Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **Do not enter Social Security numbers on this form as it may be made public. By law, the IRS cannot redact the information on the form.**

▶ **Information about Form 990-PF and its instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2013

Open to Public Inspection

For calendar year 2013, or tax year beginning 01-01-2013 , and ending 12-31-2013

Name of foundation
ROBERT & JEANINE DAGENAIS FOUNDATIO

A Employer identification number
38-3195426

Number and street (or P O box number if mail is not delivered to street address)
1505 NO LINCOLN ROAD

Room/suite

B Telephone number (see instructions)

City or town, state or province, country, and ZIP or foreign postal code
Escanaba, MI 49829

C If exemption application is pending, check here ▶ ☐

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

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)*▶$ 1,952,104

J Accounting method ☑ Cash ☐ Accrual
☐ Other (specify) ______
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

Section	Line	Description	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	124,100			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	931	931		
	4	Dividends and interest from securities	44,591	44,591		
	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	169,622	45,522		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc				
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)	10,378	5,189		5,189
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	632			
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications	1,269			1,269
	23	Other expenses (attach schedule)	20			20
	24	**Total operating and administrative expenses.** Add lines 13 through 23	12,299	5,189		6,478
	25	Contributions, gifts, grants paid	102,775			102,775
	26	**Total expenses and disbursements.** Add lines 24 and 25	115,074	5,189		109,253
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	54,548			
	b	**Net investment income** (if negative, enter -0-)		40,333		
	c	**Adjusted net income** (if negative, enter -0-)			0	

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	422,859	259,407	259,407
	3	Accounts receivable ▶ Less allowance for doubtful accounts ▶			
	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 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)	153,000	168,000	244,608
	c	Investments—corporate bonds (attach schedule)	1,312,499	1,521,499	1,448,089
	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	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	1,888,358	1,948,906	1,952,104
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	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	**Total liabilities** (add lines 17 through 22)	0	0	
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here** ▶ ☐ **and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☑ **and complete lines 27 through 31.**			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	1,888,358	1,948,906	
	30	**Total net assets or fund balances** (see page 17 of the instructions)	1,888,358	1,948,906	
	31	**Total liabilities and net assets/fund balances** (see page 17 of the instructions)	1,888,358	1,948,906	

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	1,888,358
2	Enter amount from Part I, line 27a	2	54,548
3	Other increases not included in line 2 (itemize) ▶	3	6,000
4	Add lines 1, 2, and 3	4	1,948,906
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	1,948,906

Part IV Capital Gains and Losses for Tax on Investment Income

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

	(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			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(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	
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 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))
2012	93,171	1,740,049	0 053545
2011	86,690	1,577,443	0 054956
2010	72,841	1,439,129	0 050615
2009	66,136	1,322,314	0 050015
2008	57,970	1,131,003	0 051255

2	**Total** of line 1, column (d).	2	0 260386
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 052077
4	Enter the net value of noncharitable-use assets for 2013 from Part X, line 5.	4	1,882,033
5	Multiply line 4 by line 3.	5	98,011
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	403
7	Add lines 5 and 6.	7	98,414
8	Enter qualifying distributions from Part XII, line 4.	8	109,253

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

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 ▶ ☐ and enter "N/A" on line 1 Date of ruling or determination letter ________ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	403
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	403
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	403
6	Credits/Payments		
a	2013 estimated tax payments and 2012 overpayment credited to 2013 — 6a — 580		
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	580
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	177
11	Enter the amount of line 10 to be **Credited to 2014 estimated tax** ▶ 177 **Refunded** ▶	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?	1a		No
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)?	1b		No
	If the answer is "Yes" to ***1a*** *or* ***1b,*** *attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ ________ **(2)** On foundation managers ▶ $ ________			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ ________			
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.*	2		No
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*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
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?	6	Yes	
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.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶MI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b	Yes	
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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

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

		Line	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶

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 |

		Line	Yes	No
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country ▶			

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

		Line	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013?	1c		No
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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2013 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 2013.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2013?	4b		No

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 instructions) ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?	**5b**		No
	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**		No
	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 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 ESCANABA, MI 49829	PRESIDENT 3 00	0	0	0
MATTHEW A DAGENAIS 5636 28TH LANE BRAMPTON, MI 49837	TRUSTEE 1 00	0	0	0
PAUL R DAGENAIS E5153 M35 ESCANABA, MI 49829	TRUSTEE 1 00	0	0	0
TIMOTHY R DAGENAIS 4152 12TH RD Escanaba, MI 49829	TRUSTEE 1 00	0	0	0

