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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs gov/form990.

2013
Open to Public Inspection

<u>A</u> _	For th	ne 2013 c	alendar year, or tax year beginning $10/01/13$, and ending $09/30/30$	14			
В	Check if a	applicable	C Name of organization		D Emplo	oyer identification number	
	Address	change .	CADILLAC AREA COMMUNITY FOUNDATION				
$\overline{\sqcap}$	Name ch		Doing Business As		1 38	-2848513	
닏	Name Oil	lange	Number and street (or P O box if mail is not delivered to street address)	Room/suite		none number	
L	Initial retu	บภา	201 N. MITCHELL	101	22	1-775-9911	
\Box	Terminati	hei	City or town, state or province, country, and ZIP or foreign postal code	1 101	23	1-//3-9911	
	Amended	d return	CADILLAC MI 49601		G Gross rec	eipts \$ 4,709,952	
\Box	Applicatio	on pending	F Name and address of principal officer	11/a) In the a area		No. V	
		•	DAVID MCCURDY	n(a) is uns a gri	H(a) Is this a group return for subordinates? Yes X No		
		ļ	120 W HARRIS STREET	H(b) Are all sub	ordinates incli	uded? Yes No	
		- 1	CADILLAC MI 49601	If "No,	attach a list	(see instructions)	
-	Tay ava	empt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527				
<u></u> -			WW.CADILLACFOUNDATION.ORG	-		_	
<u> </u>	Website			H(c) Group exe			
<u>K</u>		organization		Year of formation 1	988	M State of legal domicale MI	
_ <u>F</u>	art I	<u>Su</u>	mmary				
	1	Briefly des	scribe the organization's mission or most significant activities				
9	ľ	SEE :	SCHEDULE O				
2							
Ë			•				
ş	1 2	Chack this	s box F if the organization discontinued its operations or disposed of more than 25%	of its not assets			
Activities & Governance				o or its riet assets	1 1	1 1 1	
05	3		f voting members of the governing body (Part VI, line 1a)		3	11	
ies.	4	Number o	findependent voting members of the governing body (Part VI, line 1b)		4	11	
ຼ≅ັ	5	Total num	ber of individuals employed in calendar year 2013 (Part V, line 2a)		5	2	
े छ	6	Total num	ber of volunteers (estimate if necessary)		6	9	
¥		Total unre	elated business revenue from Part VIII, column (C), line 12		7a	0	
,	1		ated business taxable income from Form 990-T, line 34		7b	0	
,	1			Pnor Yea	ar	Current Year	
,	8	Contribute	ons and grants (Part VIII, line 1h)	27	6,167	149,298	
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g)					0	
- 5		-		21	0 5,699	819,552	
~ &			101		0	010,002	
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, agg 114) AY 1 9 2015	4.0		060 050	
<u>,۲</u>	T" -		10/1		1,866	968,850	
) 	13 (Grants an		14	0,466	219,229	
,2	14	Benefits p	aid to or for members (Part IX, column (A), line 4) OGDEN, UT		0	0	
Ś	15 3	Salaries, d	other compensation, employee benefits (Part IX, column (A), lines 5–10)	5	<u>6,668</u>	<u>77,252</u>	
xpeuses	16a1	Profession	nal fundraising fees (Part IX, column (A), line 11e)			0	
ğ			raising expenses (Part IX, column (D), line 25) ▶ 10,342	•			
Ϋ́	1		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	8	5,968	99,383	
	1	-			3,102	395,864	
	1	•	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)				
	19	Revenue I	ess expenses Subtract line 18 from line 12		8,764	572,986	
Net Assets or Fund Balances	<u> </u>	Tale	to (Dark V. Line 4C)	Beginning of Cur	3,252	End of Year 9, 257, 518	
386 388	20		ets (Part X, line 16)				
¥ E	21		ities (Part X, line 26)		0,822	23,291	
		Net assets	s or fund balances. Subtract line 21 from line 20	8,63	2,430	9,234,227	
_ <u>P</u>	art II	' Sig	nature Block				
U	nder per	naities of pe	equry, I declare that I have examined this return, including accompanying schedules and statements,	and to the best of	my knowled	ige and belief, it is	
trı	ие, согте	ect, and con	nplete Declaration of preparer (other tran officer) is based on all information of which preparer has	any knowledge			
		X	CAH. O. II		X	5-14-15	
Sig	ın.	Sk	anature of officer		Date		
		` `		מכותי יחוא איתי	יז כווס בי	D	
He	re	-	JOHN H. BLEHOP ASSIS	TANL IRE	ASURE	<u>R</u>	
		 	pe or print name and title				
_		Print/Type	preparer's signature Preparer's signature	Date	Check	T PTIN	
Paid	ď	JOHN H.	BISHOP, C.P.A.	05/14	/ 15 setf-emp	ployed P00061198	
Pre	parer	Firm's nam	BAIRD, COTTER AND BISHOP P.C.	F	rm's EIN	38-1995866	
Use	Only		134 WEST HARRIS				
	-	Firm's addr	CARTIAC MT 40C01]_	hone no	231-775-9789	
Mari	the ID		this return with the preparer shown above? (see instructions)			X Yes No	
			tion Act Notice, see the separate instructions.			Form 990 (2013)	
DAA	raperw	OIK REGUC	non Met Nouce, see the separate instructions.		A a !	Form 330 (2013)	

