EXTENDED TO NOVEMBER 15, 2017

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
INCOURAGE COMMUNITY FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
478 E. GRAND AVENUE

City or town, state or province, country, and ZIP or foreign postal code
WISCONSIN RAPIDS, WI 54494

F Name and address of principal officer: KELLY RYAN
SAME AS C ABOVE

D Employer identification number
39-1772651

E Telephone number
715-423-3863

G Gross receipts $ 10,818,426.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.INCOURAGECF.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1993 **M** State of legal domicile: WI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: GUIDED BY VALUES OF EQUITY, OPPORTUNITY AND SHARED STEWARDSHIP, INCOURAGE ENVISIONS A COMMUNITY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	24
6	Total number of volunteers (estimate if necessary)	6	453
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,152.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	1,937.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,471,445.	1,208,555.
9	Program service revenue (Part VIII, line 2g)	2,960.	2,165.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,483,571.	1,138,487.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,957,976.	2,349,207.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	830,306.	966,262.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,972,928.	2,041,519.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 116,285.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,834,470.	1,079,543.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,637,704.	4,087,324.
19	Revenue less expenses. Subtract line 18 from line 12	-1,679,728.	-1,738,117.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	29,795,877.	28,573,590.
21	Total liabilities (Part X, line 26)	1,817,689.	1,576,786.
22	Net assets or fund balances. Subtract line 21 from line 20	27,978,188.	26,996,804.

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 11-14-17

▶ KELLY RYAN, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
MARY A. COATES, CPA	MARY A. COATES, CPA	11/14/17	☐	P00134220

Firm's name ▶ WIPFLI LLP — Firm's EIN ▶ 39-0758449

Firm's address ▶ PO BOX 8010, WAUSAU, WI 54402-8010 — Phone no. 715-845-3111

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:
FOUNDED AS A TRADITIONAL COMMUNITY FOUNDATION IN 1993, INCOURAGE HAS EVOLVED INTO AN ENTREPRENEURIAL NONPROFIT, DEDICATED TO AND LED BY THE PEOPLE OF CENTRAL WISCONSIN. OVER TWO DECADES, WE HAVE ADAPTED OUR WORK TO MEET THE COMPLEX NEEDS OF A REGION RECOVERING FROM SIGNIFICANT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,223,603. including grants of $ 806,812.) (Revenue $)
STRATEGIC PHILANTHROPY: INCOURAGE PROMOTES COLLECTIVE AND STRATEGIC PHILANTHROPY PRINCIPALLY IN THE SOUTH WOOD COUNTY AREA IN CENTRAL WISCONSIN. THIS RURAL AREA INCLUDES TEN MUNICIPALITIES LOCATED IN PARTS OF WOOD AND ADAMS COUNTIES, WITH A COMBINED POPULATION OF ABOUT 45,000. IN 2016, 225 GRANTS WERE APPROVED (EXCLUDING AGENCY GRANTS SUBJECT TO FAS 136) BENEFITTING 124 TAX-EXEMPT ORGANIZATIONS, AND 206 SCHOLARSHIPS WERE APPROVED BENEFITTING 136 RECIPIENTS. INCOURAGE ALSO HAS SEVERAL FUNDS THAT BENEFIT THE COMMUNITY BY DIRECTLY SUPPORTING ACTIVITIES SUCH AS A DRUG COURT, FIRE FIGHTERS AND VETERANS MEMORIALS, A COMMUNITY CHOIR, COMMUNITY FIREWORKS, ZOO PROGRAMS, A HANDICAP ACCESSIBLE PLAYGROUND, VARIOUS COMMUNITY CAPITAL CAMPAIGNS (I.E. FIRE SAFETY TRAILER, SHORT TRACK RACING MEMORIAL), ETC. THROUGH ITS "WHAT

4b (Code:) (Expenses $ 1,085,844. including grants of $) (Revenue $)
ALIGNMENT OF COMMUNITY CAPITALS: RECOGNIZING THAT GRANTS ALONE CANNOT SUPPORT THE NEEDS OF AN INNOVATIVE, EMERGING ECONOMY, INCOURAGE HAS COMMITTED TO ALIGN AND LEVERAGE ALL OF ITS CAPITALS, INCLUDING MORAL, HUMAN, SOCIAL, INTELLECTUAL, REPUTATIONAL, NATURAL AND FINANCIAL, TO ADVANCE ITS VISION. INCOURAGE OPERATES WITH A STRATEGY THAT EMBRACES INTENTIONAL FURTHER DEVELOPMENT AND DEPLOYMENT OF VALUES-ALIGNED, PLACE-BASED INVESTMENT OF ITS FINANCIAL ASSETS, SOMETIMES REFERRED TO AS MISSION OR IMPACT INVESTING. CURRENT IMPACT INVESTMENTS INCLUDE INSURED DEPOSITS IN LOCAL BANKS AND CREDIT UNIONS AND FIXED INCOME INVESTMENTS IN REGIONAL HIGH-PERFORMING COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS (CDFI'S) THAT PROVIDE FINANCING TO REGIONAL BUSINESSES. IN 2016 INCOURAGE BEGAN DEVELOPMENT OF A PASSIVE EQUITY INDEX FUND

4c (Code:) (Expenses $ 1,042,510. including grants of $ 150,000.) (Revenue $)
WORKFORCE DEVELOPMENT: TO PROMOTE COMMUNITY PROSPERITY BUILT ON VALUING WORKERS, SUPPORTING LOCAL EMPLOYERS, AND INVESTING IN ECONOMIC GROWTH, BETWEEN 2008 AND 2016 INCOURAGE, AS ONE OF THE FIRST RURAL ORGANIZATIONS NATIONWIDE CHOSEN BY THE NATIONAL FUND FOR WORKFORCE SOLUTIONS (NFWS), LED A PROJECT SITE THROUGH ITS IMPLEMENTATION PARTNER JOBS FOR THE FUTURE, INC. THE LOCAL NFWS INITIATIVE, WORKFORCE CENTRAL, PURSUED A DUAL-CUSTOMER, SECTOR-BASED APPROACH FOR ADVANCING WORKERS INTO JOBS WITH FAMILY SUSTAINING WAGES. ENHANCING THE INTEGRATION OF SOCIAL SERVICES AND MOBILIZATION OF COMMUNITY ORGANIZATIONS IS A CORE ELEMENT OF THIS PHILANTHROPIC-LED STRATEGY. COMMUNITY COLLABORATION EFFORTS RESULTING FROM THIS WORK INCLUDE A MANUFACTURING PEER COUNCIL, A REGIONAL ECONOMIC GROWTH INITIATIVE, A

4d Other program services (Describe in Schedule O.)
(Expenses $ 157,474. including grants of $ 9,450.) (Revenue $ 2,165.)

