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

	- 01	-0161	iuar year 2013 or tax year beginning			, and ending		
	Nar	ne of	foundation				A Employer identification	number
	В	EN	JAMIN & MARION BI	REGI FO	UNDATION		38-3507162	
	Nun	nber a	and street (or P O box number if mail is not o	B Telephone number				
	5	00	WOODWARD AVENUE	, SUITE	2500		313-961-02	00
•	City	orte	own, state or province, country, and z				C If exemption application is p	
	D	ET.	ROIT, MI 48226					
1	G C	heck	all that apply Initial retu	rn	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
			Final retur	'n	Amended return		2 5	
			Address c		Name change		Foreign organizations me check here and attach co	emputation
	<u> </u>	_			kempt private foundation		E If private foundation sta	tus was terminated
	<u> </u>		ction 4947(a)(1) nonexempt charitab		Other taxable private found		under section 507(b)(1)	(A), check here
			arket value of all assets at end of year			Accrual	F If the foundation is in a	60-month termination
			Part II, col. (c), line 16)		ther (specify)	 	under section 507(b)(1)	(B), check here
1	>				mn (d) must be on cash			·
l	Pa	irt i	Analysis of Revenue and Expense (The total of amounts in columns (b), (c), a necessarily equal the amounts in column	S and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(0) Disbursements for chantable purposes
						IIICOIII c	income	(cash basis only)
		1	Contributions, gifts, grants, etc., rec		25000.			
		2	Check If the foundation is not required Interest on savings and temporary	to attach Sch B				· · · · · · · · · · · · · · · · · · ·
		3	cash investments		8201.	8201.	9201	Statement 1
			Dividends and interest from securities Gross rents	15	0201.	0201.	0201.	pracement 1
4			Net rental income or (loss)					
2 3 2014	_	_	Net gain or (loss) from sale of assets not or	line 10	17533.	manditti ii ii iddeli	· · · · · · · · · · · · · · · · · · ·	**************************************
	Revenue	b	. ,	74203.				
8	eve	7	Capital gain net income (from Part IV, line 2			17533.	**************************************	**************************************
MAY	Œ	8	Net short-term capital gain				N/A	
Ì		9	Income modifications					
		10a	Gross sales less returns and allowances					
SCANNED			Less Cost of goods sold	-				
Ź			Gross profit or (loss)		140			Lighter or miles the measure
Š		11	Other income		148. 50882.	148.		Statement 2
SS.		12	Total. Add lines 1 through 11		0.	25882 · 0 ·		
		13 14	Compensation of officers, directors, trusted Other employee salaries and wages	≋s, etc	0.		0.	0.
		15	Pension plans, employee benefits					
	es			tmt 3	5176.	5176.	0.	0.
	ens		Accounting fees					
	쯌			tmt 4	4356.	4356.	0.	0.
	<u>8</u>	17	Interest					
	trat	18	Taxes					
	nis	19	Depreciation and depletion					
	Ē	20	Occupancy					
	¥ p	21	Travel, conferences, and meetings		7512.	7512.	0.	0.
	a	22	Printing and publications					
	ting	23	Other expenses				RECEIVE	
	Operating and Administrative Expenses	24	Total operating and administrative expenses Add lines 13 through 23		17044.	17044		1 8
	Q	25	Contributions, gifts, grants paid		25250.	1/044	MAY 1 6 2014	0. 9 25250.
			Total expenses and disbursements	_	2,2,50.	·	1 70 7014	
			Add lines 24 and 25	•	42294.	17044.	OGDEN OF	25250.
•		27	Subtract line 26 from line 12				TYPEN, UT	23230.
		a	Excess of revenue over expenses and disb	ursements	8588.		The state of the s	- I
			Net investment income (if negative, er			8838.		
		C	Adjusted net income (if negative, enter	· -0-)	,		8349.	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2013)