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

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

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

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** ***(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

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

Total number of others receiving over $50,000 for professional services. . . . . ▶

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 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 instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	1,707,856
b	Average of monthly cash balances	1b	202,837
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	1,910,693
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,910,693
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	28,660
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,882,033
6	**Minimum investment return.** Enter 5% of line 5	6	94,102

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

1	Minimum investment return from Part X, line 6			1	94,102
2a	Tax on investment income for 2013 from Part VI, line 5	2a	403		
b	Income tax for 2013 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	403
3	Distributable amount before adjustments Subtract line 2c from line 1			3	93,699
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	93,699
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	93,699

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	109,253
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	109,253
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	403
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	108,850

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

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7					93,699
2 Undistributed income, if any, as of the end of 2013					
a Enter amount for 2012 only.					
b Total for prior years 20___ , 20___ , 20___					
3 Excess distributions carryover, if any, to 2013					
a From 2008.	612				
b From 2009.	464				
c From 2010.					
d From 2011.	8,343				
e From 2012.	6,746				
f **Total** of lines 3a through e.		16,165			
4 Qualifying distributions for 2013 from Part XII, line 4 ▶ $ 109,253					
a Applied to 2012, but not more than line 2a					
b Applied to undistributed income of prior years (Election required—see instructions).					
c Treated as distributions out of corpus (Election required—see instructions).					
d Applied to 2013 distributable amount.					93,699
e Remaining amount distributed out of corpus		15,554			
5 Excess distributions carryover applied to 2013					
(If an amount appears in column (d), the same amount must be shown in column (a).)					
6 **Enter the net total of each column as indicated below:**					
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		31,719			
b Prior years' undistributed income Subtract line 4b from line 2b					
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.					
d Subtract line 6c from line 6b Taxable amount —see instructions					
e Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount—see instructions					
f Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014					0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)					
8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) . . .		612			
9 **Excess distributions carryover to 2014.** Subtract lines 7 and 8 from line 6a		31,107			
10 Analysis of line 9					
a Excess from 2009. . . .	464				
b Excess from 2010. . . .					
c Excess from 2011. . . .	8,343				
d Excess from 2012. . . .	6,746				
e Excess from 2013. . . .	15,554				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling. . . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2013	**(b)** 2012	**(c)** 2011	**(d)** 2010	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
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 organization had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

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

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 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

See Additional Data Table

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

See Additional Data Table

c Any submission deadlines

See Additional Data Table

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

See Additional Data Table

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* See Additional Data Table				
Total . . . . ▶ **3a**				102,775
b *Approved for future payment*				
Total . . . . ▶ **3b**				0

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)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
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	931	
4 Dividends and interest from securities. . . .			14	44,591	
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). .				45,522	

13 Total. Add line 12, columns (b), (d), and (e). 13 45,522

(See worksheet in line 13 instructions 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 instructions)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

b If "Yes," complete the following schedule

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

Sign Here

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

****** | 2014-04-25 | ******

Signature of officer or trustee | Date | Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed	PTIN
DALE M FORD		2014-04-24	☐	P01244641

Firm's name ▶ DALE M FORD CPA PC — Firm's EIN ▶ 38-2378770

Firm's address ▶ 1505 NO LINCOLN RD Escanaba, MI 49829 — Phone no (906)786-1600

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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