4e Total program service expenses ▶ 3,509,431.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	40		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	24		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ WI

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☒ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

DAWN NEUMAN - 715-423-3863

478 E GRAND AVE, WISCONSIN RAPIDS, WI 54494

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL LIEBHERR	1.00									
DIRECTOR/SECRETARY TO 12-31		X		X				0.	0.	0.
(2) DALE BIKOWSKI	1.00									
DIRECTOR/TREASURER	1.00	X		X				0.	0.	0.
(3) KRISTOPHER GASCH	2.00									
DIRECTOR /CHAIR		X		X				0.	0.	0.
(4) KRISTIE RAUTER EGGE	1.00									
DIRECTOR		X						0.	0.	0.
(5) DONNA ANDERSON	1.00									
DIRECTOR		X						0.	0.	0.
(6) KELLY RYAN	40.00									
PRESIDENT/CEO	1.00			X				254,329.	0.	7,463.
(7) DAWN NEUMAN	40.00									
CHIEF FINANCIAL OFFICER	3.00			X				172,404.	0.	7,404.
(8) JENNIFER RIGGENBACH	40.00									
DIRECTOR OF WORKFORCE						X		116,836.	0.	4,673.
(9) CHELSEY MAZUREK	40.00									
DIRECTOR OF COMMUNICATIONS						X		118,010.	0.	4,720.
(10) JENNIFER HARMS	40.00									
DIRECTOR OF COMMUNITY INVESTMENT						X		120,314.	0.	1,797.
(11) STEPHEN TURNER	40.00									
OPERATIONS SPECIALIST						X		112,389.	0.	4,509.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								894,282.	0.	30,566.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								894,282.	0.	30,566.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 6

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NETWORK IMPACT, INC. 25 SIGOURNEY ST., BOSTON, MA 02130	PROGRAM DELIVERY & EVALAUTION	114,350.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	67,412.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,141,143.				
	g Noncash contributions included in lines 1a-1f: $ 70,408.						
	h **Total.** Add lines 1a-1f			1,208,555.			
Program Service Revenue		**Business Code**					
	2a PROGRAM & FACILITATION SERVICES	900099		2,165.	2,165.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			2,165.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			588,521.		3,152.	585,369.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	9,019,185.					
	b Less: cost or other basis and sales expenses	8,469,219.					
	c Gain or (loss)	549,966.					
	d Net gain or (loss)			549,966.			549,966.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	**Business Code**					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions.			2,349,207.	2,165.	3,152.	1,135,335.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	797,122.	797,122.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	169,140.	169,140.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	348,994.	247,049.	71,641.	30,304.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,226,063.	1,039,579.	143,715.	42,769.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	49,969.	43,413.	4,894.	1,662.
9 Other employee benefits	281,166.	238,391.	33,094.	9,681.
10 Payroll taxes	135,327.	111,792.	17,981.	5,554.
11 Fees for services (non-employees):				
a Management				
b Legal	56,108.	45,609.	5,616.	4,883.
c Accounting	10,981.		10,981.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	131,407.		131,407.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	168,017.	156,870.	8,534.	2,613.
12 Advertising and promotion	3,684.	3,032.	490.	162.
13 Office expenses	45,847.	31,759.	7,503.	6,585.
14 Information technology	57,214.	44,876.	6,905.	5,433.
15 Royalties				
16 Occupancy	16,959.	14,665.	1,722.	572.
17 Travel	70,417.	64,272.	3,234.	2,911.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	298,580.	294,623.	3,088.	869.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,754.	19,549.	3,157.	1,048.
23 Insurance	11,315.	6,695.	4,261.	359.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUND PROGRAM ACTIVITIES	162,828.	162,828.		
b DUES,SUBSCRIPTIONS,BOOK	15,012.	11,937.	2,235.	840.
c COMMUNICATION/SPONSORSH	6,390.	6,230.	120.	40.
d UNRELATED BUS INC TAXES	1,030.		1,030.	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	4,087,324.	3,509,431.	461,608.	116,285.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	76,320.	1	36,770.
	2	Savings and temporary cash investments	2,783,124.	2	2,075,947.
	3	Pledges and grants receivable, net	52,907.	3	426,430.
	4	Accounts receivable, net	8,882.	4	207.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	29,016.	9	27,558.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 401,408.			
	b	Less: accumulated depreciation — 10b: 292,820.	66,385.	10c	108,588.
	11	Investments - publicly traded securities	23,537,450.	11	22,051,604.
	12	Investments - other securities. See Part IV, line 11	1,286,703.	12	1,221,697.
	13	Investments - program-related. See Part IV, line 11	1,774,252.	13	2,382,751.
	14	Intangible assets	2,951.	14	2,951.
	15	Other assets. See Part IV, line 11	177,887.	15	239,087.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	29,795,877.	16	28,573,590.
Liabilities	17	Accounts payable and accrued expenses	350,100.	17	147,436.
	18	Grants payable	166,691.	18	139,536.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,300,898.	25	1,289,814.
	26	**Total liabilities.** Add lines 17 through 25	1,817,689.	26	1,576,786.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	27,673,417.	27	26,278,024.
	28	Temporarily restricted net assets	304,771.	28	718,780.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	27,978,188.	33	26,996,804.
	34	Total liabilities and net assets/fund balances	29,795,877.	34	28,573,590.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,349,207.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,087,324.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,738,117.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,978,188.
5	Net unrealized gains (losses) on investments	5	750,573.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6,160.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,996,804.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII X

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

INCOURAGE COMMUNITY FOUNDATION, INC.

Employer identification number

39-1772651

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	988,489.	4730028.	2359299.	1485038.	1237794.	10800648.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	988,489.	4730028.	2359299.	1485038.	1237794.	10800648.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6002095.
6 **Public support.** Subtract line 5 from line 4.						4798553.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	988,489.	4730028.	2359299.	1485038.	1237794.	10800648.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	543,263.	682,154.	797,896.	736,930.	588,521.	3348764.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						14149412.