(a) List and desc	and Losses for Tax on Ir ribe the kind(s) of property sold (e g arehouse, or common stock, 200 sh	, real estate,		(b) How acqu P - Purcha D - Donati	ise i ''	c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a COMERICA BANK				P	- + -		
b COMERICA BANK				P			
C							
d							
е							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (loss (e) plus (f) minus	(g)
a 28783.			2933				
b 45420.			2733	8.			18082.
C							
d		<u></u>					
8	•						· · · · · · · · · · · · · · · · · · ·
Complete only for assets showing	ng gain in column (h) and owned by	the foundation	on 12/31/69		(1) (Gains (Col. (h) gain	minus
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (ı) col (ı), ıf any		col (I	k), but not less that Losses (from col. (n -0-) ar
a		· · · · · · · · · · · · · · · · · · ·					-549.
b							18082.
C		· · · · · · · · · · · · · · · · · · ·		 			
d			·				
		 					
8	L	<u> </u>		$\overline{}$			
2 Capital gain net income or (net ca	apital loss)	r in Part I, line ')- in Part I, line	7 7	} 2			17533.
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) ar	nd (6)					
If gain, also enter in Part I, line 8,							
If (loss), enter -0- in Part I, line 8 Part V Qualification U	Inder Section 4940(e) for			<u> </u>			-549.
If section 4940(d)(2) applies, leave to was the foundation liable for the sect of "Yes," the foundation does not quarter than the section of	tion 4942 tax on the distributable am	omplete this pa	rt				Yes X No
	each column for each year, see the I	nstructions bet	fore making any en	tries		,	74\
(a) Base penod years Calendar year (or tax year beginni			Net value of non			Distrit (col (b) div	(d) oution ratio vided by col (c))
2012		21430.	·		0608.		.061122
2011		22500.			3895.		.063578
2010		21500.			3273.		.062632
2009		18953.	<u>_</u>		8775.		.063436
2008		18000.		39	2204.		.045894
2 Total of line 1, column (d)						2	.296662
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 existe	nce if less than 5 years					3	.059332
4 F. M A. J		b F					265452
4 Enter the net value of noncharitat	ole-use assets for 2013 from Part X,	line 5				4	365458
5 Multiply line 4 by line 3						_5	21683.
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)					6	88.
7 Add lines 5 and 6						7	21771
8 Enter qualifying distributions from	n Part XII, line 4					8	25250
· · · · · ·	n line 7, check the box in Part VI, line	e 1b, and comp	elete that part using	a 1% tax rat	e		

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see i	nstru	ctio	ns)
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%	1				88.
	of Part I, line 27b					
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				88.
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	ļ			88.
5	Credits/Payments					
	2013 estimated tax payments and 2012 overpayment credited to 2013 Example foreign a recognization and 2012 overpayment credited to 2013					
	Exempt foreign organizations - tax withheld at source Tax paid with application for extension of time to file (Form 8868) 6c					
	Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld 6d 6d					
	Total credits and payments. Add lines 6a through 6d	7	1			0.
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	<u> </u>			88.
_	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ Refunded ▶	11				
	rt VII-A Statements Regarding Activities		<u></u>			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	iu			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or				
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ► \$ O . (2) On foundation managers. ► \$ O .					
9	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers > \$0.					v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
2	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or					
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	"		3		х
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		 -
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law				
	remain in the governing instrument?			6	X	ļ
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	X	ļ
	N. Wana			ŀ		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	-				
	If the appropriate Verification 7, here the foundation formulation are self-time 000 PFA-At-Attack.					
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			0.	v	
n	of each state as required by General Instruction G? If "No," attach explanation	nda-		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV	iiuaf		9		Х
10	Did any persons become substantial contributors during the tay year? If the a separative lights they seems and addresses			10	-	X

