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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.

2015

Open to Public
Inspection

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

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	
C If exemption application is pending, check here <input checked="" type="checkbox"/>			
D 1. Foreign organizations, check here <input checked="" type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input checked="" type="checkbox"/>			
E If private foundation status was terminated under section 507(b)(1)(A), check here <input checked="" type="checkbox"/>			
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input checked="" type="checkbox"/>			
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		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	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 2,174,856		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	

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))		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	167,858			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	29,561	29,561	29,561	
	4 Dividends and interest from securities	12,986	12,986	12,986	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	16,190			
	b Gross sales price for all assets on line 6a	16,190			
	7 Capital gain net income (from Part IV, line 2)		16,190		
	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	226,595	58,737	42,547	
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)	750	375	375	
	c Other professional fees (attach schedule)	11,831	5,916	5,915	
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	1,758			20
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	273			273
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	14,612	6,291	6,583	
	25 Contributions, gifts, grants paid	101,900		101,900	
	26 Total expenses and disbursements. Add lines 24 and 25	116,512	6,291	108,483	
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	110,083			
	b Net investment income (if negative, enter -0-)		52,446		
	c Adjusted net income(if negative, enter -0-)			42,547	

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
1	Cash—non-interest-bearing				
2	Savings and temporary cash investments		237,558	258,641	258,641
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)	248,000	248,000	329,919	
c	Investments—corporate bonds (attach schedule)	1,574,499	1,663,499	1,586,296	
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)	2,060,057	2,170,140	2,174,856	
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		
24	Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/>				
	and complete lines 24 through 26 and lines 30 and 31.				
25	Unrestricted				
26	Temporarily restricted				
27	Permanently restricted				
28	Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/>				
	and complete lines 27 through 31.				
29	Capital stock, trust principal, or current funds				
30	Paid-in or capital surplus, or land, bldg , and equipment fund				
31	Retained earnings, accumulated income, endowment, or other funds	2,060,057	2,170,140		
32	Total net assets or fund balances (see instructions)	2,060,057	2,170,140		
33	Total liabilities and net assets/fund balances (see instructions)	2,060,057	2,170,140		

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	2,060,057
2	Enter amount from Part I, line 27a	2	110,083
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3	4	2,170,140
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	2,170,140

Part IV Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)		How acquired (b) P—Purchase D—Donation	Date acquired (c) (mo, day, yr)	Date sold (d) (mo, day, yr)
1a				
b				
c				
d				
e				
(e) Gross sales price		Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (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				Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69		Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	(l)
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 16,190
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?
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

Yes No

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))
2014	97,240	1,987,252	0 048932
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
2	Total of line 1, column (d).		2 0 266099
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 053220
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.		4 2,082,535
5	Multiply line 4 by line 3.		5 110,833
6	Enter 1% of net investment income (1% of Part I, line 27b).		6 524
7	Add lines 5 and 6.		7 111,357
8	Enter qualifying distributions from Part XII, line 4.		8 108,483

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <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	1,049
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	1,049
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	1,049
6	Credits/Payments		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	960
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	960
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	89
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 <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements 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?	<input type="checkbox"/>	Yes	No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	<input type="checkbox"/>	Yes	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>			
1c	Did the foundation file Form 1120-POL for this year?	<input type="checkbox"/>	Yes	No
1d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____			
1e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	<input type="checkbox"/>	Yes	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>	<input type="checkbox"/>	Yes	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<input type="checkbox"/>	Yes	No
4b	If "Yes," has it filed a tax return on Form 990-T for this year?	<input type="checkbox"/>	Yes	No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	<input type="checkbox"/>	Yes	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?	<input type="checkbox"/>	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>	<input type="checkbox"/>	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MI			
8b	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>	<input type="checkbox"/>	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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	<input type="checkbox"/>	Yes	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<input type="checkbox"/>	Yes	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? Website address ► N/A	13	Yes	
14	The books are in care of ► JEANINE K DAGENAIS Located at ► 2007 LAKE SHORE DRIVE ESCANABA MI	Telephone no ► (906) 786-1600 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 2015, 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? 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 ►	16	Yes	No

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 2015?	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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? If "Yes," list the years ► 20____, 20____, 20____, 20____	□ Yes	✓ No
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	
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 2015 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 2015)	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 2015?	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"/>	<input checked="" 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"/>	<input checked="" 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"/>	<input type="checkbox"/>	<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"/>	<input checked="" 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"/>	<input checked="" 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)?			
	Organizations relying on a current notice regarding disaster assistance check here.			<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
	<i>If "Yes" to 6b, file Form 8870.</i>			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			

