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Return of Private Foundation

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

OMB No 1545-0052

2016

Open to Public Inspection

Degartment of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

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

For	calen	dar year 2016 or tax year beginning	, 201	6, and (, 20
Nan	ne of fou	undation			A Employe	r identification numbe	r
		ods Foundation			26-1481		
Nur	nber and	street (or P O box number if mail is not delivered to street address)	Room	/suite	B Telephon	e number (see instructi	ons)
333	3_ Sa	rgent Road	_		517-789	-4400	
City	or towr	, state or province, country, and ZIP or foreign postal code			C If exempt	ion application is pendi	ng, check here ▶ 🗍
Jac	kson	MI 49201					_
G	Check	all that apply: Initial return Initial return	of a former public	charity	D 1. Foreign	n organizations, check i	nere ►
		☐ Final return ☐ Amended r	eturn		2 Foreign	organizations meeting	the 85% test
		☐ Address change ☐ Name char	ige		check	here and attach compu	tation ▶ 🗌
		type of organization. Section 501(c)(3) exempt per				foundation status was t 07(b)(1)(A), check here	
	Sectio	n 4947(a)(1) nonexempt charitable trust Other tax	able private found	dation	Section 5	or (b)(1)(A), check hele	▶⊔
ı	Fair m	arket value of all assets at J Accounting method	☐ Cash ☐ A	ccrual	F If the four	ndation is in a 60-mont	termination
		year (from Part II, col (c), Other (specify)			under sec	ction 507(b)(1)(B), check	here
		\$ 86,033 (Part I, column (d) must be	on cash basis.)				
Pa	rt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(5) Not		(a) Advicted and	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		investment icome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))					(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	130,664	L			
	2	Check ► ☐ if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5a	Gross rents		<u> </u>			
	b	Net rental income or (loss)					
9	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a					
e (7	Capital gain net income (from Part IV, line 2) .		ļ	0		
œ	8	Net short-term capital gain					
	9	Income modifications		<u> </u>			
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)	0	<u> </u>			
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	130,664		0	0	
S	13	Compensation of officers, directors, trustees, etc.					
benses	14	Other employee salaries and wages			DEA		
en	15	Pension plans, employee benefits		$\bot \bot$	MEU		
	16a	Legal fees (attach schedule)		L.			
9	b	Accounting fees (attach schedule)		E	MAY	9 2017	
:≥	С	Other professional fees (attach schedule)					
tra	17	Interest		 	<u> OG</u> D	EM. UT	
nis	18	Taxes (attach schedule) (see instructions)		<u> </u>			
Ē	19	Depreciation (attach schedule) and depletion		 			_ _
₽d	20	Occupancy	·	<u> </u>			
ğ	21	Travel, conferences, and meetings		 			
a	22	Printing and publications	7.4				
Operating and Administrative Ex	23	Other expenses (attach schedule)	764				
ati	24	Total operating and administrative expenses.	76.		_		•
ē	0.5	Add lines 13 through 23	764		0	0	0
g	25	Contributions, gifts, grants paid	94,900				
_	26	Total expenses and disbursements. Add lines 24 and 25	95,664		0	0	0
	27	Subtract line 26 from line 12	05.005	4		ļ	{
	a	Excess of revenue over expenses and disbursements	35,000	_			
	b	Net investment income (if negative, enter -0-)		 	0		
	C	Adjusted net income (if negative, enter -0-)	1	1		0	

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2016)

Рa	rt IIÌ	Ralance Sheets	Attached schedules and amounts in the description column	Beginning of year	End of	f year
<u>ئ</u>			should be for end-of-year amounts only (See instructions)		(b) Book Value	(c) Fair Market Value
l	1		bearing	51,033	86,033	86,033
[2	Savings and tempora	ary cash investments	Ĺ		
ĺ	3	Accounts receivable	>			
		Less allowance for o	doubtful accounts ▶			
Ì	4	Pledges receivable	•	<u> </u>		
		Less allowance for o	doubtfuł accounts ►			
- }	5	Grants receivable .			1	
l	6	Receivables due fro	om officers, directors, trustees, and other			
i		disqualified persons	(attach schedule) (see instructions) .			
	7	Other notes and loans re	eceivable (attach schedule) ▶			
j		Less allowance for do	ubtful accounts ►			
ည	8	inventories for sale of				
Assets	9	Prepaid expenses ar				
AS	10a		I state government obligations (attach schedule)		-	
	b		rate stock (attach schedule)			
}	c		rate bonds (attach schedule)			
}	11		dings, and equipment basis ▶	ļ		
Ì	• •	Less accumulated denre	eciation (attach schedule)			
	12	Investments—mortg		l i		
	13		(attach schedule)	<u> </u>		
	14	Land huldings and or	quinmont basis			
	14	Land, buildings, and ed	quipment basis ►			
	15	Other geneta (deneril	he >			····
	16	Total assets (describ	be ►) be completed by all filers—see the			
	10		ee page 1, item I)		86,033	06 022
	47			31,033	00,033	86,033
	17	• •	nd accrued expenses			
Sa	18	• •				
≝	19					
Liabilities	20		rectors, trustees, and other disqualified persons			
Ë	21	• •	r notes payable (attach schedule)			
	22	Other liabilities (desc	cribe >) I lines 17 through 22)			
	23					
S		Foundations that fo	bllow SFAS 117, check here ▶ ☐			
lances		•	_	51 000	0.6.000	
lar	24			51,033	86,033	
	25	Temporarily restricte				
ַם	26	Permanently restrict		<u> </u>		
Net Assets or Fund Ba			o not follow SFAS 117, check here ▶ □			
_		and complete lines	-			
0	27	•	orincipal, or current funds			j
ete	28	•	rplus, or land, bldg., and equipment fund			
SS	29	•	cumulated income, endowment, or other funds			}
⋖ .	30		fund balances (see instructions)	51,033	86,033	
ē	31	Total liabilities a	and net assets/fund balances (see			
_		instructions)		51,033	86,033	
	rt III		nges in Net Assets or Fund Balances			
1			balances at beginning of year—Part II, colu		agree with	
	end-	of-year figure reporte	ed on prior year's return)		. 1	51,033
2	Ente	er amount from Part I,	line 27a		. 2	35,000
3					3	
		lines 1, 2, and 3			. 4	86,033
_	_					
6	Tota	I net assets or fund b	n line 2 (itemize) ► alances at end of year (line 4 minus line 5)—	Part II, column (b), line	e 30 6	86,033
						5 900 PE (040)