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Pa	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileg	ies?		
	If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	Х
	Website address ► N/A		1	
14	The books are in care of ► NANCY BREGI WARREN Telephone no ►			
17		4 ▶49686	<u> </u>	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	4 13000		
10	·	i N	I/A	ш
16	 	<u>.</u>	_	Al-
10	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,	مد ا	Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign			
D.	country	<u> </u>		
Г	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):	·		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	≦ No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No		ĺ
	(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)?	<u> </u>		
	(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)	√ 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 instructions)?	1b		Х
	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?	10	1	Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
_	before 2013?	₹ No		
	If "Yes," list the years ►			
h	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			
		N/A 2b	1	}
	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	1/ 21 20	-	
·				
3-	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
Ja	during the year?	77 N.		
1.		שו שו		ĺ
0	of "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	3		
	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,			
_	·	N/A <u>3b</u>	-	
	Did the foundation invest during the year any amount 'n a manner that would jeopardize its charitable purposes?	<u>4a</u>	<u> </u>	X
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	İ		
	had not been removed from jeopardy before the first day of the tax year beginning in 2013?	46	1	X

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Part VII-B Statements Regarding Activities for Which		Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to			<u> </u>	
(1) Carry on propaganda, or otherwise attempt to influence legislation (sect	ion 4945(e)\?		es X No	
(2) Influence the outcome of any specific public election (see section 4955)	• • •			
any voter registration drive?	, or to ourly on, oncomy or many		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purpos	ac?		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization		· · · · · ·	28 (22) 140	
509(a)(1), (2), or (3), or section 4940(d)(2)?	uon described ili section		es X No	
	n, or advectional numbers or a		S LALINU	
(5) Provide for any purpose other than religious, charitable, scientific, literal	ry, or educational purposes, or i		es X No	
the prevention of cruelty to children or animals?			S LA NO	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u		in Regulations	NT / 70	-
section 53 4945 or in a current notice regarding disaster assistance (see ins	•		N/A	5b
Organizations relying on a current notice regarding disaster assistance check				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				
expenditure responsibility for the grant?		I/A 🔲 Yı	es L No	
If "Yes," attach the statement required by Regulations section 53.49	·			
6a Did the foundation, during the year, receive any funds, directly or indirectly, t	to pay premiums on			
a personal benefit contract?	•	Y:	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	a personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax	x shelter transaction?	Y(es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attr	ibutable to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	stees, Foundation Ma	nagers, Highl	У	
1 List all officers, directors, trustees, foundation managers and the	ir compensation.			
(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	(e) Expense account, othe allowances
MARION BREGI	CHAIRMAN	Biller -0-)	compensation	allowalices
3850 SCENIC RIDGE, APT 313				
TRAVERSE CITY, MI 49686	0.25	0.	0.	560
NANCY BREGI WARREN	PRESIDENT	0.		300
15149 DUNN DRIVE	- FRESIDENI			
TRAVERSE CITY, MI 49686	0.50	` 0.	0.	
JAMES BREGI	VICE PRESIDEN		<u></u>	0
	NICE PRESIDEN	I.		!
2630 VAGABOND LANE	0.05			
PLYMOUTH, MN 55447	0.25	0.	0.	980
CURTIS J DEROO	SECRETARY			
500 WOODWARD AVE, SUITE 2500				_
DETROIT, MI 48226	0.25	0.	0.	0
2 Compensation of five highest-paid employees (other than those i		enter "NONE."	(d) C	1 11-
(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, othe allowances
NONE				
·· · · · · · · · · · · · · · · · · ·				
	7			
			·	
	7			
			<u> </u>	
		1	I	1
				1

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Part VIII Information About Officers, Directors, Trustees, Foundation Management Paid Employees, and Contractors (continued)	anagers, Highly	
3 Five highest-paid independent contractors for professional services. 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		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	ation such as the	Expenses
2		
3		
4		
Port IV P. C		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	12	Amount
1 N/A		
2		
All other program-related investments. See instructions.		

Total. Add lines 1 through 3

Subtract line 2 from line 1d

Add lines 2a and 2b

Add lines 3 and 4

Part X

1

C

3

5

6

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	25250.
b	Program-related investments - total from Part IX-B	<u>1b</u>	0.
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		
а	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	25250.
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	5	88.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	25162.