Part-IV **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		,,	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	X	
3		2		
•	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1		<u> </u>
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	j	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		 ^
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			1
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	[<u>X</u>
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
þ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u> </u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	l l	Ì	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> X</u>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,]]	Į	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	445		v
-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45	ĺ	_ X _
c	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		X
7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		
•	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''-		
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
•	If "Yes," complete Schedule G, Part III	19		Х
0=	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States		l	
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		l
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
٥	employees? If "Yes," complete Schedule J	23		<u>X</u>
24a	and the second s			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
h	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
¢	to defease any tax-exempt bonds?	24c	1	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200	$\neg \uparrow$	
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	1	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		- †	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26	İ	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).		ł	- () j
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u>X</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		ļ	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	}	<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		İ	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			3.5
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		v
33	complete Schedule N, Part II	32	-	<u>X</u>
))	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33	ĺ	х
34	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	-33		<u> </u>
-	or IV, and Part V, line 1	34	1	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ŀ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	-		
	Part VI	37		X
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	Γ		
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
			000	

Ę	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
	Oneck if Ochedule O contains a response of note to any line in this Fait V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	Γ	163	17
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			l
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		Ì	l
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	Ì		
	account)?	4a	L	_X_
þ	If "Yes," enter the name of the foreign country:	'		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the]]	3.5
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ا		
7	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	ie.	[1]	1
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	15		-
•	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
ė	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Χ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	, ,,	2 1 Tr. 1 Tr	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	- 30	المختشم ا	
	organization, have excess business holdings at any time during the year?	8		Χ
9	Sponsoring organizations maintaining donor advised funds.	- **	1	
a	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	****	X
10	Section 501(c)(7) organizations. Enter	3		1
a	Initiation fees and capital contributions included on Part VIII, line 12	🕺	7	
b .a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-:	â	1
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders Cross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			3
125	against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	- ₁₂₂		3 (A)
i2a	· · · · · · · · · · · · · · · · · · ·	12a	اوج سرور	F 17
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.			找到
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	A. S. Call	mate CT
a	Note. See the instructions for additional information the organization must report on Schedule O	704	1	F 73
ь	Enter the amount of reserves the organization is required to maintain by the states in which	1	17.00	
~	the organization is licensed to issue qualified health plans 13b		Lit.	7
С	Enter the amount of reserves on hand	7]	1
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 3 Did the organization delegate control over management duties customanly performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х а The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8ь Ь 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X describe in Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 Χ 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > MI 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. JOHN H. BISHOP 8475 S. 45 ROAD

231-775-2252

MI 49601

CADILLAC

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Form 990 (2013) CADILLAC	AREA COI	MM	NI	TY	F	OUI	NDA	ATION 38-284	8513	P	age 7
								Key Employees, Hig	hest Compensated I		<u> </u>
Independent Co				•			•	, , , ,	, , , , , , , , , , , , , , , , , , , ,		
_ Check if Schedu	ile O contain:	s a i	resp	ons	se c	r no	te t	o any line in this Part	VII		
					_			Compensated Employee			
1a Complete this table for all persons organization's tax year	s required to be	listed	Re	port	com	pens	ation	for the calendar year endir	ng with or within the		-
 List all of the organization's cur compensation Enter -0- in columns (List all of the organization's cur 	D), (E), and (F) i	f no	comp	oens	ation	was	рак	d .	Ū		
List the organization's five curr who received reportable compensation organization and any related organization.	ent highest com on (Box 5 of Form	pens	ated	emp	ploye	es (c	ther	than an officer, director, tru	stee, or key employee)		
 List all of the organization's for \$100,000 of reportable compensation 									received more than		
 List all of the organization's for organization, more than \$10,000 of re- List persons in the following order incompensated employees, and former Check this box if neither the organization's former 	eportable compe dividual trustees such persons	nsatı or dı	on fro recto	om tl irs; ir	he oi nstitu	rgani: itiona	zatio il tru	on and any related organizat stees; officers, key employe	ions es, highest		
(A) Name and Title	(B) Average hours per week (list any	(d	o not	Pos check ess pe	C) sition more erson	than o	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1)LINDA KIMBEL	30.00										
EXECUTIVE DIRECTOR	0.00	<u> </u>	<u> </u>	<u> </u>	ļ		<u> </u>	39,597	0		0