Part	(a) List and describe the	Losses for Tax on Investment kind(s) of property sold (e.g., real estate se, 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						
b						
С						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		in or (loss) (f) minus (g)
а						
<u>b</u>						
C						
<u>d</u>						
<u> e </u>		(h) and award	hu tha faundation	on 12/21/60		
	Complete only for assets sho	wing gain in column (h) and owned				l (h) gain minus it less than -0-) or
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	١ , ,	s of col (i) (j), if any		from coi (h))
a			· · · · · · · · · · · · · · · · · · ·			
b						
c						
d						
ее		/ 15		1017		
2	Capital gain net income or		also enter in Pa , enter -0- in Pa		2	
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c) (see ınstru	ctions). If (loss)).), enter -0- in } 	3	
Part		er Section 4940(e) for Red		let Investment		
		vate foundations subject to the				
If sect	tion 4940(d)(2) applies, leave	e this part blank. section 4942 tax on the distribu	itable amount o	f any year in the		☐ Yes ☐ No
	s, the foundation does not	qualify under section 4940(e) [or see the instri	uctions before m	aking any entries	
	(a)		ar, see the mstr		aking any entires	(d)
Cale	Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distribution	ns Net value o	(c) of noncharitable-use a 		stribution ratio divided by col (c))
	2015					
	2014					
	2013					
	2012					
	2011					
2	Total of line 1, column (d))			2	
3	Average distribution ratio number of years the found	for the 5-year base period—div dation has been in existence if I	ride the total on ess than 5 years	line 2 by 5, or by	· 3	
4	Enter the net value of non	ncharitable-use assets for 2016	from Part X, line	5	. 4	
5	Multiply line 4 by line 3				5	
6	Enter 1% of net investme	nt income (1% of Part I, line 27	b)		6	
7	Add lines 5 and 6 .				. 7	
8	Enter qualifying distribution of great line 8 is equal to or great	ons from Part XII, line 4 ater than line 7, check the box	 ın Part VI, line 1	 b, and complete	that part using a	1% tax rate See the
	Part VI instructions.			•	-	

