts		2	6,312					
	3	Membership dues and assessments		3						
	4	Investment income								
	5a	Gross amount from sale of assets other than inventory 5a 5a								
	b	Less cost or other basis and sales expenses 5b		] ]						
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c						
	6	Gaming and fundraising events			·					
ē	а	Gross income from gaming (attach Schedule G if greater than								
Ē		\$15,000)	_							
Revenue	Ь	Gross income from fundraising events (not including \$1/E) of contributions		1						
	Į	from fundraising events reported on line 1) (attach schedule G if the 8)								
		sum of such gross income and contributions exceeds \$15,000,7 \ \(\delta\) \ \(\delta\)	0,424							
	С	Less direct expenses from gaming and fundraising events (1975) 6c 30	6,724	<u> </u>						
	ď	Net income or (loss) from gaming and rundraising events (add-lines 6a and 6b and subtract		1 1						
		line 6c)		6d	3,700					
	7a		4,145							
	b	Less cost of goods sold 7b	1,606							
က	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	<u>2,539</u>					
20	8	Other revenue (describe in Schedule O)		8						
<b>∾</b>	9_	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	100,145					
87	10	Grants and similar amounts paid (list in Schedule O)		10	64,991					
9	11	Benefits paid to or for members		11						
AS ses	12	Salaries, other compensation, and employee benefits		12	4 670					
ens	13	Professional fees and other payments to independent contractors		13	4,670					
田家	14	Occupancy, rent, utilities, and maintenance		14						
<b>Z</b> "	15	Printing, publications, postage, and shipping		15	00 147					
SCANNED AUG	16	Other expenses (describe in Schedule O)		16	29,147					
<u>~</u>	17	Total expenses. Add lines 10 through 16		17	98,808					
လ အုံ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1,337					
SSe	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with								
Net Assets		end-of-year figure reported on prior year's return)		19						
Š	20	Other changes in net assets or fund balances (explain in Schedule O)		20	1,337					
	21 Papan	Net assets or fund balances at end of year Combine lines 18 through 20		21						
ro:	-aper\	vork Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2012)					

3

WHITECAPS COMMUNITY FOUNDATION 45-4129451 Form 990-EZ (2012) Page 2 Part II Balance Sheets (see the instructions for Part II) X Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 0 747 22 22 Cash, savings, and investments 0 23 23 Land and buildings 0 24 Other assets (describe in Schedule O) 24 0 25 25 Total assets 0 26 Total liabilities (describe in Schedule O) 26 0 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishments (see the instructions for Part III) Expenses X Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) organizations and section SEE SCHEDULE O Describe the organization's program service accomplishments for each of its three largest program services, 4947(a)(1) trusts, optional as measured by expenses. In a clear and concise manner, describe the services provided, the number of for others) persons benefited, and other relevant information for each program title 28 SEE SCHEDULE O (Grants \$ 9,000) If this amount includes foreign grants, check here 28a 19,235 29 SEE SCHEDULE O 7,648 (Grants \$ 365) If this amount includes foreign grants, check here 29a SEE SCHEDULE O 56,062 55, 626) If this amount includes foreign grants, check here 30a 31 Other program services (describe in Schedule O) 3<u>1a</u> (Grants \$ ) If this amount includes foreign grants, check here 82, 945 32 Total program service expenses (add lines 28a through 31a) 32 List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV) Part IV Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Heath benefits, contributions to employee (b) Average compensation (Forms W-2/1099-MISC) (e) Estimated amount of (a) Name and title hours per week benefit plans, and deferred compensation other compensation devoted to position (If not paid, enter -0-) LEWIS CHAMBERLIN 0 0 0 PRESIDENT 10.00 DENNIS BAXTER 0 0 10.00 0 TREASURER JOSEPH CHAMBERLIN 0 0 0 DIRECTOR 5.00