12 Gross receipts from related activities, etc. (see instructions)	12	10,739.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	33.91 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	36.69 %

16a **33 1/3% support test - 2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2015** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. *Answer (a) and (b) below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. *Answer (a) and (b) below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d	**3**		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by .035	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2 Enter 85% of line 1	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4 Enter greater of line 2 or line 3	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions	
7	**Total annual distributions.** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	**Excess distributions carryover to 2017.** Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCH A, PART II, LINE 1

INCOURAGE COMMUNITY FOUNDATION RECEIVES AND HOLDS FUNDS FOR OTHER ORGANIZATIONS. THESE ARE CHARACTERIZED AS CONTRIBUTIONS ON SCHEDULE A, BUT NOT ON FORM 990, PART VIII, LINE 1 AS REVENUE OR NET ASSETS ON FORM 990 PART X.

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

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

Name of the organization	Employer identification number
INCOURAGE COMMUNITY FOUNDATION, INC.	39-1772651

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

Caution: An organization that 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).

Name of organization: INCOURAGE COMMUNITY FOUNDATION, INC.

Employer identification number: 39-1772651

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 532,812.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
2		$ 125,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
3		$ 67,412.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
4		$ 50,121.	Person [X] Payroll Noncash [X] (Complete Part II for noncash contributions.)
5		$ 50,000.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
6		$ 24,969.	Person [X] Payroll Noncash [X] (Complete Part II for noncash contributions.)

Name of organization: INCOURAGE COMMUNITY FOUNDATION, INC.

Employer identification number: 39-1772651

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
4	SHARES OF PUBLICLY TRADED SECURITIES.	$ 35,121.	11/23/16
6	SHARES OF PUBLICLY TRADED SECURITIES	$ 24,969.	05/27/16
		$	
		$	
		$	
		$	

Name of organization INCOURAGE COMMUNITY FOUNDATION, INC.

Employer identification number 39-1772651

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
INCOURAGE COMMUNITY FOUNDATION, INC.	39-1772651

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? **Yes** **No**

4a Was a correction made? **Yes** **No**

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? **Yes** **No**

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures	4,086,294.	
e Total exempt purpose expenditures (add lines 1c and 1d)	4,086,294.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	354,315.	
g Grassroots nontaxable amount (enter 25% of line 1f)	88,579.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	303,768.	350,740.	381,903.	354,315.	1,390,726.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,086,089.
c Total lobbying expenditures					
d Grassroots nontaxable amount	75,942.	87,685.	95,476.	88,579.	347,682.
e Grassroots ceiling amount (150% of line 2d, column (e))					521,523.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
INCOURAGE COMMUNITY FOUNDATION, INC.

Employer identification number
39-1772651

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	50	43
2	Aggregate value of contributions to (during year)	118,142.	26,570.
3	Aggregate value of grants from (during year)	219,841.	62,475.
4	Aggregate value at end of year	3,255,546.	1,084,687.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- [ ] Preservation of land for public use (e.g., recreation or education)
- [ ] Preservation of a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		401,408.	292,820.	108,588.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				108,588.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) 2 SMALL BUSINESS &		
(2) MICROENTERPRISE REVOLVING		
(3) LOAN FUNDS	280,833.	COST
(4) AFFORDABLE HOUSING &		
(5) SMALL BUSINESS LOAN FUND	251,473.	COST
(6) LOANS TO COMMUNITY		
(7) PROPERTY, INC. FOR		
(8) TRIBUNE PROPERTY		
(9) RECONSTRUCTION	1,850,445.	COST
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	2,382,751.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHER AGENCIES	1,256,098.
(3) CHARITABLE GIFT ANNUITIES	33,716.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	1,289,814.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	3,073,931.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	750,573.		
b	Donated services and use of facilities	2b	12,242.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	33,817.		
e	Add lines **2a** through **2d**			2e	796,632.
3	Subtract line **2e** from line **1**			3	2,277,299.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	71,908.		
c	Add lines **4a** and **4b**			4c	71,908.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	2,349,207.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	4,173,416.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	12,242.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	84,810.		
e	Add lines **2a** through **2d**			2e	97,052.
3	Subtract line **2e** from line **1**			3	4,076,364.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	10,960.		
c	Add lines **4a** and **4b**			4c	10,960.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	4,087,324.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE RELATED TO SUPPORTING ORGANIZATION 33,817.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INTEREST INCOME FROM SUPPORTING ORGANIZATION 71,908.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES RELATED TO SUPPORTING ORGANIZATION 84,810.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT CANCELLATIONS REPORTED IN OTHER CHANGES IN NET ASSETS

Part XIII Supplemental Information *(continued)*

OR FUND BALANCES	6,160.
RENT PAID TO SUPPORTING ORGANIZATION	4,800.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	10,960.

PART XI AND XII, LINE 1

THE FINANCIAL STATEMENTS ARE CONSOLIDATED AND ALL AFFILIATE REVENUE AND EXPENSES MUST BE ELIMINATED IN ORDER TO RECONCILE TO THE TAX RETURN.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at** *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
INCOURAGE COMMUNITY FOUNDATION, INC.

Employer identification number
39-1772651

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AGING AND DISABILITY RESOURCE CENTER OF CENTRAL WISCONSIN - 220 3RD AVE SOUTH SUITE 1 - WISCONSIN RAPIDS, WI 54495	39-6005763	501(C)(3)	16,831.	0.			GENERAL & PROGRAM RELATED SUPPORT
AMERICAN PLAYERS THEATRE OF WISCONSIN, INC. - PO BOX 819 - SPRING GREEN, WI 53588	39-1583361	501(C)(3)	8,448.	0.			GENERAL SUPPORT
ASSUMPTION CATHOLIC SCHOOLS 445 CHESTNUT STREET WISCONSIN RAPIDS, WI 54494	39-1951797	SCHOOL	5,448.	0.			GENERAL SUPPORT & TUITION ASSISTANCE
BOY SCOUTS OF AMERICA, SAMOSET COUNCIL - 3511 CAMP PHILLIPS - WESTON, WI 54476	39-0813397	501(C)(3)	10,760.	0.			FOR CAMP TESOMAS, RHINELANDER, WI & GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE WISCONSIN RAPIDS AREA, INC. - PO BOX 1175 - WISCONSIN RAPIDS, WI 54495-1175	39-1745942	501(C)(3)	86,985.	0.			GENERAL & PROGRAM RELATED SUPPORT
CENTRAL WISCONSIN CULTURAL CENTER, INC. - PO BOX 322 - WISCONSIN RAPIDS, WI 54495-0322	39-1869751	501(C)(3)	9,015.	0.			GENERAL & PROGRAM RELATED SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 21.