Part	Excise Tax Based on Investment Income (Section 4940)	<i>a j</i> , 454	U(D), 4	940(e), (OF 49	40	see in	Stru	ICTIO	ns)
(1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ a. Date of ruling or determination letter (attach copy of letter if ne				<u>,)</u>					
b	Domestic foundations that meet the section 4940(e) requirements in Pa	-		isti uction	³	1				
	here ▶ ☐ and enter 1% of Part I, line 27b				. (
С	All other domestic foundations enter 2% of line 27b. Exempt foreign of Part I, line 12, col (b)	organiza	ations e	nter 4%	of)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable found	lations o	only Oth	ers enter	-0-)	2				<u> </u>
3	Add lines 1 and 2					3	ļ		0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable found		-		-0-)	4				<u> </u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero of	or less, e	enter -0		•	5			0	
6	Credits/Payments:	1 - 1			ı					1
а	2016 estimated tax payments and 2015 overpayment credited to 2016	6a			 					i
b	Exempt foreign organizations—tax withheld at source	6b			 					
C	Tax paid with application for extension of time to file (Form 8868) . Backup withholding erroneously withheld	6c 6d				}				ļ
d 7						7	1		0	4
7 8	Enter any penalty for underpayment of estimated tax. Check here [] if	Form 2	 220 is :	ttached		8	 -			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount of		.220 13 6	attacricu	•	9			0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the		t overn	aid		10			 0	 -
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶		•	efunded	•	11			0	
Part	VII-A Statements Regarding Activities						L			
1a	During the tax year, did the foundation attempt to influence any natio	nal, sta	te, or lo	cal legis	lation	or d	ıd ıt		Yes	No
	participate or intervene in any political campaign?							1a		X
b	Did it spend more than \$100 during the year (either directly or in Instructions for the definition)?	ndirecti	y) for _i	oolitical	purpo	ses (·)	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the published or distributed by the foundation in connection with the activities.		es and	copies o	f any	mate	rials			
С	Did the foundation file Form 1120-POL for this year?						. [1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) (1) On the foundation. ▶ \$(2) On foundation ma			the yea	r 					
е	Enter the reimbursement (if any) paid by the foundation during the year on foundation managers. ▶ \$	for polit	tical exp	enditure	tax ir	npose	ed			
2	Has the foundation engaged in any activities that have not previously be <i>If "Yes," attach a detailed description of the activities.</i>	een rep	orted to	the IRS	? .	-	-	2		X
3	Has the foundation made any changes, not previously reported to the IRS incorporation, or bylaws, or other similar instruments? If "Yes," attach a co					article	s of	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or i						-	49		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		g				·	4b		
5	Was there a liquidation, termination, dissolution, or substantial contract	ion duri	ng the	/ear?			·	5		X
	If "Yes," attach the statement required by General Instruction T.									
6	Are the requirements of section 508(e) (relating to sections 4941 throug	h 4945)	satisfie	d either.			į			
	By language in the governing instrument, or							į.		
	By state legislation that effectively amends the governing instrument	t so tha	it no ma	andatory	direct	ions i	that			
_	conflict with the state law remain in the governing instrument?						}	6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "		•			d Part	XV _	7	Х	
8a	Enter the states to which the foundation reports or with which it is regis	tered (s	see instr	uctions) i	•					
	Michigan If the answer is "Yes" to line 7, has the foundation furnished a copy of	Form C	000 DE	to the At	orno	Con	oral			
b	(or designate) of each state as required by General Instruction G? If "No				iomey	Gen		26	V	ئـــــــــــــــــــــــــــــــــــــ
0	Is the foundation claiming status as a private operating foundation with				n 40	 12/1\/2	<u> </u>	8b	Χ	ميسور
9	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (
	complete Part XIV							9	ļ	Х
10	Did any persons become substantial contributors during the tax year?	If "Yes.	" attach	a sched	ule lis	ting t	heir 📙	-	-	
_	names and addresses						I	10	{	Х
										

Part	VII-A Statements Regarding Activities (continued)			
<u> </u>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11)	X
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶ www.dawnfoods.com			L
14	The books are in care of ► Sarah C. Richmond Telephone no. ► 517-78	39-44	100	
	Located at ▶ 3333 Sargent Road, Jackson, MI ZIP+4 ▶ 49201			
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 2016, did the foundation have an interest in or a signature or other authorit	y	Yes	No
	over a bank, securities, or other financial account in a foreign country?.	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			177.4
	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	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . ☐ Yes ☐ No (4) Pay compensation to, or pay or reimburse the expenses of, 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		(, f.	
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	153		
	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.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	. 1	X
	Organizations relying on a current notice regarding disaster assistance check here ▶□			11:1
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 2016?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2016?			1
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
р	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		200	4.
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	The state of		
	all years listed, answer "No" and attach statement—see instructions)	2b	Mar 350 19	X Essention
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	26		
3a	► 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Ja	at any time during the year?			
L		1	**/	
b	If "Yes," did it have excess business holdings in 2016 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	3		3.27
	foundation had excess business holdings in 2016)	3b		X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	\dashv	$\frac{X}{X}$
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 2016?	4b		X

Pari	VIES Statements Regarding Activities	s tor W	hich Form	4720	May Be R	equire	d (contin	ued)		
_5a	Dunng the year did the foundation pay or incur a	ny amo	ount to.							
·	(1) Carry on propaganda, or otherwise attempt t	o influe	ence legislatio	on (sect	tion 4945(e)))? .	TYes	⊠ No) #	į.
	(2) Influence the outcome of any specific public	electi	on (see secti	on 495	5), or to ca	arry on,				j
	directly or indirectly, any voter registration dr	ive?					Yes	X No		
	(3) Provide a grant to an individual for travel, stu	dy, or d	other similar i	purpos	es? .		Yes 🗌	X No		ŀ
	(4) Provide a grant to an organization other than	n a cha	ritable, etc ,	organız	ation desci	ibed in				
	section 4945(d)(4)(A)? (see instructions).						☐ Yes	X No		
	(5) Provide for any purpose other than religious,	, chant	able, scientifi	ic, litera	ary, or educ	ational				
	purposes, or for the prevention of cruelty to o	childrer	or animals?		•		Yes	X No		<u>;</u>
b	If any answer is "Yes" to 5a(1)-(5), did any of the							bed in		į.
	Regulations section 53 4945 or in a current notice	regardı	ng disaster as	ssistand	e (see instr	uctions)	?		5b	Х
	Organizations relying on a current notice regarding	ng disa	ister assistan	ce che	ck here					
С	If the answer is "Yes" to question 5a(4), does t			exem	ption from	the tax				li (;
	because it maintained expenditure responsibility	for the	grant? .		•		Yes	🛚 No		ļ
	If "Yes," attach the statement required by Regula									
6a	Did the foundation, during the year, receive any	funds,	directly or inc	directly	, to pay pre	miums				1
	on a personal benefit contract?	•					Yes	🗓 No		
b	Did the foundation, during the year, pay premiun	ns, dıre	ctly or indired	ctly, on	a personal	benefit	contract?	,	6b	X
	If "Yes" to 6b, file Form 8870.									
7a	At any time during the tax year, was the foundation						Yes Yes			
b	If "Yes," did the foundation receive any proceeds								7b	
Par	VIII Information About Officers, Direc	tors, 1	rustees, F	ounda	tion Mana	igers,	Highly P	aid E	mploye	es,
- 4	and Contractors		4 4 1.	-!		<u> </u>	441			
1	List all officers, directors, trustees, foundation		e, and average		mpensation		Contributions			
	(a) Name and address	hou	rs per week	(If r	not paid,	emplo	yee benefit p	lans	(e) Expens other all	e account, owances
S00	N++achod	devoi	ed to position		ter -0-)	and dere	erred comper	isation		
<u> </u>	Attached			Ì				j		
		ļ						}		
								İ		
				}						
2	Compensation of five highest-paid employee	s (oth	er than thos	se incl	uded on li	ne 1—	see instru	ctions). If no	ne, enter
	"NONE."				·					
			(b) Title, and a				(d) Contribut employee b	ions to	(a) Evacos	
	(a) Name and address of each employee paid more than \$50,00	00	hours per v devoted to pe		(c) Comper	sation	plans and de	eferred	other all	e account, owances
							compensa	tion		
			}			1		1		
					ļ					
			}							
			 							
