



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation BAIARDI FAMILY FOUNDATION INC		A Employer identification number 38-3430867	
Number and street (or P O box number if mail is not delivered to street address) 2328 PINECREST ST		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code HARBOR SPRINGS, MI 497409261		B Telephone number (see instructions) (231) 526-8395	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 8,022,453		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis )			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	3 Interest on savings and temporary cash investments	21	21		
	4 Dividends and interest from securities	178,801	178,801		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	208,154			
	b Gross sales price for all assets on line 6a				
		637,747			
	7 Capital gain net income (from Part IV, line 2)		37,747		
	8 Net short-term capital gain				
	9 Income modifications				
Operating and Administrative Expenses	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	386,976	216,569		
	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)	2,985			
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	3,639			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications	12			12
	23 Other expenses (attach schedule)	1,094			
	24 Total operating and administrative expenses. Add lines 13 through 23	7,730	0		12
	25 Contributions, gifts, grants paid	342,028			342,028
	26 Total expenses and disbursements. Add lines 24 and 25	349,758	0		342,040
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	37,218			
	b Net investment income (if negative, enter -0-)		216,569		
c Adjusted net income(if negative, enter -0-)					

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 (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .	6,478	8,463	8,463
	2	Savings and temporary cash investments . . . . .	215,043	470,108	470,108
	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)	15,859	11,859	11,859
	b	Investments—corporate stock (attach schedule) . . . . .	6,118,889	5,903,057	7,532,023
	c	Investments—corporate bonds (attach schedule) . . . . .			
	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	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	6,356,269	6,393,487	8,022,453	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable. . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule). . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .		0	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/></b> <b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	6,356,269	6,393,487	
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	6,356,269	6,393,487	
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	6,356,269	6,393,487		

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	6,356,269
2	Enter amount from Part I, line 27a . . . . .	2	37,218
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	6,393,487
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	6,393,487

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1a</b>			

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>	<b>2</b>	37,747
<b>3</b> 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 <span style="float: right;">{ }</span>	<b>3</b>	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	490,060	7,777,335	0 063011
2014	361,723	7,907,801	0 045743
2013	375,580	7,326,435	0 051264
2012	362,395	6,860,121	0 052826
2011	318,939	6,802,411	0 046886
<b>2 Total</b> of line 1, column (d)			<b>2</b> 0 259730
<b>3</b> 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			<b>3</b> 0 051946
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			<b>4</b> 7,750,424
<b>5</b> Multiply line 4 by line 3			<b>5</b> 402,604
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 2,166
<b>7</b> Add lines 5 and 6			<b>7</b> 404,770
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 342,040

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 instructions)**

<b>1a</b>	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>b</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 . . . . .	<b>1</b>	4,331
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	4,331
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	4,331
<b>6</b>	Credits/Payments		
<b>a</b>	2016 estimated tax payments and 2015 overpayment credited to 2016	<b>6a</b>	2,500
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	2,500
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶	<b>9</b>	1,831
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ▶	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2017 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <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>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	No
<b>3</b> 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> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> 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> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MI _____		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes
<b>9</b> 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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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).	<b>11</b>		<b>No</b>
<b>12</b>	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)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>WWW.BAIARDIFOUNDATION.ORG</b>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>CHRIS BAIARDI</b> Telephone no <b>(231) 526-8395</b>			

Located at **2328 PINECREST ST HARBOR SPRINGS MI** ZIP+4 **49740**

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>			
<b>16</b>	At any time during calendar year 2016, 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 <b>▶</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

**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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	<b>1b</b>		
<b>c</b>	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? <input type="checkbox"/>	<b>1c</b>		
<b>2</b>	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))			
<b>a</b>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶ 20____, 20____, 20____, 20____</b>			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶ 20____, 20____, 20____, 20____</b>			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</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 foundation had excess business holdings in 2016). <input type="checkbox"/>	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</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?	<b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (Continued)

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

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>				
(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
CHRIS A BAIARDI 2328 PINECREST ST HARBOR SPRINGS, MI 49740	PRESIDENT 10 00	0	0	0
CINDY J BAIARDI 2328 PINECREST ST HARBOR SPRINGS, MI 49740	SEC, TREAS 10 00	0	0	0
SUZANNE M BAIARDI 7330 CRACKLING CREEK CIRCLE WEST BLOOMFIELD, MI 48322	VICE PRES 2 00	0	0	0
KRISTEN L BAIARDI 2152 MANCHESTER BIRMINGHAM, MI 48009	VICE PRES 2 00	0	0	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b> <span style="float: right;">▶</span>				