Page 3

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  34 Were any significant changes made to the organizating or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  36 Did the organization of section \$51(c)(4). 501(c)(6), 50 501(c)(6) (c)(6), 50 501(c)(6),	ra	unstructions for Part V) Check if the organization used Schedule O to respond to any question	nents in the n in this Part V			
detailed description of each activity in Schedule O  Wore any significant changes made to the organizang or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see institutions)  33. Did the organization have unrelated business gross income of \$1,000 or more during the year from business activates (luck as those expends of lines 2, 8a, and 7a, among others?)  b ("Yes," to line 35a, has the organization field a Form 990-T for the year? If "Yes," complete Schedule C, Part III  b (The "Sine" is a sine a schedule C) (see a sine and "Sine" is a schedule C) (see a sched					Yes	No
34 Were any significant changes make to the organization go governing documents? If Yes, "attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).  35 Dict the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on inne 2, 6, and 7a, among others)?  36 If Yes, 1to line 35a, has the organization till be a mine of the 10 per 10 p	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a				ļ
copy of the aimended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedulid Q (see instructions)  34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)?  b (**Yes, **De line 35s, has the organization filed a forum 950-1 for the year? (**No.**) provide an explanation in Schedule O  **Vest the organization a section \$01(c)(4), \$01(c)(5), or 501(c)(6) organization subject to section \$035(5)c notice, reporting, and groys tar requirements during the year? (**No.**) provide an explanation in Schedule O  **Vest the organization undergo a legudation, dissolution, termination, or significant disposition of hel assets during the year? (**Yes, **Complete sphicable partial of Schedule N  **Did the organization independ trail \$250.0 for \$201(c)(6) organization disposition of hel assets during the year? (**Yes, **Complete sphicable partial organization flat for all \$250.0 for \$201(c)(6) organization flat for all \$250.0 for \$201(c)(6) organization flat for all \$250.0 for		detailed description of each activity in Schedule O		33	<u> </u>	X
shape on Schedule O (see instructions)  \$1 bit the congrazation have unified business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 63, and 73, among others)?  \$1 if "was," to be 35 has the registration float of a row 90 of the rise year?" ("No.") provide an explanation in Schedule O Was the organization a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization provided. Part III 19.  \$1 if "was," to be 35 has the registration floating of the year?" If "Yo.", complete Schedule C, Part III 19.  \$1 if was, "No." to was, "No	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			1	
35a Dit the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  16 'Yes, 'to line 35a, has the organization fleid a Form 990-1 for the year? If 'No,' provide an explanation in Schedule O  25b Was the organization a section 501(c)(4), 501(c)(5), 615(c)(5), organization subject to section 603(a)(b) notice, reporting, and proxy hax requirements during the year? If 'Nes,' complete Schedule C, Part III    35c Was the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Nes,' complete spiciable parts of Schedule III, 91  37a Enter amount of political expenditures, direct or indirect, as described in the instructions   37a    37a Enter amount of political expenditures, direct or indirect, as described in the instructions   37a    37b Did the organization before my earl and still outstanding at the end of the tax year covered by this return?   38a    37c School (10)(c)(7) organizations Enter annount involved   38a   3		copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			l	l
seatwhee (such as those reported on lines 2, 6a, and 7a, among others)?  b If "Yes," to the \$5a, has the organization field at Form 900-15 for the year? If "No," provide an explanation in Schedule O  Was the organization as ection 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(a) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule P. Part III   35c    10b the vioralization undergo as alquidation, dissolution, remination, or significiant disposition of not assets during the year? If "Yes," complete Schedule P.    17a		change on Schedule O (see instructions)		34	<u> </u>	X
b If "Yes," to the 25s, has the organization field a Form 90-7 for the year? If "No," provide an explanation in Schedule O  Was the organization a section 50 (c)(4), 501 (c)(5), or 501 (c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Nes," complete Schedule C, Part III   35c    10 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Nes," complete applicable parts of Schedule N  10 bit the organization file Form 1120-POL for this year?   137a   35c    11 Form amount of political expenditures, direct or indirect, as described in the instructions   37a   37b	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business				1
c Was the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) or genization subject to section 603(a) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  35c  17d  17d  17d  17d  17d  17d  17d  17		activities (such as those reported on lines 2, 6a, and 7a, among others)?		35a	L	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax recurrements during the year? If Yes, "complete Schedule N 36  78 Enter amount of political expenditures, direct or indirect, as described in the instructions	b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule	e O	35b		
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  35c  36 Did the organization undergo a higulation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  37a  37b  37c  37b  37c  37c  37d  37d  37d  37d  37d  37d	С					
36 bill the organization undergo a laquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete applicable parts of Schedule 1, 200 bill the organization in Form 1120-POL for this year?  37a bill the organization brown from the amy ploans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  37b bill Yes," complete Schedule L. Part II and enter the total amount involved  38a bill Yes, Schomber Schodie L. Part II and enter the total amount involved  38a bill Yes, Schomber Schodie L. Part II and enter the total amount involved  39a Scotion 501(c)(3) organizations. Enter in Initiation fees and capital contributions included on line 9 in Gross recepts, included on line 9, for public use of obth facilities  39a Gross recepts, included on line 9, for public use of obth facilities  39a Gross recepts, included on line 9, for public use of obth facilities  39a Gross recepts, included on line 9, for public use of obth facilities  39a Gross recepts, included on line 9, for public use of obth facilities  39a Gross recepts, included on line 9, for public use of obth facilities  39a Gross recepts, included on line 9, for public use of obth facilities  39a Gross recepts, included on line 9, for public use of obth facilities  39a Gross recepts, included on line 9, for public use of obth facilities  39a Gross recepts, included on line 9, for public use of obth facilities  39a Gross recepts, included on line 9, for public use of obth facilities  39a Gross recepts, included on line 9, for public use of obth facilities  39a Gross recepts, included on line 9, for public use of obth facilities  39a Gross recepts, included on line 9, for public use of obth facilities  39a Gross recepts, included on line 9, for public use of obth facilities  39a Gross recepts, included on line 9, for public use of obth facilities  39a Gross recepts, included on line 9, for public use				35c	1	X