			•	ŀ	藍			
(1) LINDA KIMBEL								
	30.00	ĺ				[
EXECUTIVE DIRECTOR	0.00	X				39,597	0	0
(2) BARBARA DARRIGAN								
	1.00	1						
TREASURER	0.00	X		X		 	0	0
(3) KENNETH ELENBAAS								
	1.00	l						
TRUSTEE	0.00	lх		l x l		1 0	l o	0

(4) DAVID MCCURDY									
	1.00					ļ			
TRUSTEE	0.00	X		Х			0	0	0
(5) DAVID PETERSO	N								
	1.00		ŀ						
TRUSTEE	0.00	X	_				0	0	0

(6) STEVE ANDERSON

1.00 $0.00 \times$ TRUSTEE 0 (7) PETER STALKER 1.00 0.00 Х 0 TRUSTEE 0

(8) SCOTT HUNTER 1.00 TREASURER 0.00 X X 0 0 (9) JEREMY WINKLE 1.00

TRUSTEE 0.00 Х 0 0 (10) TANIA LEBARON 1.00 VICE PRESIDENT 0.00 0 0

(11) JENNY REAUME 1.00 SECRETARY 0.00 0

0

0

0

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mple	oyee	s, ar	nd Highest Compensated	Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any hours for	b	ox, uni	Pos check less pa and a c	erson	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	•	related organizations below dotted fine)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12)	DEAN DEKRYGER	1.00				<u> </u>				-	
PRI	ESIDENT	1.00	x		X				0	o	
(13)											
(14)				_							
(15)				_							
(16)					_						
(17)			_								
											1
(18)				 							
(19)								<u> </u>			
1b c	Sub-total Total from continuation shee	ts to Part VII, S	ectio	on A		L	نــــا	>	39,597		
_ <u>d</u> _2	Total (add lines 1b and 1c) Total number of individuals (increportable compensation from t	luding but not lin	nited	to th	ose l	istec	abo	▶ ve) v	39,597 who received more than \$10	00,000 in	
3	Did the organization list any for employee on line 1a? If "Yes," of	mer officer, direc	ctor,	or tru	ustee	, key	y emį dual	oloye	ee, or highest compensated		Yes No
4	For any individual listed on line organization and related organizational	1a, is the sum of	f repo	ortab	le co	mpe	nsati			n the	4 X
5 ——	Did any person listed on line 1a for services rendered to the org			•				-	•	ıvıdual	5 X
Sect 1	ion B. Independent Contractor Complete this table for your five	highest comper									
	compensation from the organization	ation Report con (A) business address	npen	satio	n for	the	caler	ndar		ne organization's tax year (B) on of services	(C) Compensation
				_	 -		_				
							_				
	Total number of independent co	intractors (includ	ıng b	ut no	ot lim	ited	to the	se I	isted above) who		
	received more than \$100,000 of								·	00	50m 990 (201