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

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(¢) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
line 7				18185.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years		_		
		0.	111 i	· · · · · · · · · · · · · · · · · · ·
3 Excess distributions carryover, if any, to 2013	•			
a From 2008 2356				
b From 2009 4 1 0 8				
c From 2010 4423				
d From 2011 5177	<u></u> '			
e From 2012 4958	 i			
1 Total of lines 3a through e	21022.			······
4 Qualifying distributions for 2013 from				
Part XII, line 4 ► \$ 25250	-		0.	
a Applied to 2012, but not more than line 2a			V •	1
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		——————————————————————————————————————		······································
c Treated as distributions out of corpus (Election required - see instructions)	0.			
	0.	**************************************		18185.
d Applied to 2013 distributable amount e Remaining amount distributed out of corpus	7065.			10103.
5 Excess distributions carryover applied to 2013	0.	*** '**********************************		0.
(If an amount appears in column (d), the same amount must be shown in column (a))				<u> </u>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	28087.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable			······································	•
amount - see instructions		0.		
e Undistributed income for 2012 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2013 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014	<u></u>	···· ·!··· ·!·!· ••!··		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.	,		
8 Excess distributions carryover from 2008	2056			
not applied on line 5 or line 7	2356.			
9 Excess distributions carryover to 2014.	25721			
Subtract lines 7 and 8 from line 6a	25731.			······
10 Analysis of line 9				
a Excess from 2009 4108 b Excess from 2010 4423				
		[
1050				
=====				
e Excess from 2013 / 065	•	<u> </u>		5 000 DE (0040)

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

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

c Any submission deadlines

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year MACKINAC ISLAND COMMUNITY FOUNDATION ₽C GENERAL SUPPORT 1391 HOBAN ST MACKINAC ISLAND, MI 49757 250. GRAND TRAVERSE REGIONAL COMMUNITY PC GENERAL SUPPORT FOUNDATION 250 EAST FRONT ST., SUITE 310 TRAVERSE CITY, MI 49084 500. BETHLEHELM LUTHERAN CHURCH PC GENERAL SUPPORT 1050 PENINSULA DRIVE TRAVERSE CITY, MI 49686 2000. PARKINSONS SUPPORT GROUP PС GENERAL SUPPORT 10049 EAST GRANDVIEW COURT TRAVERSE CITY, MI 49684 1000. PROJECT SUCCESS PC GENERAL SUPPORT 1 GROVELAND TERRACE, SUITE 300 MINNEAPOLIS, MN 55403 1500. See continuation sheet(s) ➤ 3a 25250. Total b Approved for future payment None Total

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Form **990-PF** (2013)

Excluded by section 512, 513, or 514

Part XVI-A

323621 10-10-13

BENJAMIN & MARION BREGI FOUNDATION

Unrelated business income

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income			ded by section 512, 513, or 514	(e)	
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
·			1 3333			
a	<u> </u>					
b			 			
<u> </u>						
d						
e						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments						
4 Dividends and interest from securities					8201.	
5 Net rental income or (loss) from real estate			·····			
a Debt-financed property	····		 			
b Not debt-financed property			<u> </u>			
6 Net rental income or (loss) from personal			<u> </u>		- 	
property					148.	
7 Other investment income					140.	
8 Gain or (loss) from sales of assets other					17533.	
than inventory	<u> </u>				1/333.	
9 Net income or (loss) from special events			-			
10 Gross profit or (loss) from sales of inventory			<u> </u>			
11 Other revenue						
a						
b			 			
C			 			
đ	-		ļ			
e						
12 Subtotal Add columns (b), (d), and (e)	L	0.	1	0.		
13 Total. Add line 12, columns (b), (d), and (e)				13	25882.	
(See worksheet in line 13 instructions to verify calculations)						
Part XVI-B Relationship of Activities t	o the Acc	omplishment of Ex	cemp	t Purposes		
Line No. Explain below how each activity for which inco			contri	buted importantly to the accom	plishment of	
the foundation's exempt purposes (other than	by providing fu	nds for such purposes)				
					· · · · · · · · · · · · · · · · · · ·	
						