dump the year? if "ves," complete applicable parts of Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions  b Did the organization file Form 1120-POL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prory year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved  38b	36					
De the organization life Form 1126-POL for this year?  De the organization life Form 1126-POL for this year?  De the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If I "Yes," complete Schedule L. Part I and enter the total amount involved  Section 501(c)(7) organizations. Enter in the total amount involved  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction managers or did it engage in an excess benefit transaction managers or disqualified persons during the year under sections 4912.  4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c remiburised by the organization sections 4912.  4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c remiburised by the organizations of 501(c)(4) organizations benefit transaction? If "Yes," complete Form 8886-T If the states with which a copy of this return is filed ▶ MI  21P + 4  494 18  The organizations at my time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 8886-T If the state with which a copy of this return is filed ▶ MI  22P + 4  494 18  De the GRANDVILLE B.  At any time during the calendar year, did the organization maintain any office or				36		K
b Did the organization file Form 1120-POL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, frusitee, or key employee or were any such floans made in a proview and still follows the state of the tax year covered by this return?  38b	37a	▶ I== I				
Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were spin such loans made in a prior year and still outstanding at the end of the tax year covered by this return?    1				37b	1	x
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38a  38b  38c lif "Yes," complete Schedule L, Part II and enter the total amount involved  38b  38c lift and the sea and capital contributions included on line 9  38c lift and the sea and capital contributions included on line 9  38c lift and the sea and capital contributions included on line 9  38c lift and the sea of capital contributions included on line 9  38c lift and section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶  58c lift and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-E27 If "Yes," complete Schedule I., Part I  40b  40c lift and 501(c)(4) organizations. Enter amount of tax imposed on organization any of its prior forms 990 or 990-E27 If "Yes," complete Schedule I., Part I  40c lift and 501(c)(4) organizations. Enter amount of tax on line 40c remibilities by the organization.  41d lift and school 501(c)(4) organizations. Enter amount of tax on line 40c remibilities by the organization.  41d lift and school 501(c)(4) organizations. Enter amount of tax on line 40c remibilities by the organization.  41d lift and school 501(c)(4) organization.  41d lift and 501(c)(4)		· · · · · · · · · · · · · · · · · · ·		-	Γ	
b If "Yes," complete Schedule L, Part II and enter the total amount involved  38 Section 501(c)(7) organizations Enter  39 Indiation fees and capital contributions included on line 9  39 Gross receptls, included on line 9 (or public use of club facilities  39 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4951 ▶  5 Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year under reported on any of its prior Forms 990 or 990-EZ7 if "Yes," complete Schedule L, Part i  5 Section 501(c)(3) and 501(c)(4) organizations Enter amount of fax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  5 Section 501(c)(3) and 501(c)(4) organizations Enter amount of fax on line 40c reimbursed by the organization  8 All organizations A any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  11 List the states with which a copy of fits return is filed ▶  12 The organization's books are in care of ▶  13 The organization's books are in care of ▶  14 The organization's books are in care of ▶  14 The organization's books are in care of ▶  15 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  16 Yes, "enter the name of the foreign country ▶  17 Section 497(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  18 Section 497(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 99	<b>,</b>			38a	ĺ	K
39 Section 501(c)(7) organizations Enter a Intitation fees and capital contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4955 ▶  Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in any excess benefit transaction during the year, or did it engage in any excess benefit transaction during the year, or did it engage in any excess benefit transaction during the year, or did it engage in any excess benefit transaction of any of its prior Form 990 or 990-EZZ if "Res", "complete Schotide L, Part I  c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  1 List the states with which a copy of this return is filed ▶ MI  The organization's books are in care of ▶ THE CPA GROUP, P.C. Telephone no ▶ 616-538-1427 (ANAL AVE SW  Located at ▶ GRANDYLILE  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country ▶ Section 4917(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt cha	h			000		<u> </u>
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b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ is section 4955 ▶  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction on any of its prior Forms 990 or 990-E27   f*Yes,* complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 888-T  Lost the states with which a copy of this return is filed ▶  It est the states with which a copy of this return is filed ▶  All organizations books are in care of ▶ THE CPA GROUP, P.C. Telephone no ★ 267 CNNAL AVE SW  Located at ▶ GRANDVILLE  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accountry.  If "Yes," enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year   Ye  10 did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization persists one or more hospital facilities during the year? If "Yes," Form 990 must be completed inst		1				•
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a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside the U S ?  If "Yes," enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Ye  143  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d  45a  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45b  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	h				Yes	N
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Form 990-EZ (see instructions) 45b	45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the				-
Form 990-EZ (see instructions)		meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of				[
				45b		X
	DAA			Form 99	0-EZ	(201