3 Enter total number of other organizations listed in the line 1 table ..... ▶ 0.

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF WISCONSIN RAPIDS 444 WEST GRAND AVENUE WISCONSIN RAPIDS, WI 54495	39-6005663	GOVERNMENT	18,240.	0.			PROGRAM RELATED SUPPORT
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE, SUITE 700 ARLINGTON, VA 22202	13-6068327	501(C)(3)	7,050.	0.			PROGRAM RELATED SUPPORT
LINCOLN HIGH SCHOOL 1801 16TH STREET SOUTH WISCONSIN RAPIDS, WI 54494	39-6005282	SCHOOL	7,210.	0.			PROGRAM RELATED SUPPORT
MID-STATE TECHNICAL COLLEGE FOUNDATION, INC. - 500 32ND STREET NORTH - WISCONSIN RAPIDS, WI 54494	39-1333783	501(C)(3)	14,348.	0.			GENERAL & PROGRAM RELATED SUPPORT
OPPORTUNITY DEVELOPMENT CENTERS, INC. - 1191 HUNTINGTON AVE - WISCONSIN RAPIDS, WI 54494	39-1044318	501(C)(3)	66,714.	0.			GENERAL & PROGRAM RELATED SUPPORT
PARK PLACE ADULT DAY SERVICES 220 3RD AVE S SUITE 3 WISCONSIN RAPIDS, WI 54495	39-1533745	501(C)(3)	16,831.	0.			GENERAL & PROGRAM RELATED SUPPORT
REGIONAL ECONOMIC GROWTH INITIATIVE, INC. - 1120 LINCOLN STREET - WISCONSIN RAPIDS, WI 54494	47-1466476	501(C)(3)	150,000.	0.			GENERAL SUPPORT
SOUTH WOOD EMERGING PANTRY SHELF 2511 8TH STREET SOUTH #242 WISCONSIN RAPIDS, WI 54494	47-5327773	501(C)(3)	20,970.	0.			GENERAL & PROGRAM RELATED SUPPORT
STANFORD UNIVERSITY-SOCIAL AND ENVIRONMENTAL ENTREPRENEURS - 23532 CALABASAS ROAD, SUITE A - CALABASAS, CA 91302	95-4116679	SCHOOL	10,000.	0.			PROGRAM RELATED SUPPORT

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTRAL RIVERS FARMSHED, LLC 1220 BRIGGS COURT STEVENS POINT, WI 54481	68-0651333	501(C)(3)	6,000.	0.			SUPPORT WOOD COUNTY FARMERS MARKET
WISCONSIN HISTORICAL FOUNDATION, INC. - 816 STATE ST - MADISON, WI 53706	39-0921093	501(C)(3)	103,926.	0.			GENERAL SUPPORT
WISCONSIN RAPIDS AREA SENIOR CENTER ASSOCIATION, INC. - 220 3RD AVE S SUITE 3 - WISCONSIN RAPIDS, WI 54495	39-1408099	501(C)(3)	34,364.	0.			GENERAL SUPPORT
WISCONSIN RAPIDS COMMUNITY THEATRE, INC. - 220 3RD AVE S SUITE 6 - WISCONSIN RAPIDS, WI 54495	51-0612413	501(C)(3)	10,292.	0.			GENERAL & PROGRAM RELATED SUPPORT
WISCONSIN RAPIDS FAMILY CENTER, INC. - 500 25TH ST N - WISCONSIN RAPIDS, WI 54494	39-1451595	501(C)(3)	32,877.	0.			GENERAL & PROGRAM RELATED SUPPORT
NORTHWOODS LEAGUE FOUNDATION 2900 4TH STREET SW ROCHESTER, MN 55902	27-2115341	501(C)(3)	30,000.	0.			PROGRAM RELATED SUPPORT FOR WISCONSIN RAPIDS RAFTERS

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL SCHOLARSHIPS FOR PERSONS GENERALLY RESIDING IN THE GREATER SOUTH	135	167,740.	0.		
EDUCATIONAL SCHOLARSHIPS FOR PERSONS WHO MAY RESIDE BEYOND THE GREATER SOUTH WOOD COUNTY, WISCONSIN AREA.	1	1,400.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FOR SCHOLARSHIPS, QUALIFYING RECIPIENTS ARE EVALUATED BASED ON ESTABLISHED SCHOLARSHIP CRITERIA AND OTHER RELEVANT FACTORS AND AWARDS ARE RECOMMENDED BY COMMITTEES (WHICH COLLECTIVELY INVOLVED 170 RESIDENTS IN 2016), APPROVED BY THE BOARD OF DIRECTORS AND PAYABLE DIRECTLY TO THE EDUCATIONAL INSTITUTION. FOR DONOR ADVISED GRANTS, A BOARD APPROVED SET OF INTERNAL GUIDELINES FOR DONOR ADVISED GRANTS IS ADHERED TO INCLUDING, BUT NOT LIMITED TO, RECEIVING RECOMMENDATIONS FROM THE DONOR, CONFIRMING TAX EXEMPT STATUS, REVIEWING FORM 990'S WHEN AVAILABLE, SEEKING BOARD APPROVAL PRIOR