			}			ļ		}		
			 							
			ł		ĺ	ſ		}		
			}		 					
						}		1		
Total	number of other employees paid over \$50,000		<u> </u>		L					
rotal	number of other employees paid over \$50,000	· ·	· · · · ·		· · · ·				200	DE (casa)
								F	om 330 .	PF (2016)

3 Five	and Contractors (continued) highest-paid independent contractors for professional services (see instructions). If none, enter "NOI	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
		
		
		
Total numb	er of others receiving over \$50,000 for professional services	
Part IX-A	Summary of Direct Charitable Activities	
		
	ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of its and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
2		
3		
J		
4		
	Commence of Browners Belated Investments (comments to see	
Part IX-B	Summary of Program-Related Investments (see instructions) e two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	e two largest program-related investments made by the foundation during the tax year of lines 1 and 2	Amount
*		
2		
All adhan a		
All other pr	ogram-related investments. See instructions	
J		
Total. Add	Innes 1 through 3	(
		Form 990-PF (2016

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions)	ign fou	indations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of secunties	1a	
b	Average of monthly cash balances	1b	
C	Average of monthly cash balances	1c	
d	Total (add lines 1a, b, and c)	1d	
e	Reduction claimed for blockage or other factors reported on lines 1a and	3 147. 4	
2	1c (attach detailed explanation)	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	-3	
7	instructions)		
_		4	
5 6	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	
	Minimum investment return. Enter 5% of line 5. XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	<u> 6 </u>	
Part	and certain foreign organizations check here ▶ □ and do not complete this part)	ounda	tions
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
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	
Part	XII Qualifying Distributions (see instructions)		
1			
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	202	0
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	94,900
ь 2	Program-related investments—total from Part IX-B	1b	-
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, 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	94,900
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	94,900
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g wheth	

Part	XIII Undistributed Income (see instruction	ns)			
`1	Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
	line 7				
2	Undistributed income, if any, as of the end of 2016	-			
а	Enter amount for 2015 only			<u> </u>	
b	Total for prior years 20,20,20				
3	Excess distributions carryover, if any, to 2016				
a	From 2011				
b	From 2013				
d	From 2014				
e	From 2015				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2016 from Part XII, line 4: ▶ \$				
а	Applied to 2015, but not more than line 2a .				
þ	Applied to undistributed income of prior years				
	(Election required—see instructions)	······································			
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2016 distributable amount				
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2016 (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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0	100000000000000000000000000000000000000	
С	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		0		
е	Undistributed income for 2015. Subtract line 4a from line 2a Taxable amount—see instructions			0	
f	Undistributed income for 2016 Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2017				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 2011 not applied on line 5 or line 7 (see instructions).				
9	Excess distributions carryover to 2017.				
	Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9 ⁻				
а	Excess from 2012				
ь	Excess from 2013		Į.		
C 	Excess from 2014				
d e	Excess from 2016				

Part :	XIV Private Operating Foundar	t ions (see instruc	ctions and Part \	VII-A, question 9)	
(1a	If the foundation has received a ruling			private operating		
	foundation, and the ruling is effective for		~		40406)(0)	40400/5
	Check box to indicate whether the four		operating foundati		ection) or 🔲 4942(j)(5
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	(h) 0045	Prior 3 years	(4) 0040	(e) Total
	investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
_	each year listed .					
	85% of line 2a	0	0	0	0	<u>C</u>
С	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					C
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets				-	0
	(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					0
С	"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)					0
	(2) Support from general public	,				
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Part				ne foundation h	ad \$5,000 or mo	re in assets at
	any time during the year-		ıs.)			
1	Information Regarding Foundation					
а	List any managers of the foundation					y the foundation
	before the close of any tax year (but o	only if they have co	ontributed more th	an \$5,000) (See s	ection 507(d)(2).)	
None						
b	List any managers of the foundation ownership of a partnership or other e					e portion of the
None						
2	Information Regarding Contribution Check here ▶ ☐ if the foundation unsolicited requests for funds If the foundations, complete items 2a,	only makes contrological only makes	ibutions to presel	lected charitable		
a	The name, address, and telephone no	ımber or e-mail ad	Idress of the perso	on to whom applic	ations should be ad	dressed.
	•		•			
Sara	h C. Richmond, President,	Dawn Foods F	oundation, 3	333 Sargent	Road, Jackson	, MI 49201
	The form in which applications should					-
See	Attached					
	Any submission deadlines:					
	Attached					
	Any restrictions or limitations on av	vards, such as b	y geographical ar	eas, charitable fie	elds, kınds of instit	utions, or other
See	Attached					