<u>Form</u>	990-EZ (20	12)	WHITECAPS	COMMUNITY	FOUNDATION	<u> </u>	45-41	29451			_ F	age 4
46	Did the or	rganization	engage, directly o	r indirectly, in politica	il campaign activities o	on behalf of o	r ın oppositio	n			Yes	No
				" complete Schedule						46	<u>i                                    </u>	X
Pa	rt VI	All section 50 and 5	on 501(c)(3) orga 51		ruswer questions 47- to respond to any		•		ables for line	es		
			<del></del> _			-		_			Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II							47		x			
48	•			• 7	1)(A)(II)? If "Yes," com	•	ule E			49	$\rightarrow$	X
49a		•	•	•	=	ritable related organization?						X
p p			=	section 527 organiz		. 4 h. a. u. 4 h. a. u 460		+		49	<u> </u>	Щ.
50	•		-		ensated employees (on pensation from the or				•			
	employee	<del></del>	<del></del>	<del></del>	(b) Average		ortable		Ith benefits,	T		
			e and title of each em d more than \$100,00		hours per week devoted to position	compe	nsation /1099-MISC)	contribution benefit	ns to employee plans, and compensation	(e) Estima other co	ited amoi impensat	
NO	ONE											
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	-											
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f 51	Complete	this table			ensated independent	contractors w	ho each rece	eived more	 than			
			<del></del>	dent contractor paid mo			<b>(b)</b> Type	e of service		(c) Com	pensation	
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	Total num	nber of other	er independent cor	ntractors each receiv	ing over \$100,000	<u> </u>						
52		•		le A? <b>Note</b> All sections All s	n 501(c)(3) organizati dule A	ons and 4947	?(a)(1)			<b>▼</b> X Ye	es 🗀	No
Unde true, d	r penalties o	of perjury, I o	declare that I have ex Declaration of prepar	xamined this return, indeed the control of the cont	cluding accompanying so based on all information	chedules and s	statements, an eparer has any	nd to the bes	t of my knowled	ge and beli	ef, it is	
		<b>———</b>	"NN/	Sumbol	AR.							
Sigr Here	( N	Signature LEV		AMBERLIN I	II	PR	ESIDEN					
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Use _	Only	m's address 🕨		CANAL AVE	SW 49418				Phone no 6	516- <u>53</u>	8-04	60
May	the IRS dis	cuss this i	return with the prep	parer shown above?	See instructions					<b>▶</b> X		No
										Form 9	90-EZ	(2012)