۶۳	irt'V				a response	or note to any line	e in this Part VIII		П
_	-	The same of the sa	•	75 45 3	<i>t</i> 1,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exctuded from tax under sections 512-514
ts st	1a	Federated campaign	s 1	a			1010100		1
srar oun	b	Membership dues		b _					
A, G	С	Fundraising events	_1	С]			
alt.	d	Related organizations	s <u>1</u>	đ]		Ĭ	
S,E	е	Government grants (contribut	tions)1	е			†	-	'
tion s	f	All other contributions, gifts, g							:
		and similar amounts not inclu	ded above 1	f	149,298				
d de	g	Noncash contributions include	ed in lines 1a-1f	\$			Ì		- '
Program Service Revenue Contributions, Giffs, Grants Anounts	h	Total. Add lines 1a-1	<u> f </u>			149,29	8	<u> </u>	, ,
eg.	_				Busn. Code	· ·	}	Ì	;
eve	2a						 	 	
92	b				——	-		 	
چ	c d					<u> </u>			
ج چ	e				 	 	 	 -	
gra	f	All other program ser	vice revenue				 		
g 5	a	Total. Add lines 2a-2			<u> </u>		 		
_	3	Investment income (ii		ends, inter	rest,				
		and other similar amo	ounts)		>	214,86	3 214,863		
	4	Income from investme	ent of tax-exe	mpt bond	proceeds >				
i	5	Royalties					<u></u>		
			(ı) Real		(ii) Personal	<u> </u>	•		
	6a	Gross rents				4	· .	•	
	þ	Less rental exps				}		1	
	C	Rental inc or (loss)				-			
	d 7a	Net rental income or ((IOSS)	<u>r</u>	(v) Other		<u> </u>		
		sales of assets		17	(ii) Other	┥ .			
	b	other than inventory Less cost or other	4,345,79	<u>'</u>		· ·			
		i	3,741,10	2					
	С	Gain or (loss)	604,68			1	1.3.		
	d	Net gain or (loss)				604,68	9 604,689		
6	8a	Gross income from fundr	aising events			- The water time to the		7 M	198
Other Revenu		(not including \$				3			
946		of contributions reported	on line 1c)			4000	1		1
ar R		See Part IV, line 18		a		1. 18 Th 18 18 18 18 18 18 18 18 18 18 18 18 18			
Ě		Less direct expenses		ь				1 3 , 7 :	· · · · · · · · · · · · · · · · · · ·
		Net income or (loss) f		ng events		- 4 71, 1964 2 7	A MARINETON PROPERTY OF 12 P	1 21	2712-280-042
	9a	Gross income from gamin	ng activities.			· .	The state of the s	1:	
		See Part IV, line 19		a		1	1.5	ł	- 23
		Less, direct expenses		b		1		1	,,
		Net income or (loss) for Gross sales of inventor		Clivilles		margaryer is an acco	1 38	<u> </u>	: 17454
	100	returns and allowance		a		· Maria	15 M		1
	ь	Less: cost of goods so		ь	 -	5		Į.	7.44
		Net income or (loss) fr		nventory		1	1		
[Miscellaneou	s Revenue		Busn. Code	- Sangapri A	15 Kg 1817		****
	11a						<u> </u>	<u> </u>	
J	b						ļ		
	C				ļ		 		
	đ	All other revenue			L				
ĺ		Total. Add lines 11a-			•	060.0=			
1	12	Total revenue. See in	ISTRUCTIONS			968,850	819,552	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check of Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, (B) (C) (D) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 167,729 167,729 2 Grants and other assistance to individuals in 51,500 51,500 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV. lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 39,597 39,597 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 30,397 30,397 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,677 <u>1,</u>677 Other employee benefits 5,581 5,581 10 Payroll taxes Fees for services (non-employees) Management **b** Legal 7,500 7,500 c Accounting d Lobbying Professional fundraising services See Part IV, line 17 50,125 50,125 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 1,342 1,342 1,695 1,695 Advertising and promotion 3,613 3,613 Office expenses Information technology Royalties 15 7,927 7.927 16 Occupancy Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,385 2,385 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 301 301 22 Depreciation, depletion, and amortization 2,891 2,891 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 10,342 FUND RAISING EXPENSES 10,342 DUES 3,825 3,825 b ANNUAL REPORT 3,515 3,515 TELEPHONE 1,648 1,648 2,274 e All other expenses 2,274 395,864 219,229 166,293 10,342 25 Total functional expenses. Add thes 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

Form 990 (2013) CADILLAC AREA COMMUNITY FOUNDATION 38-2848513

Balance Sheet

	art)					
		Check if Schedule O contains a response or note t	o any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		228,206	1	151,447
	2	Savings and temporary cash investments		293,036	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		280	4	1,230
	5	Loans and other receivables from current and former office	cers, directors,			
		trustees, key employees, and highest compensated empl	loyees			
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified person	ons (as defined under section			,
	ł	4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contributing employers and			ł
		sponsoring organizations of section 501(c)(9) voluntary e	mployees' beneficiary			'
छ	1	organizations (see instructions) Complete Part II of Sche	dule L	1	6	
Assets	7	Notes and loans receivable, net			7	
ď	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				
	ĺ	other basis Complete Part VI of Schedule D	10a 43,481	L		1
	ь	Less accumulated depreciation	10b 9,569	_	10c	33,912
	11	Investments—publicly traded secunties		8,044,878		9,029,393
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		42,640	15	41,536
	16	Total assets. Add lines 1 through 15 (must equal line 34))	8,643,252	16	9,257,518
	17	Accounts payable and accrued expenses	 	172	17	930
	18	Grants payable	10,650	18	22,361	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
50	22	Loans and other payables to current and former officers,				,
Llabilities		trustees, key employees, highest compensated employee				
Ę		disqualified persons Complete Part II of Schedule L	2, 5002		22	
ž	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third par			24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24)				
	l	of Schedule D	·		25	
	26	Total liabilities. Add lines 17 through 25		10,822	26	23,291
		Organizations that follow SFAS 117 (ASC 958), check	here ► X and			
es	}	complete lines 27 through 29, and lines 33 and 34.				
222	27	Unrestricted net assets		-22,837	27	6,499
3ak	28	Temporanly restricted net assets		1,442,220	28	1,985,488
<u>ڇ</u>	29	Permanently restricted net assets		7,213,047	29	7,255,238
ž		Organizations that do not follow SFAS 117 (ASC 958)	, check here and			
Net Assets or Fund Balances		complete lines 30 through 34.	- , , ,		İ	
ets	30	Capital stock or trust principal, or current funds		L	30	
488	31	Paid-in or capital surplus, or land, building, or equipment f	und		31	
je /	32	Retained earnings, endowment, accumulated income, or			32	
Z	33	Total net assets or fund balances	•	8,632,430	33	9,234,227
	34	Total liabilities and net assets/fund balances		8,643,252	34	9,257,518