Part IV Supplemental Information

TO AWARDING GRANTS OVER $25,000, AND RECEIVING ACKNOWLEDGEMENTS FROM THE GRANTEE WITH RESPECT TO THE USE OF THE GRANT. FOR CERTAIN DESIGNATED AND UNRESTRICTED FUNDS, A SIMILAR PROCESS IS PERFORMED BY A COMMITTEE OF STAFF MEMBERS. FOR UNRESTRICTED GRANTS CALLED WHAT IF GRANTS, A RESIDENT REVIEW COMMITTEE, COMPRISED OF 12 RESIDENTS IN 2016, HOLDS QUARTERLY MEETINGS AND ROTATES PARTICIPATION FOR MONTHLY GRANT REVIEWS. FOR EACH OF SEVEN COMMUNITIES THAT HAVE A PROGRESS FUND DESIGNATED TOWARD THEIR COMMUNITY, THERE IS A RESIDENT REVIEW COMMITTEE, WHICH COLLECTIVELY INVOLVED 32 RESIDENTS IN 2016. INCOURAGE STAFF PROVIDE ADMINISTRATIVE SUPPORT TO FOSTER THE DECISION MAKING, REVIEW AND APPROVAL PROCESS BY PERFORMING NECESSARY DUE DILIGENCE, INCLUDING REVIEWING FORM 990'S, SUPPORTING AND GUIDING SITE VISITS, DETERMINING THE DEPTH AND FREQUENCY OF REPORTING FROM A GRANT RECIPIENT WITH RESPECT TO THE GRANT, IN ACCORDANCE WITH BOARD APPROVED CRITERIA AND GUIDELINES, INCLUDING SUBMITTING TO THE BOARD FOR FINAL APPROVAL.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at** *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

INCOURAGE COMMUNITY FOUNDATION, INC.

Employer identification number

39-1772651

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as, maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KELLY RYAN	(i)	154,500.	41,616.	58,213.	6,183.	1,280.	261,792.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAWN NEUMAN	(i)	110,334.	7,482.	54,588.	6,916.	488.	179,808.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

AT YEAR-END, STAFF MAY BE ELIGIBLE TO RECEIVE A DISCRETIONARY, NON-FIXED, BONUS-TYPE PAYMENT BASED ON OVERALL PERFORMANCE AND EFFORT. THE BOARD DETERMINES THE POOL OF AVAILABLE FUNDS, IF ANY, AND THE CEO HAS THE DISCRETION TO ALLOCATE THE FUNDS TO STAFF. THE BOARD ALSO REVIEWS THE CEO'S PERFORMANCE AND MAY AWARD ADDITIONAL NON-FIXED DISCRETIONARY COMPENSATION BASED ON PERFORMANCE AND EFFORT. THIS AMOUNT, IF ANY, IS REFLECTED ON SCHEDULE J, PAGE 2, IN COLUMN (B) (II). AMOUNTS ON THE 2016 SCHEDULE J, PAGE 2, COLUMN (B)(II) REFLECT DISCRETIONARY COMPENSATION AWARDED IN 2015 AND PAID IN 2016. NO DISCRETIONARY COMPENSATION WAS AWARDED IN 2016.

SCHEDULE J, PAGE 2, COLUMN (B) (III) CONTAINS TWO AMOUNTS IN 2016. ONE IS THE CASH COMPENSATION INCOURAGE PAYS IN LIEU OF PROVIDING GROUP INSURANCE BENEFITS, AT THE RATE OF 22.35% OF BASE COMPENSATION, WHICH RATE HAS BEEN THE SAME FOR SEVERAL YEARS. THE OTHER IS A ONE-TIME PAYMENT THAT WILL NOT RECUR RESULTING FROM A CHANGE IN THE TREATMENT OF VACATION CARRYOVER FROM ONE YEAR TO THE NEXT.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

IN ALL CASES, TOTAL COMPENSATION PAID REMAINS REASONABLE, AND AT OR BELOW FAIR MARKET VALUE FOR THE SERVICES PERFORMED.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at** *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open To Public Inspection

Name of the organization

INCOURAGE COMMUNITY FOUNDATION, INC.

Employer identification number

39-1772651

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	7	70,408.	AVERAGE OF HIGH/LOW
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

REFLECTS THE NUMBER OF CONTRIBUTIONS OF DIFFERING TYPES OF STOCKS, NOT THE NUMBER OF SHARES.

SCHEDULE M, LINE 32B:

IN CERTAIN INSTANCES, SUCH AS CONTRIBUTIONS OF REAL ESTATE, INCOURAGE COMMUNITY FOUNDATION, INC. UTILIZES ITS SUPPORTING ORGANIZATION, COMMUNITY PROPERTY, INC., AS A VEHICLE TO ACCEPT, MANAGE AND/OR LIQUIDATE SUCH ASSETS IN AN ORDERLY FASHION. ALSO CONTRIBUTIONS OF STOCK WOULD BE SOLD BY WOODTRUST BANK.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
INCOURAGE COMMUNITY FOUNDATION, INC.

Employer identification number
39-1772651

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THAT WORKS WELL FOR ALL PEOPLE. INCOURAGE IS A USER-CENTERED, VALUES-LED, PLACE-BASED PHILANTHROPIC AND COMMUNITY DEVELOPMENT ORGANIZATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISINVESTMENT. TODAY, INCOURAGE PLAYS MANY ROLES IN COMMUNITY DEVELOPMENT: STEWARD, ADVOCATE, CONVENER, MODERATOR, TRAINER, RESEARCHER, GRANT-MAKER, INVESTOR, AND FUNDRAISER.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IF" GRANTS, INCOURAGE HAS FUNDED PROJECTS SUCH AS MARLEY'S MILE MONARCH GARDEN AT LAKE WAZEECHA, RAPID RIVER MASH MASTERS (FORMATION OF A HOME BREWING CLUB), AND SKATE SAFELY (SUPPORTING ACCESSIBLE ICE SKATING). INCOURAGE'S GRANTMAKING STRATEGIES ARE ALIGNED WITH THE VISION AND VALUES DRIVEN PROGRAMS NOTED IN PART III LINES 1, 4B, 4C AND 4D.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CALLED THE WISCONSIN SHARED STEWARDSHIP FUND. LAUNCHED IN 2017, IT INCLUDES A PORTFOLIO OF COMPANIES THAT ARE BASED IN OR CREATE JOBS IN WISCONSIN.

TRIBUNE BUILDING - AN ECONOMIC AND COMMUNITY HUB: INCOURAGE'S COMMITMENT TO PLACE-BASED INVESTING AND TO USER-CENTERED DECISION MAKING FOR SOUTH WOOD COUNTY'S FUTURE IS SYMBOLIZED BY THE CONTINUING RE-DEVELOPMENT OF THE FORMER DAILY TRIBUNE BUILDING, WHICH INCOURAGE

Name of the organization: INCOURAGE COMMUNITY FOUNDATION, INC.