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	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JEANINE K DAGENAIS 2007 LAKE SHORE DRIVE ESCANABA, MI 49829	PRESIDENT 3 00	0	0	0
MATTHEW A DAGENAIS 5636 28TH LANE BRAMPTON, MI 49837	TRUSTEE 1 00	0	0	0
PAUL R DAGENAIS E5153 M35 ESCANABA, MI 49829	TRUSTEE 1 00	0	0	0
TIMOTHY R DAGENAIS 4152 12TH ROAD ESCANABA, MI 49829	TRUSTEE 1 00	0	0	0

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

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000.				<input checked="" type="checkbox"/>

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	1,959,741
b	Average of monthly cash balances.	1b	154,508
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,114,249
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	2,114,249
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	31,714
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,082,535
6	Minimum investment return. Enter 5% of line 5.	6	104,127

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	104,127
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	1,049
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,049
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	103,078
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	103,078
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	103,078

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	108,483
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	108,483
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	108,483

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				103,078
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.	7,635			
c From 2012.	6,746			
d From 2013.	15,554			
e From 2014.				
f Total of lines 3a through e.		29,935		
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ _____ 108,483				
a Applied to 2014, 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 2015 distributable amount.				103,078
e Remaining amount distributed out of corpus		5,405		
5 Excess distributions carryover applied to 2015 (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		35,340		
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 2014 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 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 2010 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.		35,340		
10 Analysis of line 9				
a Excess from 2011.	7,635			
b Excess from 2012.	6,746			
c Excess from 2013.	15,554			
d Excess from 2014.				
e Excess from 2015.	5,405			

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

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. <input type="text"/>			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 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.			
b	85% of line 2a			
c	Qualifying distributions from Part XII, line 4 for each year listed			
d	Amounts included in line 2c not used directly for active conduct of exempt activities			
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c			
3	Complete 3a, b, or c for the alternative test relied upon			
a	"Assets" alternative test—enter			
(1)	Value of all assets			
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i)			
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.			
c	"Support" alternative test—enter			
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)			
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)			
(3)	Largest amount of support from an exempt organization			
(4)	Gross investment income			

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:**

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

See 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

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	101,900
b Approved for future payment				
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities.					
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property.					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e).					
13 Total Add line 12, columns (b), (d), and (e).					
				58,737	
					58,737

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

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
a Paid during the year				
CENTRAL MICHIGAN UNIVERSITY 1200 SO FRANKLIN STREET MOUNT PLEASANT, MI 48859	NONE		EMPLOYEE SCHOLARSHIPS	6,000
NORTHERN MICHIGAN UNIVERSITY 1401 PRESQUE ISLE DRIVE MARQUETTE, MI 49855	NONE		EMPLOYEE SCHOLARSHIPS	9,000
WESTERN MICHIGAN UNIVERSITY 1903 W MICHIGAN AVE KALAMAZOO, MI 49008	NONE		EMPLOYEE SCHOLARSHIP	3,000
BAY DE NOC COMMUNITY COLLEGE 2001 N LINCOLN ROAD ESCANABA, MI 49829	NONE		COLLEGE SCHOLARSHIP	6,000
BAY DE NOC COLLEGE FOUNDATION 2001 NORTH LINCOLN ROAD ESCANABA, MI 49829	NONE		STRINGS ON THE BAY	100
CITY OF ESCANABA 410 LUDINGTON STREET ESCANABA, MI 49829	NONE		AFTER SCHOOL CIVIC PROGRAM	500
DELTA HALF WAY HOUSE INC 1500 NORTH 19TH STREET ESCANABA, MI 49829	NONE		SUPPLIES	500
ESCANABA FAN CLUB PO BOX 168 ESCANABA, MI 49829	NONE		SPRING FLING SPORTS PROGRAM	2,500
GENERAL FEDERATION WOMANS CLUB PO BOX 41 ESCANABA, MI 49829	NONE		CHILDREN'S WELFARE	500
PATHWAYS 2500 7TH AVENUE SOUTH ESCANABA, MI 49829	NONE		SUPPORT	300
REMNANTS BARBERSHOP CHORUS 700 1ST AVENUE SOUTH ESCANABA, MI 49829	NONE		CHORUS COSTS	500
ST VINCENT DE PAUL 2119 PRESQUE ISLE AVE MARQUETTE, MI 49855	NONE		MATTRESSES	1,000
WM BONIFAS FINE ARTS CENTER 700 1ST AVENUE SOUTH ESCANABA, MI 49829	NONE		WATERFRONT ART SHOW	3,000
YMCA OF DELTA COUNTY 2001 N LINCOLN ROAD ESCANABA, MI 49829	NONE		STRONG KIDS CAMPAIGN	1,000
DAR BOYS AND GIRLS CLUB PO BOX 901 MENOMINEE, MI 49858	NONE		AFTER SCHOOL PROGRAM	1,200
Total.			► 3a	101,900

