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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

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

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014, and ending 12-31-2014

Name of foundation ROBERT & JEANINE DAGENAIS FOUNDATION		A Employer identification number 38-3195426	
Number and street (or P O box number if mail is not delivered to street address) 1505 NORTH LINCOLN ROAD		B Telephone number (see instructions) (906) 786-1600	
City or town, state or province, country, and ZIP or foreign postal code ESCANABA, MI 49829		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 2,135,261		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	158,353			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	416	416	416	
	4 Dividends and interest from securities.	48,540	48,540	48,540	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	4,126			
	b Gross sales price for all assets on line 6a 4,126				
	7 Capital gain net income (from Part IV, line 2) . . .		4,126		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	211,435	53,082	48,956	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	11,088	5,544		5,544
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	20			20
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	3,174			3,174
	24 Total operating and administrative expenses. Add lines 13 through 23	14,282	5,544		8,738
	25 Contributions, gifts, grants paid	88,502			88,502
	26 Total expenses and disbursements. Add lines 24 and 25	102,784	5,544		97,240
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	108,651			
	b Net investment income (if negative, enter -0-)		47,538		
	c Adjusted net income (if negative, enter -0-)			48,956	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	259,407	237,558	237,558
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	168,000	248,000	343,624
	c	Investments—corporate bonds (attach schedule).	1,521,499	1,574,499	1,554,079
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,948,906	2,060,057	2,135,261	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	1,948,906	2,060,057	
	30	Total net assets or fund balances (see instructions)	1,948,906	2,060,057	
	31	Total liabilities and net assets/fund balances (see instructions) . . .	1,948,906	2,060,057	

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1 1,948,906
2	Enter amount from Part I, line 27a	2 108,651
3	Other increases not included in line 2 (itemize) ▶	3 2,500
4	Add lines 1, 2, and 3	4 2,060,057
5	Decreases not included in line 2 (itemize) ▶ _____	5
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6 2,060,057

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	4,126
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		3	

Part V

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))	
2013	109,253	1,882,033	0 058051	
2012	93,171	1,740,049	0 053545	
2011	86,690	1,577,443	0 054956	
2010	72,841	1,439,129	0 050615	
2009	66,136	1,322,314	0 050015	
2	Total of line 1, column (d).		2	0 267182
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		3	0 053436
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.		4	1,987,252
5	Multiply line 4 by line 3.		5	106,191
6	Enter 1% of net investment income (1% of Part I, line 27b).		6	475
7	Add lines 5 and 6.		7	106,666
8	Enter qualifying distributions from Part XII, line 4.		8	97,240
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions				

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		
	Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	951
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	
3	Add lines 1 and 2.	3	951
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	951
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	177
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	177
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	4
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	778
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded	11	

Part VII-AStatements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>			
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ _____ (2) On foundation managers \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
	<i>If "Yes," attach a detailed description of the activities.</i>			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
	<i>If "Yes," attach the statement required by General Instruction T.</i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) MI _____			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10		No

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address N/A				
14	The books are in care of JEANINE K DAGENAIS Telephone no (906) 786-1600 Located at 2007 LAKE SHORE DRIVE ESCANABA MI ZIP+4 49829			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year.	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country				

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. Yes No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. Yes No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). Yes No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here.	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?.	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?. If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. Yes No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	5b		No
	Organizations relying on a current notice regarding disaster assistance check here.			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JEANINE K DAGENAIS	PRESIDENT	0	0	0
2007 LAKE SHORE DRIVE ESCANABA, MI 49829	3 00			
MATTHEW A DAGENAIS	TRUSTEE	0	0	0
5636 28TH LANE BRAMPTON, MI 49837	1 00			
PAUL R DAGENAIS	TRUSTEE	0	0	0
E5153 M35 ESCANABA, MI 49829	1 00			
TIMOTHY R DAGENAIS	TRUSTEE	0	0	0
4152 12TH ROAD ESCANABA, MI 49829	1 00			
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				

Part VIII

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		

Part IX-A

Summary of Direct Charitable Activities

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

Part IX-B

Summary of Program-Related Investments (see instructions)

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

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	1,872,613
b	Average of monthly cash balances.	1b	144,902
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,017,515
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	2,017,515
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	30,263
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,987,252
6	Minimum investment return. Enter 5% of line 5.	6	99,363

Part XI

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

1	Minimum investment return from Part X, line 6.	1	99,363
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	951
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	951
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	98,412
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	98,412
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	98,412