3a

3b

Х

the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

CADILLAC AREA COMMUNITY FOUNDATION

Employer Identification number 38 – 2848513

_P	Reason for Public Charity Status (All organizations must complete this part.) See instructions.													
The	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 11, che	eck only o	ne box.)								
1		A church, co	nvention of churches, or ass	ociation of churches described in	section	170(b)(1)(A)(i).							
2	\Box	A school des	cnbed in section 170(b)(1)	(A)(ii). (Attach Schedule E)										
3				ce organization described in secti	ion 170(t)(1)(A)(iii).							
4	j	•		d in conjunction with a hospital de	-			D(A)(iii).	Enter t	he hosp	ital's name.			
	1	city, and state	- · · · · · · · · · · · · · · · · · · ·	,			•			·				
5		•		of a college or university owned or	r operated	by a gove	ernment	al unit de	escribed	l in				
		-	(b)(1)(A)(iv). (Complete Part	•		, - 3-								
6				overnmental unit described in sec	ction 170	(b)(1)(A)(/).							
7				substantial part of its support from			-	n the de	neral or	iblic				
•	لـــا	•	section 170(b)(1)(A)(vi). (C		. a goven		00.	n alo go	.,с.о. р.	200				
8	X			I70(b)(1)(A)(vi). (Complete Part II	13									
9	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross													
J	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its													
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses													
	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)													
10														
11	-	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
••	لــا	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section												
				=										
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III–Functionally integrated d Type III–Non-functionally integrated													
A	\Box	a Type b Type C Type H-Functionally integrated d Type H-Functionally												
Ŭ	ш	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)												
	or section 509(a)(2)													
f	or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting													
•		•	check this box		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,, ,	,,,	-,-,-	3					
		•		ion accepted any gift or contributi	on from a	ny of the							لـــا	
g		following per	_	, 2000p.00 c., g., c. co,		.,								
				entrols, either alone or together wi	th person	s describe	d in (ii) a	and				Yes	No	
			w, the governing body of the		a, percen	0 00001100	• (<i>,</i> .				11g(_+	+	
			member of a person describ	· · · · · · · · · · · · · · · · · · ·							11g(1	
		• • •	ontrolled entity of a person d	• •							11g(1	
h		• •	following information about the	** * *							(***	-71		
	I) Nam	e of supported	(ii) EIN	(iii) Type of organization	(IV) is the	organization	(v) Did	ou notify	(vi)	ls the	(vii) Amou	nt of mone	etary	
,		ganization	1	(described on lines 1-9		sted in your	the organ	nization in	organizat	on in col		рроп	•	
				above or IRC section	governing	document?	∞l (ı) subi	oi your port?		zed in the				
			Į	(see Instructions))	Yes	No	Yes	No	Yes	No				
(A)		.,												
. ,						J .]	ļ ļ				
(B)														
. – .					}]]				
(C)											-,			
,														
(D)								-						
,														
E)														
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							,	_						
Tota	1		Market Land		1						_			

Schedule A (Form 990 or 990-EZ) 2013 CADILLAC AREA COMMUNITY FOUNDATION

38-2848513

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	196,827	154,559	1,221,411	199,795	149,298	1,921,890
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	196,827	154,559	1,221,411	199,795	149,298	1,921,890
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	ŀ					
	shown on line 11, column (f)						1,145,926
6	Public support. Subtract line 5 from line 4		<u> </u>				775,964
	tion B. Total Support		#\\ -		4 13 2040	() 0040	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	196,827	154,559	1,221,411	199,795	149,298	1,921,890
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	155,435	152,554	270,827	235,326	214,863	1,029,005
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	286	259	259	312		1,116
11	Total support. Add lines 7 through 10				L	140	2,952,011
12	Gross receipts from related activities, etc. (s	•		505 4	504/-)/0	12	
13	First five years. If the Form 990 is for the c	organization's first, se	econd, third, fourth	, or tiπn tax year as	a section 501(c)(3))	▶ □
500	organization, check this box and stop here tion C. Computation of Public Su	nnort Porconta					
						144	
14	Public support percentage for 2013 (line 6,)		15	26.29% 27.31%
15	Public support percentage from 2012 Scheo 33 1/3% support test—2013. If the organiz			and line 14 is 22 1/	120/ or more abook		27.31 /6
16a	box and stop here. The organization qualifi				3 % of filore, crieck	uus	▶ □
ь	33 1/3% support test—2012. If the organization		~		33 1/3% or more		- 0
-	check this box and stop here. The organiza			•	00 170 70 01 111010,		▶ □
17a	10%-facts-and-circumstances test—201				or 16b, and line 14 ii	s	الله ا
	10% or more, and if the organization meets					-	
	Part IV how the organization meets the "fact						
	organization	o una arcamstance	o toot The organia	-20011 400111100 00 0	. pasion, capporta		▶ [X]
b	10%-facts-and-circumstances test—201	2. If the organization	did not check a bo	x on line 13, 16a, 1	6b. or 17a. and line	•	د ا
-	15 is 10% or more, and if the organization m	=					
	Explain in Part IV how the organization mee						
	supported organization						▶ □
18	Private foundation. If the organization did	not check a box on li	ne 13, 16a. 16b. 1	7a, or 17b. check th	nis box and see		لب
-	instructions			, -, -,			▶ □
				· · · · · · · · · · · · · · · · · · ·			