**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
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b> N/A	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
Total. Add lines 1 through 3 . . . . . ▶	



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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	7,580,951
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	287,500
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	7,868,451
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	7,868,451
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	118,027
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	7,750,424
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	387,521

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	387,521
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5.	<b>2a</b>	4,331
<b>b</b>	Income tax for 2016 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	4,331
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	383,190
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	383,190
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	383,190

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	342,040
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	342,040
<b>5</b>	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).	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	342,040

**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 2015	(c) 2015	(d) 2016
<b>1</b> Distributable amount for 2016 from Part XI, line 7				383,190
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011. . . . .				
<b>b</b> From 2012. . . . .				
<b>c</b> From 2013. . . . .				
<b>d</b> From 2014. . . . .				
<b>e</b> From 2015. . . . .				81,622
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	81,622			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 342,040				
<b>a</b> Applied to 2015, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2016 distributable amount. . . . .				342,040
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )	41,150			41,150
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	40,472			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .				0
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> <b>Excess distributions carryover to 2017.</b> Subtract lines 7 and 8 from line 6a . . . . .	40,472			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012. . . . .				
<b>b</b> Excess from 2013. . . . .				
<b>c</b> Excess from 2014. . . . .				
<b>d</b> Excess from 2015. . . . .				40,472
<b>e</b> Excess from 2016. . . . .				

**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 2016, enter the date of the ruling. . . . . ▶

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

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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) )

**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

BAIARDI FAMILY FOUNDATION  
2328 PINECREST  
HARBOR SPRINGS, MI 49740  
(231) 526-8395  
CJBAIARDI@BAIARDIFOUNDATION.ORG

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

**c** Any submission deadlines

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

**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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	342,028
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	

## Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions to verify calculations )

[illegible]

## Part XVII

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

[illegible]

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

- | b If "Yes," complete the following schedule |                          |                                 |
|---|--------------------------|---------------------------------|
| (a) Name of organization                    | (b) Type of organization | (c) Description of relationship |
|   |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |

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

**Sign  
Here**

\* \* \* \* \*

Title

May the IRS discuss this return with the preparer shown below (see instr )? ☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name  PAULA R YOUNG-KOZLOWSKI	Preparer's Signature	Date  2017-05-11	Check if self-employed <input type="checkbox"/>	PTIN  P00507353
Firm's name ▶ PR YOUNG CPA PC				Firm's EIN ▶ 27-0437570
Firm's address ▶ 8585 P G A DR STE 205  WALLED LAKE, MI 483901604				Phone no (248) 668-1500