						
				· · · · · · · · · · · · · · · · · · ·		
		 				

Par	t XVII			sfers To a	and Transactions a	and Rela	ationships With Nonch	aritable	
_		Exempt Organ		of the fellower	a with any other accompany	an desembe	d in posture 501/s) of		es No
		•			g with any other organization		a in section 50 f(c) of		82 140
		•			7, relating to political organ	iizations?			
		from the reporting founda	ation to a noncharita	ble exempt org	janization of				v
	1) Cash							1a(1)	X
-	(2) Other	assets						1a(2)	X
_	Other trans								1
- 1	(1) Sales	of assets to a noncharita	ble exempt organiza	tion				1b(1)	<u> X</u>
ļ	(2) Purch	ases of assets from a nei	ncharitable exempt (organization				1b(2)	X
-	(3) Renta	l of facilities, equipment,	or other assets					1b(3)	X
ļ	(4) Reimt	oursement arrangements						1b(4)	X
	(5) Loans	or loan guarantees						1b(5)	X
1	6) Perfo	rmance of services or me	mbership or fundrai	sing solicitation	ns			1b(6)	X
		facilities, equipment, ma	•	•				10	X
	•		• •		•	wavs show	the fair market value of the good		 S.
		•		-	• •	-	insaction or sharing arrangement		7
	column (d) the value of the goods,							
(a) ⊔r	e no	(b) Amount involved	(c) Name of		exempt organization	(d) c	Description of transfers, transactions, a	nd sharing arrang	gements
				N/A					
					<u> </u>				
								-	
							•		
			<u> </u>		· ··				
			 						
			<u> </u>			 			
					· · · · · · · · · · · · · · · · · · ·	+		 —	
						+			
									
	L		L				-		
		•	-		or more tax-exempt organi	zations des	cnbed		77
		501(c) of the Code (other)(3)) or in sect	ion 527?			Yes	X No
<u> </u>	If "Yes," co	implete the following sch				1			
		(a) Name of org	janization		(b) Type of organization		(c) Description of relatio	nship	
		N/A							
				!					
							and to the best of my knowledge	May the IRS disc	cuss this
Sig	n 🗀	eller, it is trye, correct, and cor	npiete Declaration of pi	reparer (other than	n taxpayer) is based on all inform	_ k	on Greparer has any knowledge	return with the p shown below (se	reparer
He	e 🕨	1 / 1/1			5-12-14	S	UNTO	Yes	☐ No
	Sigr	a ure of officer or trustee)		Date	Title	L		
	- '	Print Type preparer's na	ame	Preparer's si	ignature	Date	Check If PTI	N	
				1/11/	14/2	111/1	, self- employed		
Pai	d	Michael Sk	oczylas	1ºC	0	4/10	12	010595	41
	parer	Firm's name ► KER		L. & W	EBER PLLC	' / / 	Firm's EIN		
	Only	The state of the s		,,			i iiii 3 kii 4 P		
	··· y	Firm's address ▶ 50	O WOODWAT	SD AVE	SUTTE 2500				
			TROIT, MI				Dhon - 212	961-02	00
		I DE	TVOTT' MI	1 40220			Phone no 313-	<u> </u>	

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization

Employer identification number

BENJAMIN & MARION BREGI FOUNDATION 38-3507162 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (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** X 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 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 to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

BENJAMIN & MARION BREGI FOUNDATION

38-3507162

Part I (Contributors	(see instructions).	. Use duplicate copies	s of Part I if additional space is nee	eded.
----------	--------------	---------------------	------------------------	--	-------

			··· ·
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARION BREGI 3850 SCENIC RIDGE APT. 313 TRAVERSE CITY, MI 49686	\$ 25000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BENJAMIN & MARION BREGI FOUNDATION