Par	XV Supplementary Information (cont	inued)			
.3	Grants and Contributions Paid During t	he Year or Approv	ed for Fut	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	Amount
	Name and address (home or business)	or substantial contributor	recipient	contribution	
а	Paid dunng the year				
G	11 + + + + + + + + + + + + + + + + + +		1		04.000
see	Attached				94,900
			}		
			1		
			ļ		
			1		
	Total	· · · · · · · · · · · · · · · · · · ·	· · ·	► 3a	94,900
b	Approved for future payment				
					1
					1
	Total		<u> </u>	▶ 3b	
	iulai		•	▶ 3b	0

		-A Analysis of Income-Producing Ac					
Ente	r gross	s amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by secti	on 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1	Progr	ram service revenue.			ļ		· · · · · · · · · · · · · · · · · · ·
	a _				ļ		
	p _						<u></u>
	ິ –				ļ		
	d _						
	e _				 		
	T =				-		
_	_	ees and contracts from government agencies	<u> </u>				
2		bership dues and assessments			 		
3		est on savings and temporary cash investments	<u> </u>		 		
4		ends and interest from securities					
5		ental income or (loss) from real estate:				<u></u>	
		ebt-financed property			 		
_		ot debt-financed property			 		
6		ental income or (loss) from personal property			 		
7		r investment income			-		
8		or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events	ļ		 		
10		s profit or (loss) from sales of inventory .		-	-		
11		r revenue: a					
	p			-	-	<u> </u>	
							
	d _				 		
40	e Cubi	otal. Add columns (b), (d), and (e)					
							0
13	Total	I. Add line 12, columns (b), (d), and (e)				4.0	
13 (See	Total works	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 	is.)				
13 (See Pa	Total works rt XV	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 (See Pa	Total works rt XVI e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	.s.) .ccomplishm	ent of Exemp	t Purposes	13	0

Part	XVII		n Regarding Trai	nsfers To and Tr	ansaction	s and F	Relationshi	ips With Nor	ncharitab	le	
	in sec organ	ne organization d stion 501(c) of the sizations?	rectly or indirectly e Code (other than	section 501(c)(3) o	rganızations	s) or in se	ection 527, r			Yes	No
	(1) C	ters from the rep ash ther assets .	oorting foundation to	o a noncharitable e	xempt orga	nization	ot 		. 1a(1)		X
b	Other (1) Sa	transactions. ales of assets to	a noncharitable exe		· · · ·				. 1b(1)		Х
	(3) Ro (4) Ro	ental of facilities,	ets from a noncharit equipment, or other rangements rantees	er assets			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	. 1b(2) 1b(3) . 1b(4) 1b(5)		X X X
d	(6) Pe Shari If the	erformance of seing of facilities, ed answer to any o	ervices or membersl quipment, mailing li of the above is "Ye	nip or fundraising s sts, other assets, o s," complete the fo	olicitations or paid empl ollowing sch	nedule. C			. 1b(6) 1c show the	fair m	X X arket
	value		ther assets, or serven or sharing arrang		lumn (d) the	value of	the goods,		or services	receiv	ved.
	descr	ribed in section 5	ectly or indirectly at 601(c) of the Code (c following schedule	other than section				ot organization	ns · ☐ Yes	X 1	 10
		(a) Name of organi	zation	(b) Type of	organization			(c) Description of	relationship		
Sign Here	corte		declare that I have examin aration) of preparer (other the state		all information of			wledge May with	nowledge and I the IRS discu the preparer einstructions)?	ss this r	etum elow
Paid Prepa	arer	Print/Type preparer	's name	Preparer's signature			Date	Check self-emplo			
Use (Firm's name ► Firm's address ►						Phone no	Form 99	0-PF	(2016)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2016

Employer identification number

Organization type (check one)	
Filers of: Section:	
Form 990 or 990-EZ	
. 4947(a)(1) nonexempt charitable trust not treated as a private fou	ındation
☐ 527 political organization	
Form 990-PF \overline{\times} 501(c)(3) exempt private foundation	
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundate	tion
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 a instructions.	and a Special Rule. See
General Rule	
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, cont or more (in money or property) from any one contributor. Complete Parts I and II. See instributor's total contributions.	
Special Rules	
For an organization described in section 501(c)(3) filling Form 990 or 990-EZ that met the 33 regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 13, 16a, or 16b, and that received from any one contributor, during the year, total contribut \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	90 or 990-EZ), Part II, line tions of the greater of (1)
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that contributor, during the year, total contributions of more than \$1,000 exclusively for religious literary, or educational purposes, or for the prevention of cruelty to children or animals. Con	, charitable, scientific,
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that contributor, during the year, contributions exclusively for religious, charitable, etc., purpose contributions totaled more than \$1,000. If this box is checked, enter here the total contributions the year for an exclusively religious, charitable, etc., purpose. Don't complete any of General Rule applies to this organization because it received nonexclusively religious, charitable, \$5,000 or more during the year	es, but no such utions that were received f the parts unless the uritable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Dawn Foods Foundation