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
a Paid during the year				
MARQUETTE BMX TRACK 910 HAWLEY STREET MARQUETTE, MI 49855	NONE		TRACK CONSTRUCTION	500
MID PEN HIGH SCHOOL 5055 ST NICHOLAS 31ST RD ROCK, MI 49880	NONE		BACK PACK FOOD PROGRAM	1,000
WELLS SPORTS COMPLEX 1647 174 ROAD ESCANABA, MI 49829	NONE		ICE RINK SUPPORT	10,000
UPPER EDGE DELTA COUNTY PO BOX 1234 ESCANABA, MI 49829	NONE		CAGE	1,000
ESCANABA AREA SCHOOLS 500 S LINCOLN ROAD ESCANABA, MI 49829	NONE		GYMNASTICS/SUPPORT	8,750
PLAYERS DE NOC 700 1ST AVENUE SOUTH ESCANABA, MI 49829	NONE		ARTS SUPPORT	500
BISHOP NOA HOME 2900 3RD AVENUE SOUTH ESCANABA, MI 49829	NONE		MEMORY CARE CENTER	10,000
SCHAFFER LITTLE LEAGUE 4961 D ROAD BARK RIVER, MI 49807	NONE		LITTLE LEAGUE BASEBALL	500
GLADSTONE AREA HIGH SCHOOL 2100 HWY 35 GLADSTONE, MI 49837	NONE		SCHOLARSHIP	100
GLADSTONE FAN CLUB 400 SOUTH 10TH STREET GLADSTONE, MI 49837	NONE		SPORTS SUPPORT	500
DELTA AREA ANIMAL SOCIETY 6685 N 75 DRIVE ESCANABA, MI 49829	NONE		FUNDRAISER DONATION	250
FOSTER GRANDPARENTS PROGRAM 507 1ST AVE NORTH ESCANABA, MI 49829	NONE		TUTOR CHILDREN	100
DELTA COUNTY CANCER ALLIANCE 419 LUDINGTON STREET ESCANABA, MI 49829	NONE		PATIENT NEEDS	500
BETHANY LUTHERAN CHURCH 202 S 11TH STREET ESCANABA, MI 49829	NONE		FOOD FOR NEEDY	10,000
MERRIMAN SPORTSMAN CLUB PO BOX 485 IRON MOUNTAIN, MI 49801	NONE		SUPPORT	950
Total			► 3a	101,900

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				
MOVING MOUNTAINS 1004 N EVERGREEN DRIVE IRON MOUNTAIN, MI 49801	NONE		SUPPORT	500
PINE MOUNTAIN SKI PATROL 3332 PINE MOUNTAIN ROAD IRON MOUNTAIN, MI 49801	NONE		SUPPORT	550
DICKINSON COUNTY VOC SCHLRSHP ASSN 300 N BOULEVARD KINGSFORD, MI 49802	NONE		SCHOLARSHIP	1,000
SUICIDE PREVENTION PO BOX 617 MARINETTE, WI 54143	NONE		SUPPORT SUICIDE PREVENTION	500
HEALTHY YOUTH COALITION 1201 41ST AVENUE MENOMINEE, MI 49858	NONE		SUPPORT	800
RAINBOWHOUSE 1530 MAIN STREET MARINETTE, WI 54143	NONE		SHEETS AND TOWELS	500
RELAY FOR LIFE 525 POPLAR STREET ISHPEMING, MI 49849	NONE		SUPPORT	500
JJ PACKS 611 N FRONT STREET MARQUETTE, MI 49855	NONE		SUPPORT	1,000
UPAWS 84 SNOWFIELD ROAD NEGAUNEE, MI 49866	NONE		SUPPORT	300
CARE CLINIC 1213 N 3RD MARQUETTE, MI 49855	NONE		SUPPORT	350
WOMENS CENTER 1310 S FRONT STREET MARQUETTE, MI 49855	NONE		SUPPORT	350
ALGER COUNTY RELAY RACE 810 M28 STATE HWY W MUNISING, MI 49862	NONE		ACS RELAY RACE SUPPORT	1,000
CLEAR LAKE EDUCATIONAL CTR 2525 SOUTH 3RD AVENUE ESCANABA, MI 49829	NONE		SCHOLARSHIP	1,000
BKORVE 600 LUDINGTON STREET ESCANABA, MI 49829	NONE		4 WHEELER TRAINING	2,500
DELTA COUNTY HISTORICAL SOCIETY 16 BEAUMIER WAY ESCANABA, MI 49829	NONE		SUPPORT	2,500
Total				► 3a 101,900