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	97,240
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	97,240
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	97,240

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

Part XIII

Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1		Distributable amount for 2014 from Part XI, line 7			
2		Undistributed income, if any, as of the end of 2014			
a		Enter amount for 2013 only.			
b		Total for prior years 20____, 20____, 20____			
3		Excess distributions carryover, if any, to 2014			
a		From 2009. 464			
b		From 2010.			
c		From 2011. 8,343			
d		From 2012. 6,746			
e		From 2013. 15,554			
f		Total of lines 3a through e. 31,107			
4		Qualifying distributions for 2014 from Part XII, line 4 \$ 97,240			
a		Applied to 2013, but not more than line 2a			
b		Applied to undistributed income of prior years (Election required—see instructions).			
c		Treated as distributions out of corpus (Election required—see instructions).			
d		Applied to 2014 distributable amount. 97,240			
e		Remaining amount distributed out of corpus			
5		Excess distributions carryover applied to 2014 1,172 1,172			
		(If an amount appears in column (d), the same amount must be shown in column (a).)			
6		Enter the net total of each column as indicated below:			
a		Corpus Add lines 3f, 4c, and 4e Subtract line 5 29,935			
b		Prior years' undistributed income Subtract line 4b from line 2b.			
c		Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.			
d		Subtract line 6c from line 6b Taxable amount—see instructions.			
e		Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions.			
f		Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015. 0			
7		Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).			
8		Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions).			
9		Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a. 29,935			
10		Analysis of line 9			
a		Excess from 2010.			
b		Excess from 2011. 7,635			
c		Excess from 2012. 6,746			
d		Excess from 2013. 15,554			
e		Excess from 2014.			

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

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling.

b

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

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
		(a) 2014	(b) 2013	(c) 2012	(d) 2011	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . .					
c	"Support" alternative test—enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). (3) Largest amount of support from an exempt organization (4) Gross investment income					

Part XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

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

See Additional Data Table

b

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

2

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

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

a

The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

JEANINE DAGENAIS
1505 N LINCOLN ROAD
ESCANABA, MI 49829
(906) 786-1600

b

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

SEE ATTACHED

c

Any submission deadlines

SEE ATTACHED

d

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

SEE ATTACHED

Form 990-PF (2014)

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	88,502
b Approved for future payment				
Total			3b	

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2014)

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

Yes	No
-----	----

No

a Transfers from the reporting foundation to a noncharitable exempt organization of

(1) Cash.

1a(1)

No

(2) Other assets.

1a(2)

No

b Other transactions

(1) Sales of assets to a noncharitable exempt organization.

1b(1)

No

(2) Purchases of assets from a noncharitable exempt organization.

1b(2)

No

(3) Rental of facilities, equipment, or other assets.

1b(3)

No

(4) Reimbursement arrangements.

1b(4)

No

(5) Loans or loan guarantees.

1b(5)

No

(6) Performance of services or membership or fundraising solicitations.

1b(6)

No

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

1c

No

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

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

b If "Yes," complete the following schedule

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

Sign Here	*****	2015-05-01	*****	May the IRS discuss this return with the preparer shown below (see instr)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	


**Sign
Here**

**Paid
Preparer
Use
Only**


Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

ALL OF THE CONTRIBUTORS TO THE FOUN
LISTED ON THE ATTACHED SCHEDULES AR
CORPORATIONS OF JEANINE MATTHEW PAU
TIMOTHY DAGENAIS FOUNDATION MANAGER