Employer identification number

26-1481941	

Part I	Contributors (See instructions) Use duplicate co	pies of Part I if additional space is	needed
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Dawn Food Products, Inc. 3333 Sargent Road Jackson, MI 49201		Person 🔀 Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)	(b)	\$(c)	Person
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

Dawn Foods Foundation

Employer identification number

26-1481941

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			
		\$				
i) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				
) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				
) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				

Part III

Employer identification number

26-1481941

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable 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		(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transi	_	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transi	-	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transi and ZIP + 4		nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Trans	-	nship of transferor to transferee	

Dawn Foods Foundation 26-14181941

Part VIII - Listing of Officers and Directors

Name	Address	Title	Compensation
Sarah C. Richmond	3333 Sargent Road, Jackson, MI 49201	President	\$0
Ronald L. Jones	3333 Sargent Road, Jackson, MI 49201	Vice President	\$0
Miles E. Jones	3333 Sargent Road, Jackson, MI 49201	Treasurer	\$0
Samuel R. Jones	3333 Sargent Road, Jackson, MI 49201	Secretary	\$0
Aaron M. Jones	3333 Sargent Road, Jackson, MI 49201	Asst. Treasurer	\$0
Benjamin A. Jones	3333 Sargent Road, Jackson, MI 49201	Asst. Secretary	\$0
Carrie L Jones Barber	3333 Sargent Road, Jackson, MI 49201	Board Member	\$0

- We are currently using re-sealable, re-closable and recyclable packaging. We are also using 25% post-consumer-recycled content on PET containers.
- We have implemented the International Food Standard (IFS) certification that strongly encourages sustainable practices. This is a recognized part of the Global Food Safety Initiative (GFSI).



Creating Better Communities through the Dawn Foundation

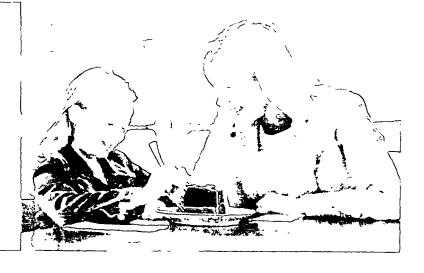
Dawn Foods is committed to serving and improving the communities our nearly 4,500 team members call home. From volunteering our time and talents to providing financial support, the Dawn Foods Foundation invests in the communities where we have facilities and offices. With a focus on essential health, education and community improvements, we support our team members in their efforts to give back.

DOWNLOAD GRANT SEEKER INFORMATION > (/docs/default-source/Dawn-Documents/20160518_na_grant_seekers_quidelines.pdf?sfvrsn=2)

DOWNLOAD GRANT APPLICATION FORM > (/docs/default-source/Dawn-Documents/dawnfoodsfoundation_grantapplicationform.pdf?sfvrsn=4)

The Dawn Foods Foundation Mission Statement

Dawn actively strengthens the COMMUNITIES in which our Team Members work and live by supporting MEALITHY LIFESTYLES, EDUCATION and COMMUNITY VIETANCY initiatives



Health and Well-Being

At Dawn Foods, food is our business. We work to eradicate hunger in our society and support healthier lifestyles through a range of services, including:

- Healthy lifestyle programs
- Alleviation and prevention of hunger
- Disease prevention and research

Education

Baking is 2 parts art and 2 parts science, and we want to support the future generation of great artists, scientists and everything in between. We are committed to creating communities where education is valued and promoted for everyone. We support:

- Programs and organizations that develop literacy for adults and children
- · Vocational baking programs

Community Vibrancy

Marlin Jones, the founder of the modern-day Dawn Foods, knew the importance of bettering our communities. From negotiating with local farmers during the Depression, to today's foundation efforts, we have always strived to help our communities thrive. Dawn supports organizations that enrich the lives of community members

- Art, theatre, dance and music programs for people of all ages
- Public spaces and parks that are enjoyed by all

Volunteerism

Dawn Foods encourages all Team Members to donate their time and talents in their communities. Whether individually or as a team, Dawn seeks to support those who volunteer to better their communities and the lives of others.

Product Donations

Life should be sweet, and we are committed to helping create sweet moments for everyone. Dawn Foods often donates products to a variety of local events and fundraisers.

REQUEST DONATION (/ABOUT-US/REQUEST-PRODUCT-DONATIONS)

News You Can Use

Sign up for fresh ideas, new recipes and business tips, delivered straight to your inbox.

— GRANT SEEKERS GUIDELINES —

Welcome to the Dawn Foods Foundation. Thank you for looking to us to collaborate with your efforts. Before you complete a grant application, please familiarize yourself with our Areas of Commitment and determine if your venture aligns with ours. If you find that your proposal matches one of these areas and you are requesting less than \$500, we encourage you to mail a letter of request to the applicable Dawn location. If you are requesting over \$500, please complete and mail in the grant application and other necessary paperwork to the applicable Dawn location. Grant requests are not accepted via email, fax or video.