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				
LAKEVIEW CEMETERY 2110 3RD AVENUE SOUTH ESCANABA, MI 49829	NONE		SUPPORT	5,050
TRI COUNTY SAFE HARBOR 905 1ST AVENUE SOUTH ESCANABA, MI 49829	NONE		SHEETS AND TOWELS	1,000
OSF WOMEN IN PHILANTHROPY 3409 LUDINGTON STREET ESCANABA, MI 49829	NONE		SUPPORT	1,000
JACOBETTI VETERANS HOME 425 FISHER STREET MARQUETTE, MI 49855	NONE		SUPPORT	750
HOPE AT THE INN 3005 5TH AVENUE SOUTH ESCANABA, MI 49829	NONE		SUPPORT	500
DELTA COUNTY SHERIFF DEPT 111 N 3RD STREET ESCANABA, MI 49829	NONE		SUPPORT	500
Total.			► 3a	101,900

TY 2015 Accounting Fees Schedule

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

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	750	375		375

TY 2015 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	67,610
DFA 5 YR GLOBAL BD FUND	319,500	310,940
PIMCO TOTAL RETURN	391,500	357,460
VANGUARD BD INDEX FD INC	294,500	294,035
VANGUARD FIXED INC SERIES F	312,500	288,507
VANGUARD INT TERM TREASURY	277,500	267,744

TY 2015 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 INV'T GRP INC GLB	193,000	264,550
VANGUARD SPEC PORT REIT IDX	55,000	65,369

TY 2015 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	253			253
PO BOX RENTAL	20			20

TY 2015 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	11,831	5,916		5,915

TY 2015 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
INVESTMENT EXCISE TAX	1,738			

2015

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

Name of the organizationROBERT & JEANINE DAGENAIS
FOUNDATION**Employer identification number**

38-3195426

Organization type (check one)**Filers of:****Section:**

Form 990 or 990-EZ

501(c)() (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

Form 990-PF

501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 33^{1/3}% 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 organizationROBERT & JEANINE DAGENAIS
FOUNDATION**Employer identification number**

38-3195426

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table	\$	<input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II for noncash contribution)</small>
—		\$	<input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II for noncash contribution)</small>
—		\$	<input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II for noncash contribution)</small>
—		\$	<input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II for noncash contribution)</small>
—		\$	<input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II for noncash contribution)</small>
—		\$	<input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II for noncash contribution)</small>
—		\$	<input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II for noncash contribution)</small>
—		\$	<input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II for noncash contribution)</small>
—		\$	<input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II for noncash contribution)</small>

Name of organization ROBERT & JEANINE DAGENAIS FOUNDATION		Employer identification number 38-3195426	
Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

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
1	RIVERSIDE AUTO GROUP 2511 LUDINGTON STREET ESCANABA, MI49829	\$ 9,540	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contribution)
7	RIVERSIDE AUTO GROUP 2600 LUDINGTON STREET ESCANABA, MI49829	\$ 7,540	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contribution)
2	JDPD INC 5273 US 2 AND 41 ESCANABA, MI49829	\$ 19,410	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contribution)
3	TRD GROUP INC 1419 LUDINGTON STREET ESCANABA, MI49829	\$ 9,215	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contribution)
4	FIRST BANK UPPER MICHIGAN 1400 DELTA AVENUE GLADSTONE, MI49837	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contribution)
5	RIVERSIDE AUTO GROUP N3696 NORTH US 2 IRON MOUNTAIN, MI49801	\$ 10,273	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contribution)

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
6	<p>RIVERSIDE AUTO GROUP 4030 HALL AVENUE MARINETTE, WI 54143</p>	\$ 8,280	<p>Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contribution)</p>