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PURCHASED THROUGH ITS SUPPORTING ORGANIZATION, COMMUNITY PROPERTY, INC., IN DECEMBER OF 2012. FROM THE BEGINNING, THE TRIBUNE BUILDING PROJECT HAS BEEN ABOUT "MORE THAN THE BUILDING". IT IS A DEMONSTRATION OF A USER-CENTERED PROCESS TOWARD REALIZING INCOURAGE'S VISION OF A COMMUNITY THAT WORKS WELL FOR ALL PEOPLE. THE TRIBUNE WILL SERVE AS A "COMMUNITY ACCELERATOR" - ACCELERATING ECONOMIC GROWTH AND OPPORTUNITY, ENVIRONMENTAL SUSTAINABILITY, LEARNING, CREATIVITY AND CONNECTIONS FOR COMMUNITY BENEFIT. INCOURAGE ENGAGED RESIDENTS IN DETERMINING THE FUTURE USES OF THIS HISTORIC LOCAL PROPERTY ON THE WISCONSIN RIVER. PHASE ONE IN 2013 AND 2014, CONSISTED OF FOUR PUBLIC MEETINGS WHERE EVERYONE IN THE COMMUNITY WAS INVITED TO SHARE THEIR IDEAS FOR THE FUTURE OF THE SPACE, INCLUDING ENCOURAGING RESIDENTS TO SHIFT THEIR THINKING FROM "ME" TO "WE". PHASE TWO IN 2014, CONSISTED OF SEVEN PUBLIC MEETINGS WHEREBY THE COMMUNITY WAS INVITED TO PARTICIPATE IN ACTIVITIES RELATED TO THE DESIGN AND SUSTAINABILITY OF THE FACILITY. PHASE THREE IN 2015 AND 2016, CONSISTED OF TEN PUBLIC MEETINGS IN WHICH PARTICIPANTS FOCUSED ON DEEPENING RELATIONSHIPS AND FURTHER DEFINING PROGRAMMING WITHIN THE FACILITY, AND DEVELOPING RESIDENT-LED FUNDRAISING OPPORTUNITIES TO HELP REALIZE THE BUILDING. TO DATE, OVER 2,000 RESIDENTS HAVE PARTICIPATED IN THIS PROCESS, INCLUDING WORKING TOGETHER TO PRIORITIZE END USE IDEAS THAT WILL CELEBRATE LOCAL ASSETS, CONNECT RESIDENTS, ACT AS A CATALYST FOR FUTURE DOWNTOWN DEVELOPMENT AND SHAPE A SUSTAINABLE, INCLUSIVE LOCAL ECONOMY. AT ITS CORE, THE TRIBUNE WILL BE A COMMUNITY ENTERPRISE FOCUSED ON CULTIVATING ENTREPRENEURS AND GROWING A STRONG AND INCLUSIVE LOCAL ECONOMY. (SEE INCOURAGECF.ORG/LEAD/TRIBUNE-BUILDING, FOR MORE).

BLUEPRINTS FOR TOMORROW TRAINING PROGRAM: REALIZING THAT BUILDING A

Name of the organization: INCOURAGE COMMUNITY FOUNDATION, INC.

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COMMUNITY WITH A LOCAL, INCLUSIVE, SUSTAINABLE ECONOMY WILL TAKE INDIVIDUALS AND INSTITUTIONS WORKING TOGETHER IN NEW AND DIFFERENT WAYS, INCOURAGE OPERATED AND LED BLUEPRINTS FOR TOMORROW, A 25-MONTH USDA-SUPPORTED PROGRAM TO BUILD NETWORKS, VISION AND SKILLS NEEDED IN A NEW REGIONAL ECONOMY BASED ON THE VALUES OF EQUITY, OPPORTUNITY AND SHARED STEWARDSHIP. THE CURRICULUM INCLUDES: ADAPTIVE LEADERSHIP; IMPACT INVESTING AND FINANCING; COLLABORATIVE DEVELOPMENT PRACTICES; AND LOCAL, INCLUSIVE, AND SUSTAINABLE ECONOMIES; WITH SIX LOCAL PUBLIC AND PRIVATE INSTITUTIONS PARTICIPATING TOGETHER IN THE INAUGURAL PROGRAM. BY COMBINING TRAINING, COACHING AND COMMUNITY KNOWLEDGE WITH EVOLVING DESIGN AND FINANCE TOOLS, BLUEPRINTS IS HELPING OUR COMMUNITY'S INSTITUTIONS DO BUSINESS IN NEW AND DIFFERENT WAYS, ENSURING THAT THEY ARE PREPARED TO SUPPORT AN ENTREPENEURIAL CULTURE SHAPED BY RESIDENT PARTICIPATION. (SEE INCOURAGECF.ORG/LEAD/BLUEPRINTS-FOR-TOMORROW, FOR MORE).

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: BUSINESS AND EDUCATION ALLIANCE, A MANUFACTURING PARTNERSHIP AND OTHER COLLABORATIONS BETWEEN GROUPS THAT MAY NOT HAVE TRADITIONALLY WORKED CLOSELY TOGETHER TO SOLVE WORKFORCE ISSUES (SEE INCOURAGECF.ORG/LEAD/WORKFORCE-CENTRAL-2, FOR MORE). THROUGHOUT 2016 AND 2017, INCOURAGE HAS WORKED WITH COMMUNITY PARTNERS TO TRANSITION THESE PROGRAMS TO PERMANENT HOMES, INCLUDING MID STATE TECHNICAL COLLEGE AND VARIOUS LOCAL MANUFACTURERS.

COMMUNITY INFORMATION: IN 2008, INCOURAGE BEGAN PARTICIPATING IN THE JOHN S. AND JAMES L. KNIGHT FOUNDATION'S COMMUNITY INFORMATION CHALLENGE, FOCUSING ON USER-CENTERED PROCESSES TO CREATE A MORE

Name of the organization: INCOURAGE COMMUNITY FOUNDATION, INC.