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CENTRAL MICHIGAN UNIVERSITY 1200 SO FRANKLIN STREET MOUNT PLEASANT, MI 48859	NONE		EMPLOYEE SCHOLARSHIPS	6,000
FINLANDIA UNIVERSITY 601 QUINCY STREET HANCOCK, MI 49930	NONE		EMPLOYEE SCHOLARSHIP	3,000
NORTHERN MICHIGAN UNIVERSITY 1401 PRESQUE ISLE DRIVE MARQUETTE, MI 49855	NONE		EMPLOYEE SCHOLARSHIPS	6,000
ST NORBERTS COLLEGE 100 GRANT STREET DE PERE, WI 54115	NONE		EMPLOYEE SCHOLARSHIP	4,000
WESTERN MICHIGAN UNIVERSITY 1903 W MICHIGAN AVE KALAMAZOO, MI 49008	NONE		EMPLOYEE SCHOLARSHIP	3,000
AMERICAN LEGION POST 44 PO BOX 344 POWERS, MI 49874	NONE		FOURTH OF JULY CELEBRATION	200
YOUNG ANGLER PO BOX 1322 ESCANABA, MI 49829	NONE		YOUTH FISHING TOURNAMENT	100
BARK RIVER HARRIS HIGH SCHOOL US 2 HARRIS, MI 49845	NONE		ROBOTICS PROGRAM	200
BAY DE NOC COLLEGE FOUNDATION 2001 NORTH LINCOLN ROAD ESCANABA, MI 49829	NONE		STRINGS ON THE BAY	100
BAY DE NOC COLLEGE FOUNDATION 2001 NORTH LINCOLN ROAD ESCANABA, MI 49829	NONE		SCHOLARSHIP FUND	225
ESKymo BLUE LINE HOCKEY CLUB PO BOX 1 ESCANABA, MI 49829	NONE		YOUTH SPORTS	2,000
CITY OF ESCANABA 410 LUDINGTON STREET ESCANABA, MI 49829	NONE		AFTER SCHOOL CIVIC PROGRAM	500
CLASS OF '59 500 SOUTH LINCOLN ROAD ESCANABA, MI 49829	NONE		MEMORIAL SCHOLARSHIP FUND	100
DELTA COUNTY 6029 COUNTRY CLUB LANE GLADSTONE, MI 49829	NONE		EMERG COMMUNICATIONS TRAILER	1,000
DELTA HALF WAY HOUSE INC 1500 NORTH 19TH STREET ESCANABA, MI 49829	NONE		SUPPLIES	500
Total  3a				88,502


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ESCANABA FAN CLUB PO BOX 168 ESCANABA,MI 49829	NONE		SPRING FLING SPORTS PROGRAM	500
ESCANABA ROBOTICS TEAM 500 SOUTH LINCOLN ROAD ESCANABA,MI 49829	NONE		ROBOTICS	500
FORD RIVER VOLUNTEER FIRE DEPT 3845 K ROAD BARK RIVER,MI 49807	NONE		EQUIPMENT	1,000
FOSTER GRANPARENTS 5569 D ROAD BARK RIVER,MI 49807	NONE		TUTOR CHILDREN	150
FRIENDS OF THE GLADSTONE LIBRARY 400 S 10TH STREET GLADSTONE,MI 49837	NONE		BOOKS	100
GENERAL FEDERATION WOMANS CLUB PO BOX 41 ESCANABA,MI 49829	NONE		CHILDREN'S WELFARE	500
GLADSTONE BASEBALL BOOSTERS PO BOX 302 GLADSTONE,MI 49837	NONE		YOUTH SPORTS EQUIPMENT	2,604
HOLY NAME SCHOOLS 409 SOUTH 22ND STREET ESCANABA,MI 49829	NONE		PLUMBING REPAIRS	2,000
HOPE AT THE INN 3001 5TH AVE SOUTH ESCANABA,MI 49829	NONE		SHELTER	1,000
LITTLE LEAGUE 225 N 21ST STREET ESCANABA,MI 49829	NONE		TRAVEL & TOURNAMENT EXP	200
MOPS 202 S 11TH STREET ESCANABA,MI 49829	NONE		CHRISTMAS GIFTS	100
OSF FOUNDATION 3409 LUDINGTON STREET ESCANABA,MI 49829	NONE		REHAB CENTER	11,000
PATHWAYS 2820 COLLEGE AVENUE ESCANABA,MI 49829	NONE		STATE FAIR PASSES	200
REMNANTS BARBERSHOP CHORUS 700 1ST AVENUE SOUTH ESCANABA,MI 49829	NONE		CHORUS COSTS	300
SALVATION ARMY PO BOX 804 ESCANABA,MI 49829	NONE		FOOD PANTRY	5,000
Total  3a				88,502