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

# **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.

Reason for Public Charity Status (All organizations must complete this part.) See instructions

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WHITECAPS COMMUNITY FOUNDATION

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Employer identification number 45-4129451

1		A church, con	vention of churches, or ass	sociation of churches described in	section 1	70(b)(1)(	A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)												
3		A hospital or a	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical res	earch organization operate	d in conjunction with a hospital de	escribed in	section '	70(b)(1	)(A)(iii).	Enter th	ne hospi	ital's nar	ne,		
	ليبا		city, and state											
5		•		of a college or university owned or	r operated	by a gove	rnmenta	al unit de	scribed	m				
	لبيا	-	b)(1)(A)(iv). (Complete Par	•	•	, ,								
6		-	.,	governmental unit described in <b>se</b>	ction 170	b)(1)(A)(v	r).							
7	X		•	substantial part of its support from			•	n the ge	neral ou	iblic				
•					ii a goveiii	memar an		ii liic gc	iciai pu	iblic				
Ω		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	$\vdash$	•		1 77 77 7 7 7	•	-4		anabia fa		~~~~				
9				1) more than 33 1/3% of its suppo										
				npt functions—subject to certain e						ITS				
		• • •	•	nd unrelated business taxable inc	-		11 tax) fr	om busi	nesses					
			•	0, 1975 See <b>section 509(a)(2)</b> . (										
10	<u>  </u>	-	-	exclusively to test for public safety										
11		•	•	exclusively for the benefit of, to pe										
				ted organizations described in sec						tion				
		509(a)(3). Ch	eck the box that describes	the type of supporting organization	n and com	plete lines	11e thr	ough 11	h					
	_	a Type	<u> </u>	c Type III–Function			d				onally in	tegrate	ed .	
е		By checking th	nis box, I certify that the org	janization is not controlled directly	or indirect	tly by one	or more	disquali	fied per	sons				
		other than fou	indation managers and other	er than one or more publicly suppo	orted orga	nizations o	describe	d in sect	ion 509	(a)(1)				
		or section 509	9(a)(2)											
f		If the organiza	ation received a written dete	ermination from the IRS that it is a	Type I, Ty	/pe II, or T	ype III s	upportin	g					_
		organization, d	check this box											
g		Since August	17, 2006, has the organiza	ition accepted any gift or contribut	ion from a	ny of the								
•		following pers	sons?											
				ontrols, either alone or together w	th person	s describe	d in (ii) a	and					Yes	No
		• • •	v, the governing body of the	<u> </u>	•							11g(i)		
		` '	member of a person descri	• • •								11g(ii)		
			•	described in (i) or (ii) above?								11g(iii)		
h			• •	the supported organization(s)							,	· · · · ·		
	(I) Nam	ne of supported	(II) EIN	(III) Type of organization	(iv) is the	organization	(v) Did v	ou notify	(vi)	ls the	(vII) A	mount c	f monet	arv
		ganization	(n) Env	(described on lines 1-9		sted in your	the orga	nization in	organizat	ion in col	(****)	supp		,
				above or IRC section	governing document?			of your port?		zed in the S ?				
		1		(see instructions))	Yes	No	Yes	No	Yes	No				
/A\			<del></del>	<del> </del>	<del>                                     </del>	1.0								•
(A)		J			1	J		J						
/P\	-			<del> </del>	+	<del>                                     </del>		<del>                                     </del>	<del>                                     </del>					
(B)														
···			<del></del> _	<b>_</b>	+	<del> </del>		<del>                                     </del>	<del> </del>	$\vdash$				
(C)														
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(D)								j		]				
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 WHITECAPS COMMUNITY FOUNDATION