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INFORMED, ENGAGED, AND CONNECTED COMMUNITY. IN 2012, INCOURAGE ENGAGED IN DIALOGUE WITH AREA RESIDENTS FOCUSED ON CHALLENGES FACING THE COMMUNITY, COMMUNITY STRENGTHS, VISION FOR THE FUTURE AND INTEREST IN ENGAGING WITH INCOURAGE'S WORK, INCLUDING SPONSORING THE LARGEST COMMUNITY-WIDE SURVEY IN THE HISTORY OF THE SOUTH WOOD COUNTY AREA, WITH OVER 4,100 RESIDENTS RESPONDING. THE FOUR MAIN PRIORITIES IDENTIFIED BY THE COMMUNITY THROUGH THE SURVEY WERE, A STRONG ECONOMY, OPPORTUNITIES FOR YOUNG ADULTS AND FAMILIES, OPENNESS TO NEW IDEAS AND CHANGE, AND A FOCUS ON NATURE AND RECREATION OF THE AREA. THESE PRIORITIES CONTINUE TO INFORM INCOURAGE'S STRATEGY AND INCOURAGE IS COMMITTED TO HELPING THE COMMUNITY COORDINATE EFFORTS FOCUSED ON COMMUNITY PRIORITIES AND A SHARED VISION FOR THE FUTURE. A SECOND COMMUNITY SURVEY IS PLANNED FOR 2017 (SEE INCOURAGECF.ORG/LEAD/COMMUNITY-INFORMATION, FOR MORE).

THE CONNECTEDNESS AND INTEGRATION OF A VARIETY OF GRANTS, PROGRAMS, AND INITIATIVES ALLOWS FOR A "COMMUNITY SPECIFIC" FRAMEWORK THROUGH WHICH COLLECTIVE RESOURCES CAN ACHIEVE GREATER IMPACT IN THE FORM OF SYSTEMS CHANGE AND COMMUNITY INVOLVEMENT. EXAMPLES INCLUDE RUNNING AN ANNUAL COMMUNITY PICNIC AS AN OPEN AND INCLUSIVE SETTING FOR FOSTERING CONNECTIONS AMONG NEIGHBORS, CELEBRATING LOCAL ASSETS, AND PROMOTING COLLABORATION BETWEEN LOCAL BUSINESSES AND ORGANIZATIONS (ATTENDANCE WAS OVER 7,000 IN 2016) (SEE HTTPS://INCOURAGECF.ORG/ACT/COMMUNITY-PICNIC/, FOR MORE); AND SUPPORTING RESEARCH INTO LOCAL DATA TO PRODUCE VITAL SIGNS REPORTS AND THEN TO HOST CRITICAL COMMUNITY CONVERSATIONS FOR INFORMING STRATEGY AND ACTION WITH TIMELY, ACCURATE AND RELEVANT DATA (SEE INCOURAGECF.ORG/LEARN/VITAL-SIGNS, FOR MORE).

Name of the organization: INCOURAGE COMMUNITY FOUNDATION, INC.

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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY ENGAGEMENT AND LEADERSHIP DEVELOPMENT: INCOURAGE IS KNOWN NATIONALLY FOR DIRECTLY ORGANIZING, DEVELOPING, AND LEADING PROGRAMS AND COMMUNITY INITIATIVES THAT LEVERAGE RESOURCES, BUILD SELF-CONFIDENCE AND A SENSE OF AGENCY AMONG RESIDENTS, AND AIM TO REBUILD AND DIVERSIFY OUR LOCAL ECONOMY. INCOURAGE SUPPORTS BUILDING SOCIAL CAPITAL AND POSITIVE COMMUNITY CHANGE BY PROMOTING RESIDENT ENGAGEMENT, ADAPTIVE LEADERSHIP SKILLS, RELATIONSHIP BUILDING, COLLABORATION, CONVENING, ADVOCACY, PROACTIVE AND UNBIASED RESEARCH, CAPACITY BUILDING, A SHARED LEARNING ENVIRONMENT, AND THE EFFECTIVE EXCHANGE OF RELEVANT INFORMATION IN THE PROCESS. IT HAS A HISTORY OF JOINING WITH LOCAL, REGIONAL, AND NATIONAL FUNDERS AND PARTNERS, INCLUDING BOTH PUBLIC AND PRIVATE, WHO ARE COMMITTED TO PRUDENT AND TRANSPARENT EFFORTS TO TAKE EXISTING AND EMERGING MODELS FURTHER (SEE INCOURAGECF.ORG/LEAD/NATIONAL-PARTNERS, FOR MORE).

SOME ADDITIONAL PROGRAMS LED BY INCOURAGE INCLUDE ADAPTIVE LEADERSHIP PROGRAMS, TEEN LEADERSHIP PROGRAMS, EDUCATIONAL WORKSHOPS AND TRAINING OPPORTUNITIES (ORGANIZATIONAL, LEADERSHIP AND PROGRAM DEVELOPMENT; COLLABORATION AND COMMUNITY ENGAGEMENT; EVALUATION EFFECTIVENESS, ETC.), PUBLIC SPEAKERS, A CONSULTANT/FACILITATOR DATABASE FOR COMMUNITY ORGANIZATIONS, PROMOTING CIVILITY, SPEAKYOURPEACE.ORG, PROMOTING CIVIC ENGAGEMENT, ETC. (SEE INCOURAGECF.ORG/LEAD/ADAPTIVE-LEADERSHIP & SPEAK-YOUR-PEACE, FOR MORE).

EXPENSES $ 157,474. INCLUDING GRANTS OF $ 9,450. REVENUE $ 2,165.

FORM 990, PART VI, SECTION B, LINE 11B:

Name of the organization: INCOURAGE COMMUNITY FOUNDATION, INC.