What We Fund

We award grants from The Dawn Foods Foundation to organizations that

- Are tax exempt under section 501 (c) (3) of the U S Internal Revenue Tax Code
- Serve the people/community in which a Dawn facility is located
- Support one or more of our Areas of Commitment
- Complete the grant application and submit the requested documents to the applicable Dawn location (if necessary)
- Are in compliance with the Equal Employment Opportunities Act, and other federal, state and local laws and regulations

What We Don't Fund

In keeping with Foundation policies, budget limitations and federal laws the Dawn Foods Foundation does not fund the following

- Individuals
- Partisan political organizations, committees, candidates or public office holders
- Labor Unions
- Fraternal, service and veteran organizations
- Religious organizations in support of their sacramental or theological functions
- Fees for participation in competitive programs
- Debt-reduction campaigns
- Sports Tournaments
- Talent/Beauty Contests
- Loan:
- Organizations that practice discrimination based on race, creed/religion, gender, sexual orientation, age, height, weight, marital status, national origin, ancestry, disability or veteran status

Multiple grants are rarely made to the same organization in the same calendar year

Preferred Criteria

The Foundation Board and review teams closely examine each proposal and conclude whether or not a request equates with our commitment's and/or funding ability. Proposals that contain the following are looked on with favor

- · Correlation with the Foundation's commitments
- Support of local community
- · Number of people benefiting from the project
- Specific, measurable outcomes
- Leveraging resources from other source

Process and Timeline

Grant requests are received throughout the year at active Dawn locations. You will be notified via phone or email that your proposal has been received. Review of the proposal is conducted by a team at the applicable Dawn location. Your request will either be declined, approved, or in need of additional information. You will be contacted via phone, email or US mail within two months of the receipt of your application with the outcome. Should you have any questions, concernis, or need additional information, please contact Sarah Richmond at the Dawn Food. Products Home Office in Jackson, Michigan at 800-248-1144. If you believe your request is a good match for the Dawn Foods Foundation, please complete the application and mail it to the appropriate Dawn locations listed on the next page.





GRANT SEEKERS GUIDELINES -

Dawn Foods Foundation Locations

Georgia

Dawn Food Products, Inc.

Distribution Center

2100 Thornton Rd

Lithia Springs, GA 30122

Phone 770-577-4144

800-752-1196

Dawn Food Products, Inc.

Manufacturing

4400 Dawn Foods Parkway

Douglasville, GA 30134

Phone 678-838-8711

Indiana

Dawn Food Products, Inc

Distribution Center

9601 Georgia St

Crown Point, IN 46307

Phone 219-649-7500

800-333-3296

Dawn Food Products, Inc.

Distribution Center

625 Park East Blvd

New Albany, IN 47150-7253

Phone. 812-945-0380

800-999-3296

Kentucky

Dawn Food Products, Inc.

Distribution Center

7201 National Turnpike, Suite 190

Louisville, KY 40214

Phone 812-945-0380

800-999-3296

Michigan

Dawn Food Products, Inc.

Home Offices

3333 Sargent Rd

Jackson, MI 49201

Phone 517-789-4400

800-248-1144

Dawn Food Products, Inc.

Manufacturing

2021 Micor Dr

Jackson, MI 49203

Phone 517-789-4500

800-435-4355

Dawn Food Products, Inc

Distribution Center

6505 Cogswell St, Suite 200

Romulus, MI 48174

Phone 734-728-2400

800-654-4843

Dawn Food Products, Inc.

Manufacturing

3701 Concord Rd

York, PA 17402-3627

Phone 717-840-0044

800-405-6282

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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, leaving flexibility for length of responses.

A. Narrative

1. Executive Summary

• Explain briefly, in one page or less, why your organization is requesting this grant, what outcomes are desired and how the grant will be spent.

2. Purpose of Grant

- State the need or problem that the grant will address; describe the target population and the benefit they will receive
- Describe the project goals, measurable objectives, action plans and state whether this is a new or ongoing part of the organization
- Define the timetable for implementation
- List other partners in the project and describe their roles
- Acknowledge similar, existing projects or agencies, if any, and explain how your agency or proposal differs and efforts being made to work cooperatively
- Describe the qualifications of key staff/volunteers that will ensure the success of the program. Define any specific staff training needs for this project
- Describe the long term strategies for funding of this project

3. Evaluation

- How will success of the project/program be defined and measured
- How will evaluation results be used and disseminated, and, if appropriate, how will the project be replicated
- Describe how the constituents will be involved in the evaluation

4. Budget Narrative/Justification

- Use the Grant Budget Format that follows
- On a separate sheet, explain 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 for the support of this proposal
- If we are unable to meet your full request, please indicate priority items in the proposed budget

5. Organization Information

- Provide a brief summary of the organization's history
- State the organization's mission and goals
- Describe current programs, activities and accomplishments
- Provide an organizational chart including board, staff and volunteer involvement

B. Attachments

- 1. Copy of current IRS determination letter indicating 501 (C) (3) tax exempt status
- 2. Board of Directors with affiliations
- 3. Finances
 - Current operating budget, including expenses and revenue
 - Most recent financial statement (independently audited, if available; if not then attach Form 990)
- 4. Letters of Support 2 to 3, verifying need for project and collaboration with other organizations (optional)
- 5. Annual Report, if available