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)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN LEGION AUXILIARY AMERICAN LEGION AUXILIARY PO BOX 395 PO BOX 395 HARBOR SPRINGS, MI 49740	N/A	PUBLIC	CHRISTMAS GIFTS FOR KID PROJ	6,000
AMERICAN LEGION POST 281 AMERICAN LEGION POST 281 PO BOX 395 PO BOX 395 HARBOR SPRINGS, MI 49740	N/A	PUBLIC	SCHOLARSHIPS SUMMER CAMP	1,500
AMERICAN TREE FARM SYSTEM AMERICAN TREE FARM SYSTEM PO BOX 79423 PO BOX 79423 BALTIMORE, MD 21298	N/A	PUBLIC	GENERAL SUPPORT	1,000
BARAGA BROADCASTING INC BARAGA BROADCASTING INC PO BOX 1109 PO BOX 1109 INDIAN RIVER, MI 49749	N/A	PUBLIC	GENERAL OPERATIONS	1,000
BLUMS LANDING BLUMS LANDING 7460 OCQUEOC LAKE RD 7460 OCQUEOC LAKE RD MILLERSBURG, MI 49759	N/A	PUBLIC	GENERAL OPERATIONS	1,000
BOTTOMLESS TOY CHEST BOTTOMLESS TOY CHEST PO BOX 623 PO BOX 623 BLOOMFIELD HILLS, MI 48303	N/A	PUBLIC	PURCHASE TOYS	2,500
BROTHER DAN'S FOOD PANTRY BROTHER DAN'S FOOD PANTRY 415 STATE ST 415 STATE ST PETOSKEY, MI 49770	N/A	PUBLIC	FOOD PURCHASE	2,000
BSA TROOP55 FREENDS OF SCOUTING BSA TROOP55 343 EAST MAIN ST 343 EAST MAIN ST HARBOR SPRINGS, MI 49740	N/A	PUBLIC	SUPPORT BOY SCOUTS EMMET COUNTY	1,000
CARP LAKE TWP - FIRE DEPT CARP LAKE TWP FIRE DEPT 7525 VALLEY RD 7525 VALLEY RD CARP LAKE, MI 49755	N/A	PUBLIC	PURCHASE EQUIPMENT	1,600
CHILD SAFE MICHIGAN CHILD SAFE MICHIGAN 30680 MONTPELIER 30680 MONTPELIER MADISON HEIGHTS, MI 48071	N/A	PUBLIC	HOLIDAY GIVING PROGRAM	2,500
CHRIST CHILD SOCIETY CHRIST CHILD SOCIETY OF NORTHERN MICHIGAN PO BOX 132 PO BOX 132 HARBOR SPRINGS, MI 49740	N/A	RELIGIOUS	LAYETTE PROGRAM	2,500
CONSERVATION RESOURCE ALLIANCE CONSERVATION RESOURCE ALLIANCE 10850 TRAVERSE HIGHWAY 10850 TRAVERSE HIGHWAY TRAVERSE CITY, MI 49684	N/A	PUBLIC	MAPLE RIVER RESTORATION PROJECT	10,000
CRANBROOK INSTITUTE OF SCIENCE CRANBROOK INSTITUTE OF SCIENCE 39221 WOODWARD AVE 39221 WOODWARD AVE BLOOMFIELD HILLS, MI 48303	N/A	PRIVATE	ENGINEERING FROM LEVERS TO LIFTOFF	25,000
DARK SKY COAST ASSOCIATION DARK SKY COAST ASSOCIATION PO BOX 493 PO BOX 493 HARBOR SPRINGS, MI 49740	N/A	PUBLIC	DARK SKY PARK PROGRAMMING	10,000
DIOCESE OF GAYLORD DIOCESE OF GAYLORD 611 WEST NORTH ST 611 WEST NORTH ST GAYLORD, MI 49735	N/A	RELIGIOUS	GENERAL SCHOLARSHIP SUPPORT	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				342,028