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UPON COMPLETION OF PREPARATION OF FORM 990 BY A THIRD PARTY ACCOUNTING FIRM (ACCOMPLISHED WITH SIGNIFICANT INPUT FROM A VARIETY OF STAFF MEMBERS) THE CHIEF FINANCIAL OFFICER POSTS THE FINAL FORM 990 DRAFT FOR REVIEW BY EACH BOARD MEMBER AND CERTAIN STAFF MEMBERS PRIOR TO FILING, SEEKING THEIR REVIEW AND COMMENTS WITH RESPECT TO THE FILING TO BE MADE. ANY AND ALL COMMENTS RECEIVED ARE REVIEWED FOR WHETHER AN ADJUSTMENT NEEDS TO BE MADE TO THE FORM 990 THAT WAS AVAILABLE FOR REVIEW. AFTER ALL COMMENTS HAVE BEEN CLEARED, THE FINAL FORM 990 IS POSTED FOR ALL BOARD MEMBERS AND CERTAIN STAFF MEMBERS, NOTING ANY SIGNIFICANT ADJUSTMENTS THAT WERE MADE AS A RESULT OF THEIR REVIEW, AND THE FINAL FORM 990 IS SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED ANNUALLY BY DIRECTORS, STAFF AND MOST COMMITTEES. WHEN POTENTIAL CONFLICTS OF INTEREST ARISE, THE CONFLICTED PERSON IS ALLOWED AN INITIAL OPPORTUNITY FOR INPUT TO THE DISCUSSION WITH FINAL DISCUSSIONS AND VOTING, IF ANY, DONE WITHOUT THEIR INPUT.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS REVIEWS CEO PAY ANNUALLY TAKING COMPARATIVE PAY DATA INTO CONSIDERATION, INCLUDING REGIONAL AND NATIONAL FOUNDATIONS AS WELL AS COMMUNITY DEVELOPMENT ORGANIZATIONS AND DATA ON PEERS WITH WHOM OUR CEO IS MOST COMPARABLE. THE CEO RECOMMENDS DETAILED STAFF PAY AND THE BOARD OF DIRECTORS REVIEWS STAFF POSITIONS AND OVERALL PAY THROUGH THE BUDGET PROCESS, TAKING COMPARATIVE PAY DATA INTO CONSIDERATION WHERE AVAILABLE AND APPROPRIATE. BUDGETS ARE SUBJECT TO BOARD APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization: INCOURAGE COMMUNITY FOUNDATION, INC.

Employer identification number: 39-1772651

DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST AT INCOURAGE COMMUNITY FOUNDATION, INC. ATTENTION: FINANCE, 478 EAST GRAND AVENUE, WISCONSIN RAPIDS, WI 54494, OR BY EMAIL REQUEST TO HELLO@INCOURAGECF.ORG TO THE ATTENTION OF FINANCE.

FORM 990, PART VII, LINE 1A, COLUMN (D):

REPORTABLE COMPENSATION FOR THE PRESIDENT/CEO AND CHIEF FINANCIAL OFFICER IS FURTHER DETAILED ON SCHEDULE J. AS ADDITIONAL INFORMATION, THE FOLLOWING ARE FURTHER DETAILS WITH RESPECT TO EMPLOYEES LISTED ON FORM 990, PART VII, COLUMN (D) REPORTABLE COMPENSATION:

	BASE COMP	INCENTIVE COMP	REPORTABLE OTHER COMP *	TOTAL
KELLY RYAN PRESIDENT/CEO	154,500	41,616	58,213	254,329
DAWN NEUMAN CHIEF FINANCIAL OFFICER	110,334	7,482	54,588	172,404
JENNIFER RIGGENBACH DIRECTOR OF WORKFORCE	91,980	0	24,856	116,836
CHELSEY MAZUREK DIRECTOR OF COMMUNICATIONS	89,823	7,316	20,871	118,010
JENNIFER HARMS DIRECTOR OF COMMUNITY INVESTMENT	97,625	0	22,689	120,314
STEPHEN TURNER OPERATIONS SPECIALIST	87,550	4,598	20,241	112,389

* CONSISTS OF CASH COMPENSATION INCOURAGE PAYS IN LIEU OF PROVIDING GROUP INSURANCE BENEFITS, AT THE RATE OF 22.35% OF BASE COMPENSATION,

Name of the organization: INCOURAGE COMMUNITY FOUNDATION, INC.

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WHICH RATE HAS BEEN THE SAME FOR SEVERAL YEARS. IN ADDITION, IN 2016, THIS MAY ALSO INCLUDE A ONE-TIME PAYMENT THAT WILL NOT RECUR RESULTING FROM A CHANGE IN THE TREATMENT OF VACATION CARRYOVER FROM ONE YEAR TO THE NEXT.

FURTHER DETAILS WITH RESPECT TO THE COMPONENTS OF INCENTIVE COMPENSATION AND OTHER REPORTABLE COMPENSATION ARE INCLUDED ON SCHEDULE J, PART III.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GRANT EXPENSE CANCELLATIONS 6,160.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. THE FULL INCOURAGE BOARD FULFILLS THESE RESPONSIBILITIES.

FORM 990, PART I, LINE 5

INCOURAGE HAD 23 EMPLOYEES AT 12-31-16, 6 OF WHICH WERE PART-TIME.

FORM 990, PART VI, SECTION C, LINE 18

THE MOST CURRENT FORMS 990 AND 990-T ARE POSTED ON INCOURAGE'S WEBSITE. FORM 1023 AND THE TWO PRIOR YEAR FORMS 990 AND 990-T ARE AVAILABLE UPON WRITTEN REQUEST AT INCOURAGE COMMUNITY FOUNDATION, INC., ATTENTION FINANCE, 478 EAST GRAND AVENUE, WISCONSIN RAPIDS, WI 54494, OR BY EMAIL REQUEST TO HELLO@INCOURAGECF.ORG TO THE ATTENTION OF FINANCE.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

INCOURAGE COMMUNITY FOUNDATION, INC.

Employer identification number

39-1772651

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
COMMUNITY PROPERTY INC - 26-0425048 478 EAST GRAND AVENUE WISCONSIN RAPIDS, WI 54494-4852	SUPPORTING ORGANIZATION	WISCONSIN	501(C)(3)	LINE 12A, I	INCOURAGE COMMUNITY FOUNDATION, INC.	X	

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

Schedule R (Form 990) 2016

632161 09-06-16 LHA

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	COMMUNITY PROPERTY, INC.	A	25,445.	ACCRUED INTEREST
(2)	COMMUNITY PROPERTY, INC.	D	1,825,000.	FACE VALUE OF PROMISSORY NOTE
(3)	COMMUNITY PROPERTY, INC.	D	263,500.	STATED AMOUNT OF LOAN GUARANTEE
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Form **8868**
(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

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

OMB No. 1545-1709

Electronic filing *(e-file).* You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
INCOURAGE COMMUNITY FOUNDATION, INC.	39-1772651
Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
478 E. GRAND AVENUE	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
WISCONSIN RAPIDS, WI 54494	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ DAWN NEUMAN 478 E GRAND AVE - WISCONSIN RAPIDS, WI 54494
  Telephone No. ▶ 715-423-3863 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2017 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 2016 or
▶ ☐ tax year beginning _____ , and ending _____ .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

623841 01-11-17