38-3507162

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Employer Identification number Name of organization 38-3507162 BENJAMIN & MARION BREGI FOUNDATION 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.) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (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 (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (d) Description of how gift is held from (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to Foundation **Amount** any foundation manager status of Name and address (home or business) or substantial contributor recipient ST. PETERS LUTHERAN CHURCH PC GENERAL SUPPORT 3751 ESTERO BOULEVARD FT. MYERS, FL 33931 3000. WASHBURN CENTER FOR CHILDREN GENERAL SUPPORT 2430 NICOLLET AVENUE SOUTH MINNEAPOLIS, MN 55404 1000. LAWRENCE TECHNOLOGICAL UNIVERSITY PC GENERAL SUPPORT 21000 W. 10 MILE RAOD SOUTHFIELD, MI 48075 6000. LUTHERAN SOCIAL SERVICES PC GENERAL SUPPORT 8131 EAST JEFFERSON AVE DETROIT, MI 48214 7000. BOTANICAL GARDEN SOCIETY OF NORTHWEST ÞС GENERAL SUPPORT MICHIGAN 250 EAST FRONT ST., SUITE 310 TRAVERSE CITY, MI 49084 1000. ÞС HISTORIC BARNS PARK & BOTANIC GARDEN GENERAL SUPPORT 1500 RED DR TRAVERSE CITY, MI 49684 2000. Total from continuation sheets 20000.

Column	Form 990-PF Divide	nds and	Inter	est from	Sec	urities	Statement	1
Total to Fm 990-PF, Part I, ln 4 8201. 0. 8201.	Source		Gross	Amount				A)
Comercial Reservation Comercial Revenue	COMERICA BANK	•		8201.		0.	8	201.
Column	Total to Fm 990-PF, Part I,	ln 4		8201.		0.	8	201.
Revenue Per Books Net Invest- ment Income Net Income	Form 990-PF	Of	ther I	ncome			Statement	2
Total to Form 990-PF, Part I, line 11 148. 148. 148. 148. Form 990-PF	Description			Revenue		Net Invest-	Adjust	
Legal Fees Statement 3	COMERICA BANK				148.	148	•	148.
(a)	Total to Form 990-PF, Part	I, line	11 _		148.	148	•	148.
Expenses Net Invest Adjusted Charitable Per Books ment Income Net Income Purposes	Form 990-PF		Legal	Fees			Statement	3
To Fm 990-PF, Pg 1, ln 16a 5176. 5176. 0. 0. 0. Form 990-PF Other Professional Fees Statement 4 (a) (b) (c) (d) Charitable Per Books Ment Income Net Income Purposes COMERICA BANK 3934. 0. 0. 0. COMERICA BANK 72. 72. 0. 0. MEMBERSHIP 350. 350. 0. 0.	Description	Expe	nses	Net Inv	est-	Adjusted	Charit	able
Comercial Bank Come	KRW		5176.		5176	. (0.	0.
(a) (b) (c) (d) Expenses Net Invest- Adjusted Charitable Per Books ment Income Net Income Purposes COMERICA BANK 3934. 3934. 0. 0. COMERICA BANK 72. 72. 0. 0. MEMBERSHIP 350. 350. 0. 0.	To Fm 990-PF, Pg 1, ln 16a		5176.		5176	. (0.	0.
Expenses Net Invest- Adjusted Charitable Per Books ment Income Net Income Purposes COMERICA BANK 3934. 0. 0. 0. COMERICA BANK 72. 72. 72. 0. 0. MEMBERSHIP 350. 350. 0. 0.	Form 990-PF	Other 1	Profes	sional F	ees		Statement	4
COMERICA BANK 72. 72. 0. 0. MEMBERSHIP 350. 350. 0. 0.	Description	Expe	nses	Net Inv	est-	Adjusted	Charit	able
To Form 990-PF, Pg 1, ln 16c 4356. 4356. 0. 0.	COMERICA BANK		72.		72		0.	0. 0. 0.
	To Form 990-PF, Pg 1, ln 16	c	4356.		4356	•	0.	0.

Form 990-PF	Corporate Stock		Statement 5
Description		Book Value	Fair Market Value
COMERICA BANK		165316.	223605.
Total to Form 990-PF, Part I	I, line 10b	165316.	223605.
Form 990-PF	Corporate Bonds		Statement 6
Description		Book Value	Fair Market Value
COMERICA BANK		16476.	15590.
Total to Form 990-PF, Part I	I, line 10c	16476.	15590.
Form 990-PF	Other Investments		Statement 7
Description	Valuation Method	Book Value	Fair Market Value
COMERICA BANK	COST	112506.	109910.
Total to Form 990-PF, Part I	I, line 13	112506.	109910.