JEANINE DAGENAIS
1505 NO LINCOLN ROAD
ESCANABA, MI 49829
(906) 786-1600

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

SEE GRANT APPLICATION ATTACHED

c Any submission deadlines

NO DEADLINES

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

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

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

JEANINE DAGENAIS
1505 NO LINCOLN ROAD
Escanaba, MI 49829
(906) 786-1600

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

SEE SCHOLARSHIP APPLICATION ATTACHED

c Any submission deadlines

MARCH 31 ANNUALLY

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

SEE PROGRAM DESCRIPTION ATTACHED

Form 990PF Part XV Line 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*				
JUNIOR ACHIEVEMENT 600 LUDINGTON STREET Escanaba, MI 49829	NONE	PC	SPONSOR YOUTH PROGRAM CLASSES	500
GLADSTONE SCHOLARSHIPLOAN PROGRAM PO BOX 135 Gladstone, MI 49837	NONE	PC	INTEREST FREE COLLEGE STUDENT LOAN PROGRAM	1,000
YMCA OF DELTA COUNTY 2001 NO LINCOLN RD Escanaba, MI 49829	NONE	PC	SCHOLARSHIPS FOR STRONG KIDS CAMPAIGN	1,500
AMERICAN CANCER SOCIETY 1480 W CENTER RD Essexville, MI 48732	NONE	PC	RELAY FOR LIFE FUND RAISER FOR MARQUETTE COUNTY	500
MARQUETTE BMX RACETRACK 910 HAWLEY STREET Marquette, MI 49855	NONE	PC	CONSTRUCT NEW RACE TRACK FOR YOUTH PROGRAM	500
YMCA OF MARQUETTE COUNTY 1420 PINE STREET Marquette, MI 49855	NONE	PC	COMMMUNITY BENEFIT CAMPAIGN FOR YOUTH SCHOLARSHIPS	600
GLADSTONE AREA SCHOOLS 2100 HWY M35 Gladstone, MI 49837	NONE	PC	NEW SCOREBOARD FOR HIGH SCHOOL SOFTBALL PROGRAM	4,500
WILLIAM BONIFAS FINE ARTS CENTER 700 1ST AVE SO Escanaba, MI 49829	NONE	PC	DEVELOPMENT OF NEW PROGRAMS FOR AREA YOUTH	2,000
SPORTSMENS OFFROAD VEHICLE ASSN 2425 LUDINGTON STREET Escanaba, MI 49829	NONE	PC	SAFE AND ETHICAL USE OF OFF ROAD RIDING FOR YOUTH	2,500
EASTERN DICKINSON SPORTSMANS CLUB W4283 WASHINGTON ST Felch, MI 49831	NONE	PC	YOUTH FISHING PROGRAM	500
CLEAR LAKE EDUCATION CENTER 2525 3RD AVE SO Escanaba, MI 49829	NONE	PC	SCHOLARSHIPS FOR YOUTH CAMP	1,000
BAY DE NOC COMMUNITY COLLEGE 2001 NO LINCOLN RD Escanaba, MI 49829	NONE	PC	STRINGS ON THE BAY CONCERT	100
ESCANABA LIGHTHOUSE 1615 LAKE SHORE DRIVE Escanaba, MI 49829	NONE	PC	5K RUN FUNDRAISER TO SUPPORT LIGHTHOUSE	100
NAH TAH WAHSH PUBLIC SCHOOL N14911 HANNAHVILLE ROAD Wilson, MI 49896	NONE	PC	KEN POND MEMORIAL SCHOLARSHIP GOLF OUTING	100
TEEN SERVE W5539 HWY M69 Felch, MI 49831	NONE	PC	SUPPLIES FOR TEEN WORK CAMP TO HELP NEEDY FAMILIES	200
Total . . . . ▶ **3a**				102,775