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

6-	sties A. Dublic Compant						· · · · · · · · · · · · · · · · · · ·
	ction A. Public Support ndar year (or fiscal year beginning in) ▶	(-) 0000	11, 2040	(-) 2011		1 () 2010	<u> </u>
_		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support	·	·			·	
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	ļ				 	 _
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		,				
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u></u>			L	
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, fourtl	n, or fifth tax year a	s a section 501(c)((3)	▶ []
Sec	tion C. Computation of Public Su	ipport Percent	age				
15	Public support percentage for 2013 (line 8,	column (f) divided t	oy line 13, column (f))		15	%_
16	Public support percentage from 2012 Sche					16	%_
	tion D. Computation of Investme						
17	Investment income percentage for 2013 (lir	• • • • • • • • • • • • • • • • • • • •		olumn (f))		17	
18	Investment income percentage from 2012		•			18	%_
19a	33 1/3% support tests—2013. If the organ						⊾ □
	17 is not more than 33 1/3%, check this box	•	•	· · ·			▶ [_]
b	33 1/3% support tests—2012. If the organ						<u> </u>
20	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did	•	•	-			
EU	FIVALE IOUTIVABOTE IT LIE OTVATIZACION CIO	THUS CARRIED AS ODDA OO	me is isa ui (3)	v. Gielek illis dux di	in acc manuciding		F ()

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

PART II, LINE 10 - OTHER INCOME DETAIL

TRAINING CONFERENCE

Ś

1,116

PART II, LINE 17A - 10% FACTS AND CIRCUMSTANCE TEST - 2013

THE FOUNDATION HAS A CONTINUOUS PROGRAM FOR SOLICITATION OF FUNDS THROUGH MAILINGS, INDIVIDUAL CONTACTS AND AN ANNUAL PHILANTHROPIST OF THE YEAR DINNER. IN 2014, THE FOUNDATION RECEIVED DONATIONS FROM A SUBSTANTIAL NUMBER OF INDIVIDUALS AND BUSINESSES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open'to Public Inspection

Name of the organization Employer identification number CADILLAC AREA COMMUNITY FOUNDATION 38-2848513 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 9 n 1 Total number at end of year 10,800 2 Aggregate contributions to (during year) 48,242 Aggregate grants from (during year) Aggregate value at end of year 2,835,666 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose X Yes_ conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

organization's accounting for conservation easements Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)

- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
 - (i) Revenues included in Form 990, Part VIII, line 1

 - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.
- Revenues included in Form 990, Part VIII, line 1
- Assets included in Form 990, Part X

(i) and section 170(h)(4)(B)(ii)?

Yes No

b Buildings 1.856 1,856 c Leasehold improvements 56 9,569 9,625 d Equipment e Other 33, 912

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2013

Schedule D (F	om 990) 2013 CADILLAC AREA COMMUNI	ITY FOUNDATION	38-2848513	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11b See Form 990, Part >	K, line 12
	. (a) Description of security or category	(b) Book value	(c) Method of valu	
	(including name of security)		Cost or end-of-year ma	rket value
(1) Financial of				
•	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	40.			
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related.	Form 000 Port IV line	11a Soo Form 000 Bort V	line 12
	Complete if the organization answered "Yes" to	(b) Book value		
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mar	
/1)		_		
(1)				
(2)				
(4)				
(5)			·····	
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
1	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11d. See Form 990, Part X	(, line 15
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)	·····	<u> </u>		
(6)				
(7)				
(8)				
(9)	· · · · · · · · · · · · · · · · · · ·			
	(b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part XXX	Other Liabilities.			-
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11e or 11f. See Form 990,	Part X,
	line 25.			r / Marks 1 B. W. 197
<u>1. </u>	(a) Description of liability	(b) Book value	० मुक्⊤राउँ सर्वक्र≒ र	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)
	ncome taxes		•	
(2)		- -	•••	· · · · · · · · · · · · · · · · · · ·
(3)				- 14 N
(4)		 	. * •	اللهام مد المدالي المعالمة المدالية
(5)				THE THE PERSON
(6)		+	•	
(7)				en en en en en en en en en en en en en e
(8)		+		**
(9)	(b) must equal Form 990, Part X, col (B) line 25.) ▶			*
ו טענו. נטטועווות	. (b) must Equare vini 330, Fait A, Wi (D) III € 23.) 🚩	1		