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				
EMMET COUNTY BIRCHWOOD EMS EMMET COUNTY BIRCHWOOD EMS 200 DIVISION ST 200 DIVISION ST PETOSKEY, MI 49770	N/A	PUBLIC	PURCHASE 3 DEFIBRILLATORS	4,830
EMMET COUNTY ESSENCE OF EMMET EMMET COUNTY ESSENCE OF EMMET 200 DIVISION ST 200 DIVISION ST PETOSKEY, MI 49770	N/A	PUBLIC	PUBLICATION FUNDING	3,000
EMMET COUNTY EMS EMMET COUNTY EMS 200 DIVISION ST 200 DIVISION ST PETOSKEY, MI 49770	N/A	PUBLIC	EQUIPMENT FOR E CAR	10,000
EMMET COUNTY RECYCLING EMMET COUNTY RECYCLING 200 DIVISION ST 200 DIVISION ST PETOSKEY, MI 49770	N/A	PUBLIC	ROLLING RECYCLING CARTS	5,000
EMMET CHARLEVOIX COUNTY FAIR EMMET CHARLEVOIX COUNTY FAIR PO BOX 496 PO BOX 496 PETOSKEY, MI 49770	N/A	PUBLIC	HORSE STALL MATS UPGRAD ELECTRICAL	2,975
EMMET COUNTY 4-H EMMET COUNTY 4-H 3434 HARBOR-PETOSKEY RD 3434 HARBOR-PETOSKEY RD HARBOR SPRINGS, MI 49740	N/A	PUBLIC	CAPITOL EXPERIENCE TRIP	1,500
EMMET COUNTY SHERIFF DEPT EMMET COUNTY SHERIFF DEPT 450 BAY ST 450 BAY ST PETOSKEY, MI 49770	N/A	PUBLIC	VICTIM SERVICES UNIT SUPPORT	850
HARBOR HALL FOUNDATION HARBOR HALL FOUNDATION PO BOX 376 PO BOX 376 HARBOR SPRINGS, MI 49740	N/A	PUBLIC	GENERAL SUPPORT	5,000
HARBOR SPRINGS COMMUNITY FOOD PANTR HARBOR SPRNGS FOOD PANTRY PO BOX 23 PO BOX 23 HARBOR SPRINGS, MI 49740	N/A	PUBLIC	LIVESTOCK PURCHASE	4,214
HARBOR SPRINGS COMMUNITY FOOD PANTR HARBOR SPRINGS FOOD PANTRY PO BOX 23 PO BOX 23 HARBOR SPRINGS, MI 49740	N/A	PUBLIC	BOOKS FOR CHRISTMAS GIFTS	500
HARBOR SPRINGS HISTORICAL HARBOR SPRINGS HISTORICAL SOCIETY 349 E MAIN ST 349 E MAIN ST HARBOR SPRINGS, MI 49740	N/A	PUBLIC	GENERAL OPERATIONS	2,500
HOLY CHILDHOOD OF JESUS CHURCH HOLY CHILDHOOD OF JESUS CHURCH 150 W MAIN ST 150 W MAIN ST HARBOR SPRINGS, MI 49740	N/A	PRIVATE ORG	EXTERIOR MAINTENANCE FUND	5,000
HOLY CHILDHOOD OF JESUS CHURCH HOLY CHILDHOOD OF JESUS CHURC 150 W MAIN ST 150 W MAIN ST HARBOR SPRINGS, MI 49740	N/A	PRIVATE ORG	CARE AND MAINTENANCE DR FOR CEMETERY	1,000
ICEBREAKER MACKINAW MARITIME MUSEUM ICEBREAKER MACKINAW MARITIME MUSEUM 131 S HURON AVE 131 S HURON AVE MACKINAW CITY, MI 49701	N/A	PUBLIC	GENERAL OPERATIONS	1,000
LITTLE TRAVERSE CONSERVANCY LITTLE TRAVERSE CONSERVANCY 3264 POWELL ROAD 3264 POWELL ROAD HARBOR SPRINGS, MI 49740	N/A	PUBLIC	SAVE THE TREES FUNDRAISER	5,000
Total . . . . . ► 3a				342,028



Form 990FP 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				
MAKE-A-WISH FOUNDATION OF MICHIGAN MAKE-A-WISH FOUNDATION OF MICHIGAN 7600 GRAND RIVER 7600 GRAND RIVER BRIGHTON, MI 48114	N/A	PUBLIC	SUPPORT WISH-GRANTING PROGRAM	3,500
MANNA FOOD PROJECT MANNA FOOD PROJECT 8791 MCBRIDE PARK COURT 8791MCBRIDE PARK COURT HARBOR SPRINGS, MI 49740	N/A	PUBLIC	FOOD PURCHASE	3,000
MCLAREN NORTHERN MICHIGAN FOUNDATIO MCLAREN NORTHERN MICHIGAN FOUNDATION 360 CONNABLE AVE 360 CONNABLE AVE PETOSKEY, MI 49770	N/A	PUBLIC	MAMOGRAPHY MACHINES NURSE SCHOLARSH	39,500
MIM SCHOLARSHIP FUND MIM SCHOLARSHIP FUND 24725 W 12 MILE RD ST388 24725 W 12 MILE RD STE388 SOUTHFIELD, MI 48034	N/A	PUBLIC	SCHOLARSHIP SUPPORT	2,000
NATIONAL FEDERATION FOR BLIND NATIONAL FEDERATION FOR BLIND 6919 W BERWYN 6919 W BERWYN CHICAGO, IL 60656	N/A	PUBLIC	YOUTH PROGRAMS	2,500
NORTH CENTRAL MICHIGAN NORTH CENTRAL MICHIGAN COLLEGE FOUNDATION 1515 HOWARD STREET 1515 HOWARD STREET PETOSKEY, MI 49770	N/A	PUBLIC	SCHOLARSHIP PROGRAM	2,500
NORTHERN MICHIGAN EQUINE THERAPY NORTHERN MICHIGAN EQUINE THERAPY 5025 CHURCH RD 5025 CHURCH RD BOYNE CITY, MI 49712	N/A	PUBLIC	PAYOFF NMET TRACTOR	9,000
NORTH COUNTRY KIDS NORTH COUNTRY KIDS 930 STATE ST 930 STATE ST HARBOR SPRINGS, MI 49740	N/A	PUBLIC	CLASSROOM SUPPLIES	1,200
OPERATION INJURED SOLDIERS OPERATION INJURED SOLDIERS 22645 PONTIAC TRAIL 22645 PONTIAC TRAIL SOUTH LYON, MI 48178	N/A	PUBLIC	BRAVE HEARTS ESTATE	4,434
OTTAWA ELEMENTARY SCHOOL OTTAWA ELEMENTARY SCHOOLS 871 KALAMAZOO ST 871 KALAMAZOO ST PETOSKEY, MI 49770	N/A	PUBLIC	SUSTAINABLE GARDEN SUPPORT	1,500
PELLSTON AREA FOOD PANRTY PELLSTON AREA FOOD PANTRY 6161 WEST MAIN ST 6161 WEAT MAIN ST PELLSTON, MI 49769	N/A	PUBLIC	PURCHASE OF LIVESTOCK	3,440
PELLSTON PUBLIC SCHOOLS PELLSTON PUBLIC SCHOOLS 172 N PARK ST 172 N PARK ST PELLSTON, MI 49769	N/A	PUBLIC	STEAM CLASSROOM	4,735
PELLSTON PUBLIC SCHOOLS PELLSTON PUBLIC SCHOOLS 172 N PARK ST 172 N PARK ST PELLSTON, MI 49769	N/A	PUBLIC	LEADERSHIP TRAINING	3,500
PELLSTON PUBLIC SCHOOLS PELLSTON PUBLIC SCHOOLS 172 N PARK ST 172 N PARK ST PELLSTON, MI 49769	N/A	PUBLIC	ROBOTICS	2,500
PELLSTON PUBLIC SCHOOLS PELLSTON PUBLIC SCHOOLS 172 N PARK ST 172 N PARK ST PELLSTON, MI 49769	N/A	PUBLIC	CAMP DAGGETT TRIP	3,000
Total . . . . . ► 3a				342,028