Form 990PF Part XV Line 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*				
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET Atlanta, GA 30303	NONE	PC	ALGER COUNTY RELAY FOR LIFE FUNDRAISER	1,000
BAY DE NOC COLLEGE FOUNDATION 2001 NO LINCOLN RD Escanaba, MI 49829	NONE	PC	GOLDEN GALA FUND RAISER FOR STUDENT SUCCESS	1,000
PATHWAYS 2820 COLLEGE AVE Escanaba, MI 49829	NONE	PC	UP STATE FAIR PASSES FOR YOUTH	150
WELLS SPORTS COMPLEX 1647 174 RD Escanaba, MI 49829	NONE	PC	PURCHASE NEW ICE RINK EQUIPMENT FOR YOUTH HOCKEY	20,000
COMM FOUND FOR UP HONOR FLIGHT 2500 7TH AVE SO Escanaba, MI 49829	NONE	PC	TRAVEL EXP FOR WASH DC TRIP FOR MILITARY VETERANS	500
DELTA COUNTY SEARCH AND RESCUE 111 NO 3RD STREET Escanaba, MI 49829	NONE	PC	PURCHASE 10 VHF PAGER RADIOS FOR PROGRAM	4,000
ESKYMO BLUE LINE HOCKEY CLUB PO BOX 1 Escanaba, MI 49829	NONE	PC	FUNDRAISER FOR HIGH SCHOOL HOCKEY CLUB	1,000
CARE FREE DENTAL CLINIC 429 SO LINCOLN RD Escanaba, MI 49829	NONE	PC	FUNDRAISER FOR CLINIC PROVIDING FREE DENTAL CARE	1,000
UP DOWNS SYNDROME ASSOC PO BOX 843 Escanaba, MI 49829	NONE	PC	ANNUAL BUDDY WALK FUNDRAISER	500
LUTHERAN SOCIAL SERVICES 1029 NO 3RD STREET Marquette, MI 49855	NONE	PC	VOICES FOR YOUTH PROGRAM IN UP OF MICHIGAN	7,000
SPOTLIGHTS PO BOX 965 Escanaba, MI 49829	NONE	PC	FUNDRAISER FOR ESCANABA SCHOOLS PERFORMING ARTS PR	500
EAHS GYMNASTICS 500 SO LINCOLN ROAD Escanaba, MI 49829	NONE	PC	SUPPORT HIGH SCHOOL GYMNASTICS PROGRAM	5,000
GENERAL FEDERATION WOMANS CLUB PO BOX 41 Escanaba, MI 49829	NONE	PC	ANNUAL FUNRAISER FOR NEEDY CHILDREN	1,000
FOSTER GRNDPARENTS PROGRAM 5569 D RD Bark River, MI 49807	NONE	PC	VOLUNTEERS PROGRAM TO SERVE KIDS WITH SPECNEEDS	150
OSF HOSPITAL FOUNDATION 3409 LUDINGTON STREET Escanaba, MI 49829	NONE	PC	WOMEN IN PHILANTHROPY PROGRAM TO PUR EQUIP	1,150
Total . . . . ▶ **3a**				102,775

Form 990PF Part XV Line 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*				
GLADSTONE HIGH SCHOOL BB BOOSTERS PO BOX 302 Gladstone, MI 49837	NONE	PC	SUPPORT HIGH SCHOOL BASEBALL PROGRAM	1,000
AMATEUR ATHLETIC UNION 5268 12TH RD Escanaba, MI 49829	NONE	PC	SUPPORT TRAVEL BASKETBALL TEAM ESCANABA INFERNO	50
HOLY NAME SCHOOL 409 SO 22ND STREET Escanaba, MI 49829	NONE	PC	SUPPORT LOCAL SCHOOL CLASS TRIP	75
BIG BAY DE NOC SCHOOL 8928 025 ROAD Cooks, MI 49817	NONE	PC	PLAYGROUND EQUIPMENT	2,000
ESCANABA AREA PUBLIC SCHOOLS 500 SO LINCOLN ROAD Escanaba, MI 49829	NONE	PC	PROVIDE CLOTHESBODY CARE PRODUCTS TO NEED	2,500
BAY DE NOC CHORAL SOCIETY 2543 LAKE SHORE DRIVE Escanaba, MI 49829	NONE	PC	SUPPORT MUSIC PROGRAM	100
SALVATION ARMY 1009 WEST BARAGA Marquette, MI 49855	NONE	PC	FOOD PANTRY	2,000
SALVATION ARMY 1401 SO CARPENTER AVE Iron Mountain, MI 49801	NONE	PC	FOOD PANTRY	1,000
SALVATION ARMY 80 WEST RUSSEL STREET Marinette, WI 54143	NONE	PC	FOOD PANTRY	1,000
SALVATION ARMY PO BOX 804 Escanaba, MI 49829	NONE	PC	FOOD PANTRY	3,000
SPECIAL OLYMPICS PO BOX 275 Wells, MI 49894	NONE	PC	TRIM A TREE FUNDRAISER	500
MDS COMMUNITY ACTION AGENCY 507 1ST AVE SO Escanaba, MI 49829	NONE	PC	SUPPORT ADULT CARE CENTER	500
DELTA HALF WAY HOUSE 1500 NO 19TH STREET Escanaba, MI 49829	NONE	PC	PURCHASE FURNACE FOR BUILDING	500
MICHIGAN TECH UNIVERSITY 1400 TOWNSEND DRIVE Houghton, MI 49931	NONE	PC	EMPLOYEE SCHOLARSHIP PROGRAM	4,000
NORTHERN MICHIGAN UNIVERSITY 1401 PRESQUE ISLE DRIVE Marquette, MI 49855	NONE	PC	EMPLOYEE SCHOLARSHIP PROGRAM	7,000
Total . . . . ▶ 3a				102,775