<u>Sche</u>	<u>dule D (Form 990) 2013 CADILLAC AREA COMMUNITY FOUNDA</u>	ATION	<u> 38-284851</u>	.3	Page 4
P	Irt XI Reconciliation of Revenue per Audited Financial Statemen	ts With R	evenue per Reti	urn.	
	Complete if the organization answered "Yes" to Form 990, Part	t IV, line 12	2a		
1	Total revenue, gains, and other support per audited financial statements			1	997,661
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	28,811		
b	Donated services and use of facilities	2b	-		
C	Recoveries of pnor year grants	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	28,811
3	Subtract line 2e from line 1			3	968,850
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
C	Add lines 4a and 4b		į	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	968,850
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With E	xpenses per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part	t IV, line 12	2a		
1	Total expenses and losses per audited financial statements		ļ	1	395,864
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Pnor year adjustments	2b			
C	Other losses	2c			
đ	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	,		3	395,864
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b		_	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	<u>395,864</u>

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Supplemental Information

Part XIII

Part XIII Supplemental Information (continued)

Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

2013

OMB No 1545-0047

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

Openito Public Employer Identification number

2 HONOR GUARD UNIFORMS JARIOUS IMPROVEMENTS BOOKS FOR CHILDREN OPERATING EXPENSES Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, VARIOUS PROGRAMS VARIOUS PROGRAMS (h) Purpose of grant or assistance X Yes 38-2848513 (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 500 9,000 6,836 18,600 20,643 34,121 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash 17 grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table CADILLAC AREA COMMUNITY FOUNDATION (c) IRC section if applicable GO 38-6004541 GOV 38-6028526 GOV m m 30-0013507 38-3029677 62-1348105 38-1398853 General Information on Grants and Assistance (b) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (4) NORTHERN MICHIGAN CHRISTIAN SCHOOL TN 37863 49657 MI 49601 49601 49601 49601 (a) Name and address of organization 2700 DOLLYWOOD PARKS BLVD Η Σ Ä HΨ (5) WEXFORD MISSAUKEE ISD or government (3) DOLLYWOOD FOUNDATION 128 S. MARTIN STREET (6) CADILLAC AREA YMCA 200 N LAKE STREET (2) CITY OF CADILLAC 13TH ST (1) CADILLAC VFW PO BOX 943 PIGEON FORGE PO BOX 231 9907 E. CADILLAC CADILLAC CADILLAC CADILLAC MCBAIN Part 1 Part 8 <u>@</u> 9

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

3337

Schedule (Form 990) (2013) CADILLAC AREA COMMUNITY FOUNDATION 38-2848513	A COMMUNITY FO	SUNDATION 38	3-2848513		Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed	Individuals in the U	nited States. Compl	lete if the organizatio	n answered "Yes" to Form	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
1 SCHOLARSHIPS	3.2	51,500			•
2					
3					
4					
ıo					
9					
7					

3337

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. THE NONPROFIT ORGANIZATION HAS EXEMPT TAX STATUS AND IF THE APPLICATION IS COMPLETE. THE APPLICATIONS THAT MEET THESE QUALIFICATIONS ARE PRESENTED TO APPLICATION. THE FOUNDATION STAFF REVIEWS THE APPLICATION TO DETERMINE IF NONPROFIT ORGANIZATIONS APPLY TO THE FOUNDATION ON A FOUNDATION APPROVED THE BOARD FOR APPROVAL OR REJECTION. FOR GRANTS APPROVED, THE NONPROFITS MUST PROVIDE A REPORT AT THE CONCLUSION OF THE GRANT VERIFYING ALL FUNDS HAD BEEN USED AND ANALYZING THE RESULTS FROM THE USE OF THE GRANTS PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS Part IV

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Employer Identification number

38-2848513

Internal Revenue Service Name of the organization

Department of the Treasury

CADILLAC AREA COMMUNITY FOUNDATION

FORM 990 - ORGANIZATION'S MISSION

THE PURPOSE OF CACF IS TO PROVIDE A VEHICLE FOR DONATIONS FROM CIVIC-MINDED CITIZENS IN ORDER TO BUILD PERMANENT ENDOWMENTS FOR THE COMMUNITY FROM WHICH GRANTS ARE AWARDED TO CARRY OUT THE CHARITABLE WISHES OF THE DONORS AND TO IMPROVE THE QUALITY OF LIFE FOR OUR AREA.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT GRANTS DISTRIBUTED TO VARIOUS LOCAL ORGANIZATIONS

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

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

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

MONITORED ANNUALLY BY THE EXECUTIVE DIRECTOR. BOARD MEMBERS WITH CONFLICT

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

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE PERFORMANCE

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

ENTIRE BOARD FOR APPROVAL.

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

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization Employer identification number 38-2848513 CADILLAC AREA COMMUNITY FOUNDATION

REVIEW.