Grant Application Cover Sheet

Date of Application:		
Legal name of organization applying:(Should	be same as IRS determination lette	er and as noted on IRS Form 990)
EIN #:		,
Year Founded:	Current Operation Bu	udget:
Executive Director: Email address:	Phone #:	
Contact Person/Title/Phone #:(if different from Executive Director)		
Address(administrative offices):		
City, State, Zip:	,, , , , , , , , , , , , , , , , , , , ,	
Fax Number:	Email address:	
List any previous support from the Dawn F	oods Foundation in last 2 year	rs:
Project Name:		
Purpose of Grant (one sentence):		
Desired Project Outcome/Measurables:		
Dates of Project:	Amount Requested:	
	Total Project Cost: _	
	Will you accept partic	al funding?
Geographic Area/Population Served:		
Signature, Chair, Board of Directors	Print Name	Date
Signature, Executive Director	Print Name	Date



Grant Budget Form

Below is a listing of standard budget item.	s. 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 y	our format for listing expenses.	These will likely include:
architectural fees, land/building p		
D. Expenses: include a description a		
categories, in this order:		are rememing badget
categories, in this order.		
	Amount requested from	Total Project
	Dawn Foods Foundation	<u>Expenses</u>
Salaries	¢	\$
Payroll Taxes	¢	¢
Fringe Benefits	\$	\$
•	<u>Ф</u>	ф
Consultant/Professional Fees	<u> </u>	D
Insurance	<u>*</u>	<u>\$</u>
Travel	\$	\$
Equipment	<u>\$</u>	<u>\$</u>
Supplies	\$	\$
Printing/Copying	\$	\$
Telephone/Fax	<u>\$</u>	\$
Postage/Delivery	<u>\$</u>	<u>\$</u>
Rent	<u>\$</u>	<u>\$</u>
Utilities	<u>\$</u>	\$
Maintenance	<u>\$</u>	<u>\$</u>
Evaluation	<u>\$</u>	<u>\$</u>
Marketing	\$	<u>\$</u>
Other (please specify)	\$	<u>\$</u>
Total Amount Requested	<u>\$</u>	<u>\$</u>
E. Revenue: include a description a	nd the total amount for each of th	ne following budget
categories, in this order; please i	ndicate which sources of revenue	are committed and which
are pending.		
· -	<u>Committed</u>	<u>Pending</u>
 Grants/Contracts/Contributions 	<u>\$</u> _	<u>\$</u>
Local Government	<u>\$</u>	\$
Foundations (itemize)	\$	<u>\$</u>
State Government	\$	\$
Federal Government	<u>\$</u>	<u>\$</u>
Corporations (itemize)	<u>\$</u>	<u>\$</u>
Other (specify)	<u>\$</u>	<u>\$</u>
2. Earned Income	_	
Events	\$	<u>\$</u>
Publications and Products	<u>\$</u>	>
3. Membership Income	<u>*</u>	<u>*</u>
4. In-Kind Support	<u>⊅</u>	<u> </u>
5. Other (specify)	<u>⊅</u>	<u>⊅ `</u>
Total Revenue	<u> </u>	3

Dawn Foods Foundation 26-14181941

Part XV(3) - Grants and Contributions paid during the year:

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Name	Address	Status	Amount
Interfaith Shelter	Jackson, MI	501(c)(3)	\$5,000.00
Tony Open/Amer Cancer	Jackson, MI	501(c)(3)	\$1,000.00
Relay for Life	Jackson, MI	501(c)(3)	\$2,500.00
JDRF Walk	Jackson, MI	501(c)(3)	\$2,500.00
Jackson Comm Food Pantry	Jackson, MI	501(c)(3)	\$1,000.00
Maryhurst	Louisville, KY	501(c)(3)	\$1,000.00
da Vinci Inst.	Jackson, MI	501(c)(3)	\$500.00
North Adams/Jerome Robotics Team	Jackson, MI	501(c)(3)	\$1,000.00
EJHS FIRST Robotics	Jackson, MI	501(c)(3)	\$1,000.00
United Way/Energizing Educ	Jackson, MI	501(c)(3)	\$20,000.00
JHS Ambassador Dinner	Jackson, Mi	501(c)(3)	\$2,500.00
Natl Museum of Educ	York, PA	501(c)(3)	\$3,100.00
Cascades Champion Team	Jackson, MI	501(c)(3)	\$10,000.00
Ella Sharp	Jackson, MI	501(c)(3)	\$5,000.00
Hot Air Jubilee	Jackson, MI	501(c)(3)	\$1,000.00
Jackson County Conserv District	Jackson, MI	501(c)(3)	\$500.00
Habitat for Humanity	Jackson, MI	501(c)(3)	\$500.00
Friends of Falling Waters Trail	Jackson, MI	501(c)(3)	\$500.00
Glidden Mural Building Project	Jackson, MI	501(c)(3)	\$20,000.00
Jackson Chorale	Jackson, MI	501(c)(3)	\$500.00
Jackson County Agri Council	Jackson, MI	501(c)(3)	\$500.00
Art A Loan	Jackson, MI	501(c)(3)	\$300.00
Anchor Initiative	Jackson, MI	501(c)(3)	\$15,000.00
Total			\$94,900.00