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SHOPKO 2530 1ST AVENUE NORTH ESCANABA, MI 49829	NONE		NEEDY KIDS AT HIGH SCHOOL	2,000
SPECIAL OLYMPICS PO BOX 275 WELLS, MI 49894	NONE		SCHOLARSHIPS	500
SPOTLIGHTS PO BOX 965 ESCANABA, MI 49829	NONE		MUSIC DEPT	250
ST VINCENT DE PAUL 1014 LUDINGTON STREET ESCANABA, MI 49829	NONE		MATTRESSES	500
WM BONIFAS FINE ARTS CENTER 700 1ST AVENUE SOUTH ESCANABA, MI 49829	NONE		WATERFRONT ART SHOW	1,250
WM BONIFAS FINE ARTS CENTER 700 1ST AVENUE SOUTH ESCANABA, MI 49829	NONE		PROGRAM SUPPORT	1,750
YMCA OF DELTA COUNTY 2001 N LINCOLN ROAD ESCANABA, MI 49829	NONE		STRONG KIDS CAMPAIGN	1,000
YOUTH ASSISTANCE PROGRAM 401 LUDINGTON STREET ESCANABA, MI 49829	NONE		NEEDY YOUTH	500
CARING HOUSE 1305 PROSPECT AVENUE IRON MOUNTAIN, MI 49801	NONE		WASHER/DRYER	1,150
DICKINSON CNTY COMMUNITY CAN 1305 SOUTH PROSPECT AVENU IRON MOUNTAIN, MI 49801	NONE		LIFT CHAIR	848
DICKINSON CNTY VOCATIONAL SCHOOL 1074 PYLE DRIVE KINGSFORD, MI 49802	NONE		SCHOLARSHIP	1,000
EASTERN DICKINSON CT SPORTSMAN W4283 WASHINGTON STREET FELCH, MI 49831	NONE		KIDS	500
SALVATION ARMY 1401 S CARPENTER AVE IRON MOUNTAIN, MI 49801	NONE		FOOD PANTRY	2,000
DAR PO BOX 211 MENOMINEE, MI 49858	NONE		SPORTS EQUIPMENT	1,500
RAINBOW HOUSE PO BOX 1172 MARINETTE, WI 54143	NONE		SHEETS & TOWELS	750
Total  3a				88,502

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SALVATION ARMY 80 WEST RUSSEL STREET MARINETTE,WI 54143	NONE		FOOD PANTRY	2,000
SUICIDE PREVENTION PO BOX 617 MARINETTE,WI 54143	NONE		EDUCATION MATERIALS	750
KEEP KIDS WARM 801 HEMLOCK ISHPEMING,MI 49849	NONE		COATS	500
MARQUETTE BMX TRACK 910 HAWLEY STREET MARQUETTE,MI 49855	NONE		TRACK CONSTRUCTION	500
ROOM AT THE INN 447 W WASHINGTON STREET MARQUETTE,MI 49855	NONE		SHELTER SUPPORT	1,500
SALVATION ARMY 1009 WEST BARAGE MARQUETTE,MI 49855	NONE		FOOD PANTRY	3,000
ALGER COUNTY RELAY RACE 810 STATE HIGHWAY M28 MUNISING,MI 49862	NONE		RESEARCH	1,000
BEACON HOUSE 1301 N 3RD STREET MARQUETTE,MI 49855	NONE		DEC HOSPITALITY ROOM	3,000
BKORYE 814 3RD AVE SOUTH ESCANABA,MI 49829	NONE		4 WHEELER TRAINING	2,000
CLARE BEDDING 433 STEPHENSON AVE ESCANABA,MI 49829	NONE		TRI COUNTY SAFE HAVEN	1,575
NO MENOMINEE COUNTY COMMUNITY 3719 WEST GROVE LANE SPALDING,MI 49886	NONE		EXTRA CURRICULAR ACTIVITIES	300
MUNISING SCHOOLS 810 STATE HIGHWAY M28 WES MUNISING,MI 49862	NONE		PETER HEYRMAN SCHOLARSHIP	500
TRI COUNTY SAFE HARBOR 905 1ST AVENUE SOUTH ESCANABA,MI 49829	NONE		SHEETS & TOWELS	1,000
TRI COUNTY FIRE DEPARTMENT FF HIGHWAY 13 WETMORE,MI 49895	NONE		INSURANCE & EQUIPMENT	700
UP DOWN SYNDROME PO BOX 843 ESCANABA,MI 49829	NONE		RESOURCES	100
Total  3a				88,502

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY FOUNDATION 2500 7TH AVENUE SOUTH ESCANABA,MI 49829	NONE		VETERANS FLIGHT	2,000
UP YOUTH SHOTGUN SPORTS ORG 1420 MICHIGAN AVENUE GLADSTONE,MI 49837	NONE		SHOTGUN TRAINING	500
Total ▶ 3a				88,502

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.</div>	<div>OMB No 1545-0047</div> <div>2014</div>
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<div>Name of the organization</div> <div>ROBERT & JEANINE DAGENAIS FOUNDATION</div>	<div>Employer identification number</div> <div>38-3195426</div>
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div>
Form 990-PF	<div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>