Form 990FP 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				
PETOSKEY HIGH SCHOOL PETOSKEY HIGH SCHOOL 1500 HILL ST 1500 HILL ST PETOSKEY, MI 49770	N/A	PUBLIC	SENIOR ALL NIGHT PARTY	1,000
PETOSKEY-HARBOR SPRINGS PETOSKEY-HARBOR SPRINGS COMMUNITY FOUNDATION 616 PETOSKEY STREET 616 PETOSKEY STREET PETOSKEY, MI 49770	N/A	PUBLIC	SCHOLARSHIPS	9,200
PREGNANCY CARE CENTER PREGNANCY CARE CENTER PO BOX 633 PO BOX 633 PETOSKEY, MI 49770	N/A	PUBLIC	EARN WHILE YOU LEARN PROGRAMS	10,000
RAVEN HILL DISCOVERY CENTER RAVEN HILL DISCOVERY CENTER 4737 FULLER RD 4737 FULLER RD EAST JORDON, MI 49727	N/A	PUBLIC	CREATIG MAKER SPACE	5,000
RFC FIRERESCUE RFC FIRE/RESCUE 8338 W ROBINSON RD 8338 W ROBINSON RD HARBOR SPRINGS, MI 49740	N/A	PUBLIC	SPECIFIC ITEM REQUESTS	12,550
SOCIETY OF ST VINCENT DEPAUL SOCIETY OF ST VINCENT DEPAUL 150 W MAIN ST 150 W MAIN ST HARBOR SPRINGS, MI 49740	N/A	PRIVATE ORG	CRISIS PROGRAM	2,500
ST FRANCIS XAVIER SCHOOL ST FRANCIS XAVIER SCHOOL 414 MICHIGAN 414 MICHIGAN PETOSKEY, MI 49770	N/A	PUBLIC	LIBRARY RENOVATION	30,000
ST HUGO OF THE HILLS ST HUGO OF THE HILLS 2215 OPDYKE RD 2215 OPDYKE RD BLOOMFIELD HILLS, MI 48304	N/A	PRIVATE ORG	PROJECT SUPPORT	5,000
ST SCHOLASTICA PRIORY ST SCHOLASTICA PRIORY 271 N MAIN ST PO BOX 606 271 N MAIN ST PO BOX 606 PETERSHAM, MA 01366	N/A	PUBLIC	GENERAL OPERATIONS	2,500
THE PALOMAR FOUNDATION INC THE PALOMAR FOUNDATION INC 124 HALL PLACE 124 HALL PLACE GROSSE POINTE FARMS, MI 48236	N/A	PUBLIC	SCHOLARSHIP SUPPORT	5,000
TIP OF THE MITT WATERSHED TIP OF THE MITT WATERSHED 426 BAY STREET 426 BAY STREET PETOSKEY, MI 49770	N/A	PUBLIC	SHORELINE SURVEY	5,000
UNIV OF MICH MEDICAL SCHOOL UNIVERSITY OF MICH MEDICAL SCHOOL 1000 OAKBROOK DR 1000 OAKBROOK DR ANN ARBOR, MI 48104	N/A	PUBLIC	RESEARCH FUND	30,000
VILLAGE OF PELLSTON - FIRE DEPT VILLAGE OF PELLSTON FIRE DEPT PO BOX 467 PO BOX 467 PELLSTON, MI 49769	N/A	PUBLIC	FUNDING RADIOS & EQUIPMENT	5,000
VOICE WITHOUT BORDERS VOICE WITHOUT BORDERS 507 ALCAN DR 507 ALCAN DR PETOSKEY, MI 49770	N/A	PUBLIC	LITTLE TRAVERSE YOUTH CHOIRS	2,000
WAYNE STATE UNIVERSITY WAYNE STATE UNIVERSITY 5475 WOODWARD AVE 5475 WOODWARD AVE DETROIT, MI 48202	N/A	PUBLIC	SCHOLARSHIPS	10,000
Total . . . . . ► 3a				342,028