ابدد

* 3337 Cadillac Area Community Foundation 38-2848513 Federal Statements

FYE: 9/30/2014

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
	\$ 150,946 1,975	\$ 91,906
	1,017,100 155,000	958,060 95,960
TOTAL	\$ 1,325,021	\$ 1,145,926

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury (99) Internal Revenue Service

▶ See separate instructions.

Attach to your tax return.

179

Name(s) shown on return identifying number CADILLAC AREA COMMUNITY FOUNDATION 38-2848513 Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 3 000, 000 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If marned filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property Enter the amount from line 29 7 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election 286 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property) (See instructions.) 17 17 MACRS deductions for assets placed in service in tax years beginning before 2013 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction penod service only-see instructions) 19a 3-year property 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25 yrs 25-year property S/L Residential rental 27 5 yrs MM property 27 5 yrs MM S/L MM Nonresidential real 39 yrs S/L property MM S/L Section C-Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L b S/L MM 40-year 40 yrs Part IV Summary (See instructions_) 21 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 301 22 and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs 23

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

							
	filing for an Automatic 3-Month Extension, complete	•					► X
	filing for an Additional (Not Automatic) 3-Month Ext						
Do not comp	lete Part II unless you have already been granted an	automatic 3-	month extension on a previou	sly filed Form 88	868		
Electronic fil	ing (e-file). You can electronically file Form 8868 if you	u need a 3-m	onth automatic extension of ti	me to file (6 moi	nths t	for	
a corporation	required to file Form 990-T), or an additional (not autor	matic) 3-mon	ith extension of time. You can	electronically file	e For	m	
8868 to reque	st an extension of time to file any of the forms listed in	Part I or Part	t II with the exception of Form	8870, Information	on		
	nsfers Associated With Certain Personal Benefit Conti						
	For more details on the electronic filing of this form, vis				rofits		
Part I	Automatic 3-Month Extension of Time						
	required to file Form 990-T and requesting an automat	tic 6-month e	xtension – check this box and	complete			
Part I only							▶ [_]
to file income t	prations (including 1120-C filers), partnerships, REMIC	s, and trusts	must use Form 7004 to reque	est an extension	of tim	ne	
to me income i	dax returns			Enter filer's ide	ntifi	ina number si	ee instructions
Type or Name of exempt organization or other filer, see instructions						ation number (E	
print Name of exempt organization or other filer, see instru				Employer ider	iunce	monnoen (E	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
,	CADILLAC AREA COMMUNITY F	FOUNDATION 38-			351	3	
File by the	Number, street, and room or suite no. If a P.O. box,		Social security number (SSN)				
due date for 201 N. MITCHELL 101							
filing your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions							
instructions	CADILLAC MI	49601	<u> </u>				
Enter the Retu	m code for the return that this application is for (file a s	separate app	(ication for each return)				01
							
Application		Return	Application				Return
Is For	Fa 000 F7	Code	Is For				Code
Form 990-BI	Form 990-EZ	01	Form 990-T (corporation)				07
Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual)					09		
Form 990-PF 04 Form 5227					10		
	(sec 401(a) or 408(a) trust)	05	Form 6069				11
	(trust other than above)	06	Form 8870				12
	JOHN H. BISHOP						
	8475 S. 45 ROAD						
 The books a 	re in the care of ▶ CADILLAC					MI 49	9601
Telephone	No ▶ 231-775-2252	FAX No	•				. \Box
_	nization does not have an office or place of business in		·				▶ 📋
	a Group Return, enter the organization's four digit Gro			If this is	3		
•	roup, check this box If it is for part of	the group, ch	neck this box	and attach			
	ames and EINs of all members the extension is for an automatic 3-month (6 months for a corporation rec	nurod to file	Form 000 T) outcoming of time	 			
	5/15/15 , to file the exempt organization return	-					
	rganization's return for	rior the orga	medion named above The co	((0.15101110			
_	calendar year or						
▶ 🗓 1	lax year beginning $10/01/13$, and ending (09/30/3	14				
	year entered in line 1 is for less than 12 months, chec			nal return			
X_C+	nange in accounting period						
3a If this ap	plication is for Forms 990-BL, 990-PF, 990-T, 4720, or	6069, enter	the tentative tax, less any				
nonrefun	dable credits. See instructions				3a	\$	0
b If this app	plication is for Forms 990-PF, 990-T, 4720, or 6069, er	nter any refu	ndable credits and		ł		
	d tax payments made. Include any pnor year overpayn				3b_	\$	0
	due. Subtract line 3b from line 3a Include your payme		form, if required, by using		}	_	_
	Electronic Federal Tax Payment System) See instruct				3c	\$	0
	re going to make an electronic funds withdrawal (direct debit) v		8868, see Form 8453-EO and For	m 8879-EO for pay	yment		968
For Privacy Ac	ct and Paperwork Reduction Act Notice, see instru	ections.				Form O	(Rev 1-2014) 1.18