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

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year. ▶ \$ _____

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

Name of organization ROBERT & JEANINE DAGENAIS FOUNDATION	Employer identification number 38-3195426
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Part I	Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 ____	See Additional Data Table _____ _____ _____	 \$ _____	 Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization ROBERT & JEANINE DAGENAIS FOUNDATION	Employer identification number 38-3195426
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Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

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

Name of organization ROBERT & JEANINE DAGENAIS FOUNDATION	Employer identification number 38-3195426
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

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

Additional Data

Software ID:

Software Version:

EIN: 38-3195426

Name: ROBERT & JEANINE DAGENAIS
FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>1</div>	<div>RIVERSIDE AUTO GROUP</div> <div>2511 LUDINGTON STREET</div> <div>ESCANABA, MI 49829</div>	<div>\$ 8,750</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>7</div>	<div>RIVERSIDE AUTO GROUP</div> <div>4030 HALL AVENUE</div> <div>MARINETTE, WI 54143</div>	<div>\$ 6,880</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>2</div>	<div>JDPD INC</div> <div>501 STEPHENSON AVENUE</div> <div>ESCANABA, MI 49829</div>	<div>\$ 17,515</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>3</div>	<div>TRD GROUP INC</div> <div>1419 LUDINGTON STREET</div> <div>ESCANABA, MI 49829</div>	<div>\$ 7,800</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>4</div>	<div>FIRST BANK UPPER MICHIGAN</div> <div>1400 DELTA AVENUE</div> <div>GLADSTONE, MI 49837</div>	<div>\$ 100,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>5</div>	<div>RIVERSIDE AUTO GROUP</div> <div>N3696 NORTH US 2</div> <div>IRON MOUNTAIN, MI 49801</div>	<div>\$ 9,335</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>6</div>	<div>RIVERSIDE AUTO GROUP</div> <div>2025 US 41 WEST</div> <div>MARQUETTE, MI49855</div>	<div>\$ 8,013</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

**TY 2014 Investments Corporate
Bonds Schedule**

Name: ROBERT & JEANINE DAGENAIS
FOUNDATION

EIN: 38-3195426

Name of Bond	End of Year Book Value	End of Year Fair Market Value
DFA INVT DIMENSIONS GROUP INC	67,999	67,741
DFA 5 YR GLOBAL BD FUND	319,500	311,796
PIMCO TOTAL RETURN	302,500	290,476
VANGUARD BD INDEX FD INC	294,500	317,647
VANGUARD FIXED INC SERIES F	312,500	296,060
VANGUARD INT TERM TREASURY	277,500	270,359

**TY 2014 Investments Corporate
Stock Schedule**

Name: ROBERT & JEANINE DAGENAIS
FOUNDATION

EIN: 38-3195426

Name of Stock	End of Year Book Value	End of Year Fair Market Value
DIMENSIONAL INVT GRP INC GLB	193,000	277,184
VANGUARD SPEC PORT REIT IDX	55,000	66,440

TY 2014 Other Expenses Schedule

Name: ROBERT & JEANINE DAGENAIS
FOUNDATION

EIN: 38-3195426

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
OFFICE SUPPLIES	3,174			3,174

TY 2014 Other Increases Schedule

Name: ROBERT & JEANINE DAGENAIS
FOUNDATION
EIN: 38-3195426

Description	Amount
RETURNED SCHOLARSHIPS	2,500

TY 2014 Other Professional Fees Schedule

Name: ROBERT & JEANINE DAGENAIS
FOUNDATION

EIN: 38-3195426

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TRUSTEE FEES	11,088	5,544		5,544

TY 2014 Taxes Schedule

Name: ROBERT & JEANINE DAGENAIS

FOUNDATION

EIN: 38-3195426

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MICHIGAN ANNUAL FEE	20			20

COMMON GRANT APPLICATION FORM ROBERT & JEANINE DAGENAIS FOUNDATION

Dear Nonprofit Colleague:

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

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

INSTRUCTIONS

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

Resources:

Call or write to each grantmaker to obtain a copy of their funding guidelines.

Use the *Michigan Foundation Directory*.

Visit a Foundation Center Collection Library.

The Council of Michigan Foundations Does Not Make Grants.