Page 2

45-4129451 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

_	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					76,552	76,552
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					76,552	76,5 <u>5</u> 2
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)		1		ļ		33,226
<u>6</u>	Public support. Subtract line 5 from line 4 tion B. Total Support		<u> </u>		<u> </u>	<u> </u>	43,326
	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	(a) 2000	(b) 2009	(6) 2010	(d) 2011	<del>                                     </del>	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					76,552	76,552
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					50,881	50,881
11	Total support. Add lines 7 through 10						127,433
12	Gross receipts from related activities, etc. (	see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						<u>▶</u> X
Sec	tion C. Computation of Public Su	pport Percent	tage				
14	Public support percentage for 2012 (line 6,	column (f) dıvıded	by line 11, column	<b>(f)</b> )		14	%_
15	Public support percentage from 2011 Schei	dule A, Part II, line	14			15	<u>%</u>
16a	33 1/3% support test—2012. If the organic	zation did not chec	k the box on line 13	l, and line 14 is 33	1/3% or more, che	ck this	
	box and stop here. The organization qualif	ies as a publicly su	ipported organization	n			▶ [_]
þ	33 1/3% support test—2011. If the organic				is 33 1/3% or more	),	. —
	check this box and stop here. The organization	•		=			▶ [_
17a	10%-facts-and-circumstances test—201	•					
	10% or more, and if the organization meets				-		
	Part IV how the organization meets the "fac	ts-and-circumstan	ces" test. The organ	nization qualifies as	s a publicly support	ed	▶ □
_	organization	4 1646	4.4		46h 47		
ь	10%-facts-and-circumstances test—201	•				ine	
	15 is 10% or more, and if the organization r				-	als s	
	Explain in Part IV how the organization mee	ns the Tacts-and-C	arcumstances test	The organization (	quaimes as a public	ان	▶ □
18	supported organization  Private foundation of the organization did	not check a how a	n line 13 160 16h	17a or 17h ohoo!	this hav and see		
	<b>Private foundation.</b> If the organization did instructions	HOLCHECK & DOX O	ı iiile 13, 10a, 10b,	ira, or iro, check	uns bux and see		▶ □

45-4129451

Page 3

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to	quality under the	ne tests listed b	elow, please c	omplete Part II	<u>)                                    </u>	
	tion A. Public Support	T	Γ=		1	T	<del></del>
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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				<u> </u>		
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						
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						
¢	Add lines 7a and 7b						<u> </u>
8	Public support (Subtract line 7c from line 6)		:				<u> </u>
	tion B. Total Support				<del> </del>		<del>,</del>
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6		ļ				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	ļ					
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	organization's first,	second, third, fourt	h, or fifth tax year a	is a section 501(c)	(3)	
	organization, check this box and stop here	-					▶ □
Sec	tion C. Computation of Public Su	ipport Percent	tage				
15	Public support percentage for 2012 (line 8,		•	(f))		15	%_
<u>16</u> _	Public support percentage from 2011 Sche					16	%
	tion D. Computation of Investme			<del></del>	<del></del>		
17	Investment income percentage for 2012 (In			olumn (f))		17	%
18	Investment income percentage from 2011	·				18_	%_
19a	33 1/3% support tests—2012. If the organ						, m
ь	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2011. If the organ	=	=				▶ [
-	line 18 is not more than 33 1/3%, check this						▶ □
20_	Private foundation. If the organization did	-	-				<b>&gt;</b> [

Schedule A (Form 990 or 990-EZ) 2012 WHITECAPS COMMUNITY FOUNDATION

45-4129451

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information. (See instructions)

### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding**

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, Ilnes 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ

See separate instructions.