**TY 2016 Accounting Fees Schedule****Name:** BAIARDI FAMILY FOUNDATION INC**EIN:** 38-3430867

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
TAX RETURN FEES	2,985			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2016 Gain/Loss from Sale of Other Assets Schedule

Name: BAIARDI FAMILY FOUNDATION INC

EIN: 38-3430867

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
BALANCED INDEX FUND	2008-01	PURCHASE	2016-03		100,000	72,381			27,619	
BALANCED INDEX FUND	2008-01	PURCHASE	2016-03		100,000	71,914			28,086	
BALANCED INDEX FUND	2008-01	PURCHASE	2016-11		100,000	69,076			30,924	
BALANCED INDEX FUND	2008-01	PURCHASE	2016-11		100,000	68,341			31,659	
BALANCED INDEX FUND	2008-01	PURCHASE	2016-12		100,000	67,534			32,466	
STAR FUND	2008-01	PURCHASE	2016-04		20,000	16,352			3,648	
STAR FUND	2008-01	PURCHASE	2016-12		25,000	19,755			5,245	
WELLESLEY INCOME FUND	2010-08	PURCHASE	2016-04		10,000	8,328			1,672	
WELLINGTON FUND	2008-01	PURCHASE	2016-04		20,000	16,412			3,588	
WELLINGTON FUND	2008-01	PURCHASE	2016-12		25,000	19,500			5,500	

**TY 2016 Investments Corporate Stock Schedule****Name:** BAIARDI FAMILY FOUNDATION INC**EIN:** 38-3430867

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
VANGUARD-BAL INDEX FD ADMIRAL	3,429,105	4,868,641
VANGUARD-WELLINGTON FD ADMIRAL	777,791	921,617
VANGUARD-STAR FUND	718,852	838,714
VANGUARD-WELLESLEY	246,710	283,197
VANGUARD-TOTAL INTL STK IDX ADMIRAL	730,599	619,854

**TY 2016 Investments Government Obligations Schedule****Name:** BAIARDI FAMILY FOUNDATION INC**EIN:** 38-3430867**US Government Securities - End  
of Year Book Value:**

11,859

**US Government Securities - End  
of Year Fair Market Value:**

11,859

**State & Local Government  
Securities - End of Year Book  
Value:****State & Local Government  
Securities - End of Year Fair  
Market Value:**

**TY 2016 Other Expenses Schedule****Name:** BAIARDI FAMILY FOUNDATION INC**EIN:** 38-3430867**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
INSURANCE	1,094			

**TY 2016 Taxes Schedule****Name:** BAIARDI FAMILY FOUNDATION INC**EIN:** 38-3430867

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FEDERAL INCOME TAX PAID	2,159			
FOREIGN TAXES	1,480			