ROBERT & JEANINE DAGENAIS FOUNDATION

COMMON GRANT APPLICATION

COVER SHEET

Date of Application: _____

Legal name of organization
applying: _____

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

Year Founded: _____ Current Operating Budget: _____

Executive Director: _____ Phone number _____

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

Address (principal/administrative office): _____

City/State/Zip: _____

Fax Number: _____ E-mail
Address: _____

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

Project
Name: _____

Purpose of Grant (one sentence): _____

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

Total Project Cost: \$ _____

Geographic Area Served: _____

Signature, Chairperson, Board of Directors

Date

Typed Name and Title

Signature, Executive Director

Date

COMMON GRANT APPLICATION FORMAT

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

A. NARRATIVE

1. Executive Summary

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

2. Purpose of Grant

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

3. Evaluation

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

4. Budget Narrative/Justification

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

5. Organization Information

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

B. ATTACHMENTS

1. A copy of the current IRS determination letter indicating 501(c)(3) tax-exempt status.

2. List of Board of Directors with affiliations.

3. Finances

- Organization's current annual operating budget, including expenses and revenue.
- Most recent annual financial statement (independently audited, if available; if not available, attach Form 990).

4. Letters of support should verify project need and collaboration with other organizations. (Optional)

5. Annual report, if available.

GRANT BUDGET FORMAT

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

- A. Organizational fiscal year: _____
 B. Time period this budget covers: _____
 C. For a CAPITAL request, substitute your format for listing expenses. These will likely include: architectural fees, land/building purchase, construction costs, and campaign expenses.
 D. **Expenses:** include a *description and the total amount* for each of the following budget categories, in this order:

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

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

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

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

Americana Foundation	Elizabeth E. Kennedy Fund
Ann Arbor Area Community Foundation	Lacks Enterprises, Inc.
Claude D. & Etta H. Andrews Foundation	*Ludington Area Foundation
Guido A. & Elizabeth H. Binda Foundation	Marquette Community Foundation
Capital Region Community Foundation	The W.B. McCardell Family Foundation
The Carls Foundation	McKinley Foundation
Charlevoix County Community Foundation	*Metro Health Foundation
*Community Foundation for Delta County	MichCon Foundation
Community Foundation for Muskegon County	*Michigan AIDS Fund
Community Foundation for Northeast Michigan	Michigan Gateway Community Foundation
Community Heritage Foundation of Eaton Rapids	**The Michigan Women's Foundation
Consumers Energy Company	Morley Brothers Foundation
Consumers Energy Foundation	NBD Bank
*Robert & Jeanine Dagenais Foundation	NBD Bank Charitable Trust
Detroit Edison Foundation	The Nokomis Foundation
The J.F. Ervin Foundation	Petoskey-Harbor Springs Area Community Foundation
Greater Frankenmuth Area Community Foundation	The Pistons-Palace Foundation
The Fremont Area Foundation	*Rotary Charities of Traverse City
The Grand Rapids Foundation	May Mitchell Royal Foundation
*Greenville Area Foundation	Shiawassee Foundation
Health Education Foundation	Southfield Community Foundation
Robert L. & Judith S. Hooker Foundation	Sturgis Foundation
Hudson-Webber Foundation	A.M. Todd Company Foundation
The Jackson Community Foundation	The Wege Foundation
William A. & Ruth Janks Foundation	

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

GLOSSARY OF TERMS

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

Deadline for Submission:

Name: _____
(Last) (First) (M.I.)

Address: _____
 (Street Number and Name)

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

Female ☐ Male ☐ Social Security Number: _____ Date of Birth: _____

Address: _____
 (Street Number and Name)

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

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

High School/Home Schooling Program: _____

Address _____
 (Street Number and Name)

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

Name of school counselor: _____ Date of Graduation: _____

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

Graduating Class Size: _____ Rank in Class: _____

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

College/University: _____

Address: _____
(Street Number and Name)

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

Degree Program: _____ Major: _____ Minor: _____

Semester Hours Completed: _____ Semester Hours Currently Enrolled: _____

Cumulative Grade Point Average (4.0 scale): _____

SCHOOL ACTIVITIES:

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

COMMUNITY ACTIVITIES:

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

OTHER EXTRA-CURRICULAR ACTIVITIES:

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

SCHOLARSHIPS, GRANTS, ETC.:

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

AWARDS AND HONORS:

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

COLLEGES, UNIVERSITIES AND/OR PROGRAMS:

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

Separately, please include the following:

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

APPLICANT SIGNATURE:

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

Signature: _____ **Date:** _____

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

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

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

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

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

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

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

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

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