OMB No 1545-0047

Open to Public Inspection

ame of the organization WHITECAPS COMMUNIT	Y FOUNDAT	ION			45-4129	
Fundraising Activities. Complete if Form 990-EZ filers are not required to	the organization complete this	n ans part	wer	ed "Yes" to Form 9	90, Part IV, line	17.
1 Indicate whether the organization raised funds through a	ny of the following a	activitie	s Ch	eck all that apply	·	,
a Mail solicitations	e Solicitation	of non	-gove	ernment grants		
b Internet and email solicitations	f Solicitation	of gov	ernm	ent grants		
c Phone solicitations	g Special fun	draisin	g eve	ents		
d In-person solicitations						
<ul> <li>Did the organization have a written or oral agreement wit or key employees listed in Form 990, Part VII) or entity in b if "Yes," list the ten highest paid individuals or entities (ful compensated at least \$5,000 by the organization</li> </ul>	connection with pr	ofessio	nal fu	indraising services?	draiser is to be	Yes No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund- raiser have custody or control of		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vI) Amount paid to (or retained by) organization
<del></del>		contribu			col (i)	
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
0						
otal			•			

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2012 WHITECAPS COMMUNITY FOUNDATION 45-4129451 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events WINTER BANQUET NONE (add col (a) through col (c)) (event type) (event type) (total number) Revenue 36,724 36,724 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 36,724 36,724 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 36,724 36,724 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? Yes b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain

Sche	edule G (Form 990 or 990-EZ) 2012 WHITECAPS COMMUNITY FOUNDATION 45-41	L29451			⊃age <b>3</b>
11	Does the organization operate gaming activities with nonmembers?			Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		_		_
	formed to administer charitable gaming?	1 1		Yes	No
13	Indicate the percentage of gaming activity operated in				
а	The organization's facility	13a			<del></del> %_
b	An outside facility	13b			%_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records				
	Name ▶				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	I		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	'	_		
	amount of gaming revenue retained by the third party ▶ \$				
c	If "Yes," enter name and address of the third party				
	Name ►				
	Address ▶				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		_		
	retain the state gaming license?			Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or				
<u> </u>	spent in the organization's own exempt activities during the tax year > \$	line 2h			
rar	Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also columns	nne zu, omplete :	thic		
	part to provide any additional information (see instructions).	ompiete :	uns		
	part to provide any additional information (See instructions).				

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

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

OMB No 1545-0047

Name of the organization

WHITECAPS COMMUNITY FOUNDATION

Employer Identification number 45-4129451

WHITECAPS COMMUNITY	FOUNDATION	45-4129451
FORM 990-EZ, PART I, LINE 10 -	GRANTS/SIMILAR	AMTS PAID TO ORGANIZATIONS
NAME AND ADDRESS	CLASS OF A	ACTIVITY DATE OF GIFT
	DESC. OF P	ROPERTY
	CASH CONTR	RIB. NONCASH CONTRIB.
	BOOK VALUE	BV EXPL. FMV EXPL.
RONALD MC DONALD HOUSE		07/26/2012
1323 CEDAR N.E.		
GRAND RAPIDS, MI 49503	\$ 5,	222 \$ 0
	\$	0
DETROIT TIGERS FOUNDATION		02/09/2012
2100 WOODWARD AVE		
DETROIT, MI 48201	\$ 9,	000 \$ 0
	\$	0
YMCA OF GRAND RAPIDS		05/26/2012
475 LAKE MICHIGAN DR.		
GRAND RAPIDS, MI 49504	\$ 33,	500 \$ 0
	\$	0
FORM 990-EZ, PART I, LINE 16 -	OTHER EXPENSES	
DESCRIPTION	AMOUNT	!
EXPENSES		
SALES EXPENSES	\$	241
ADVERTISING	\$	339
BANK SERVICE CHARGES	\$	99
OFFICE EXPENSES	\$ 1,	776

Name of the organization	HITECAPS COMMUNITY	Y FOUNDATI	ON	Employer identification number 45-4129451	
POSTAGE		\$	136		
READING C	LUB EXPENSES	\$	7,283		
YOUTH CLI	NIC EXPENSES	\$	3,961		
TICKETS &	FOOD	\$	945		
MERCHANDI	SE	\$	2,253		
APPEARANC	E FEES	\$	2,835		
BIG BUDDY	EXP	\$	97		
INDIRECT	BANQUET	\$	9,182		
		TOTAL \$	29,147		

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION BEG. OF YEAR END OF YEAR

ACCOUNTS PAYABLE AND ACCRUED EXPENSES \$ 0 \$ 410

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

THE ORGANIZATION PLANS TO ENGAGE IN A NUMBER OF CHARITABLE ACTIVITIES.