Form 990PF Part XV Line 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*				
WESTERN MICHIGAN UNIVERSITY 1903 W MICHIGAN AVE Kalamazoo, MI 49008	NONE	PC	EMPLOYEE SCHOLARSHIP PROGRAM	3,000
ST NORBERTS COLLEGE 100 GRANT STREET De Pere, WI 54115	NONE	PC	EMPLOYEE SCHOLARSHIP PROGRAM	4,000
CENTRAL MICHIGAN UNIVERSITY 1200 SO FRANKLIN ST Mount Pleasant, MI 48859	NONE	PC	EMPLOYEE SCHOLARSHIP PROGRAM	3,000
FERRIS STATE UNIVERSITY 1201 SO STATE STREET Big Rapids, MI 49307	NONE	PC	EMPLOYEE SCHOLARSHIP PROGRAM	4,000
UNIVERSITY OF WISCONSIN 702 W JOHNSON STREET Madison, WI 53715	NONE	PC	EMPLOYEE SCHOLARSHIP PROGRAM	4,000
Total . . . . ▶ **3a**				102,775

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

OMB No 1545-0047

2013

Name of the organization
ROBERT & JEANINE DAGENAIS FOUNDATIO

Employer identification number
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 foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $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 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, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For 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 total 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 its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
ROBERT & JEANINE DAGENAIS FOUNDATIO

Employer identification number
38-3195426

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JDPD INC dba 501 STEPHENSON AVE ESCANABA, MI 49829	$ 17,240	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
3	FIRST BANK UPPER MICH 1400 DELTA AVE GLADSTONE, MI 49837	$ 100,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
4	TRD GROUP INC dba 1419 LUDINGTON STREET Escanaba, MI 49829	$ 6,860	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization
ROBERT & JEANINE DAGENAIS FOUNDATIO

Employer identification number
38-3195426

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

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

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

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

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

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

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

Name of organization
ROBERT & JEANINE DAGENAIS FOUNDATIO

Employer identification number
38-3195426

Part III ***Exclusively*** **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year.** Complete columns **(a)** through **(e) and** the following line entry
For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **$1,000 or less** for the year (Enter this information once See instructions) ▶ $
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

TY 2013 Investments Corporate Bonds Schedule

Name: ROBERT & JEANINE DAGENAIS FOUNDATIO

EIN: 38-3195426

Name of Bond	End of Year Book Value	End of Year Fair Market Value
DFA INVT DIMENSIONS GROUP INC	67,999	67,807
DFA 5 YR GLOBAL BD FD	304,500	294,283
PIMCO TOTAL RETURN	302,500	291,294
VANGUARD BD INDEX FD INC	294,500	276,438
VANGUARD FIXED INC SERIES F	297,500	276,651
VANGUARD INTERMED TERM TREASUR	254,500	241,616

TY 2013 Investments Corporate Stock Schedule

Name: ROBERT & JEANINE DAGENAIS FOUNDATIO

EIN: 38-3195426

Name of Stock	End of Year Book Value	End of Year Fair Market Value
DIMENSIONSAL INVT GRP INC GLB	153,000	230,054
VANGUARD SPEC PORT REIT IDX	15,000	14,554

TY 2013 Other Expenses Schedule

Name: ROBERT & JEANINE DAGENAIS FOUNDATIO

EIN: 38-3195426

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MICH ANNUAL REPORT FEE	20	0	0	20

TY 2013 Other Increases Schedule

Name: ROBERT & JEANINE DAGENAIS FOUNDATIO

EIN: 38-3195426

Description	Amount
PRIOR YEAR GRANTS RETURNED	6,000

TY 2013 Other Professional Fees Schedule

Name: ROBERT & JEANINE DAGENAIS FOUNDATIO

EIN: 38-3195426

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	10,378	5,189	0	5,189

TY 2013 Taxes Schedule

Name: ROBERT & JEANINE DAGENAIS FOUNDATIO

EIN: 38-3195426

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX ON INVESTMENT INCOM	632	0	0	0

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)	$__________		$__________
Total amount requested	$__________	**Total project expenses**	$__________

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.

	Committed	*Pending*
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

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 ______________

5892327 105768/049782

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):

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):

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)

SCHOLARSHIPS, GRANTS, ETC.:

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

AWARDS AND HONORS:

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

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).

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 reposing, 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.