ITS VARIOUS ACTIVITIES WILL INCLUDE TEACHING CHILDREN THE BASIC

FUNDAMENTALS OF THE GAME OF BASEBALL, SPONSORSHIP OF A READING CLUB IN

CONJUCTION WITH LOCAL ELEMENTARY SCHOOLS IN THE GREATER WEST MICHIGAN AREA

AND MAKING GRANTS TO OTHER NONPROFIT, IRC SEC 501(C)(3) ORGANIZATIONS.

THESE ACTIVITIES TEACH SPORTSMANSHIP AND THE POSITIVE VALUES OF RESPECT,

RESPONSIBILITY, HONESTY AND CARING AND TO BOLSTER CHILDRENS READING

ABILITIES.

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT

ORGANIZE MANAGEMENT OF AN ANNUAL YOUTH BASEBALL CLINIC. THIS CLINIC, WHICH

IS IN THE NATURE OF A TWO-DAY CAMP (DAY CAMP) WILL BE DESIGNED TO GIVE

WHITECAPS COMMUNITY FOUNDATION

Employer Identification number 45-4129451

CHILDREN INSTRUCTION AND TRAINING IN THE BASIC FUNDAMENTALS OF THE GAME OF BASEBALL. THE PROGRAM ALSO TEACHES SPORTSMANSHIP AND THE POSITIVE VALUES OF RESPECT, RESPONSIBILITY HONESTY AND CARING. THIS CLINC WILL BE TAUGHT BY VOLUNTEER COACHES AND BASEBALL PLAYERS FROM THE EST MICHIGAN WHITECAPS, A PROFESSIONAL BASEBALL TEAM THAT IS PART OF THE DTEROIT TIGERS FEEDER PROGRAM. THE CLINIC WILL BE TARGETED AT CHILDREN AGES 8 THROUGH 12 WITH A CAPACITY OF APPROXIMATELY 60-80 CHILDREN.

FORM 990-EZ, PART III, LINE 29 - SECOND ACCOMPLISHMENT

SPONSORSHIP OF A READING CLUB IN CONJUCTION WITH LOCAL ELEMENTARY SCHOOLS

IN THE GREATER WEST MICHIGAN AREA. THE PROGR4AM ENCOURAGES CHILDREN TO

READ A MINIMUM OF FIFTEEN MINUTES PER DAY DURING THE MONTH OF MARCH

(READING MONTH). THE PROGRAM WILL BE RUN IN CONJUCTION WITH THE TEACHERS

OF LOCAL ELEMENTARY SCHOOLS IN THE AREA. IN ADDITION, THE ORGANIZATION

WILL PROVIDE BOOKMARKS AND OTHER RELATED MATERIALS TO ASSIST THE TEACHERS

IN PROMOTING THIS READING PROGRAM.

FORM 990-EZ, PART III, LINE 30 - THIRD ACCOMPLISHMENT

MAKE GRANTS TO OTHER NONPROFIT, IRC 501(C)(3) ORGANIZATIONS. ONE OF THE

PRIMARY RECIPIENTS OF THESE GRANTS IS EXPECTED TO BE THE YMCA INNER CITY

YOUTH BASEBALL/SOFTBALL PROGRAM. TO SUPPORT THESE GRANTS, THE ORGANIZATION

PLANS TO ORGANIZE AND SPONSOR AN ANNUAL BANGUET (AS A FUND RAISER), AND TO

ALSO ORGANIZE AND MANAGE 50-50 RAFFLES AT VARIOUS WHITECAPS BALLGAMES.