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· 990-PF

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

2016

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

	endar year 2016 or tax year beginning	, 2016,	and ending		
Name of f			j.	A Employer identification nur	nber
The I	Michael F and Jody J Petrie nd street (or PO box number if mail is not delivered to street a	<u>Foundation, Inc</u>	2	<u>46-4616018</u>	
		ddress)		B Telephone number (see instru	
1155	5 North Meridian Street vn, state or province, country, and ZIP or foreign postal code		400	(317) 569-742	
•	· · · · · · · · · · · · · · · · · · ·		15000	C If exemption application is	nending check here. >
Carm			40032	o in exemplion application is	beriaing, eneck nere .
G Che	eck all that applyInitial return	Initial return of a forme	er public charity	D 1 Foreign organizations, che	ck here ►
	Final return	Amended return	\ \ \	3 3	
	Address change	Name change		2 Foreign organizations mee	
H Che	eck type of organization X Section 501	(c)(3) exempt private fou	ndation	here and attach computation	n · · · · · • []
0,	Section 4947(a)(1) nonexempt charitable trus			E If private foundation status	was terminated
				under section 507(b)(1)(A),	
	5	ounting method XC	;		Ы
		Other (specify)		F If the foundation is in a 60-i	
	23/23/1	column (d) must be on c	asn basis) (under section 507(b)(1)(B),	check here
Part I		(a) Davisania and	(h) blot invocatment	(a) Advisted not	(d) Disbursements
	Expenses (The total of amounts in columns (b), (c), and (d) may not neces-	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable
	columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)	expenses her pooks	moonic	moonie	purposes
	(see instructions))	Ì		}	(cash basis only)
	1 Contributions, gifts, grants etc., received (attach schedule)	75,000.		 	
	2 Check I If the foundation is not required to attach Sch B				
					
	3 Interest on savings and temporary cash investments	194.	194	ı.]	
	4 Dividends and interest from securities		<u></u>	7	
	5 a Gross rents				
~	b Net rental income or (loss)				
1	6 a Net gain or (loss) from sale of assets not on line 10				
E	b Gross sales price for all				
Ϋ́Θ	assets on line 6a		RECISIVE		
5-80-2017	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain			<u> </u>	
M.—	9 Income modifications		APP A C		
SES.	10 a Gross sales less	10	SEP 0 5 20	17 0	
3.0	i returns and i		l	(S-	
\circ	allowances				
SCANNED	goods sold		OGDEN_L		
Z.	C Gross profit or (loss) (allach schedule)				
2	11 Other income (attach schedule)			1	
2	ļ				
20	12 Total Add lines 1 through 11	75,194.	194		
	13 Compensation of officers, directors, trustees, etc · ·				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
Α	16 a Legal fees (attach schedule)				
0	b Accounting fees (attach sch)				
M	C Other professional fees (attach sch)				
0 1	17 Interest			+	
O Î P S F T	18 Taxes (atlach schedule)(see insirs)			 	
E T	19 Depreciation (attach				
A A	schedule) and depletion			1	
NV	20 Occupancy			+	
GE	21 Travel, conferences, and meetings			-	
A E	22 Printing and publications				
N X	23 Other expenses (attach schedule)				
Ë					10
N S	24 Total operating and administrative				
Ě	expenses Add lines 13 through 23			!	1
3	25 Contributions, gills, grants paid	50,350.		- 	50,350.
	26 Total expenses and disbursements				35,550.
	Add lines 24 and 25	50,350.			50,350.
	27 Subtract line 26 from line 12	33,333.		 	
	a Excess of revenue over expenses			1	
	and disbursements	24,844.			
	b Net investment income (if negative, enter -0-)		194		
	C Adjusted net income (if negative, enter -0-)				
					Form 990 DE (2016)

Par	t II	Balance Sheets Attached scriedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	Eng of	
		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	293.	<u> </u>	25,137.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch) .			
A	Ì	Less allowance for doubtful accounts			
Š	8	Inventories for sale or use			
S S E T	9	Prepaid expenses and deferred charges			
Ś	10 a	Investments – U.S. and state government			
	}	obligations (attach schedule)			··
	t	nvestments — corporate stock (attach schedule)			
	(Investments — corporate bonds (attach schedule)			
	11	Investments - land, buildings, and			
	1	equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe		··-	
	ı	Total assets (to be completed by all filers — see the instructions Also, see page 1, item I)	293.	25,137.	25,137.
L	17	Accounts payable and accrued expenses			20,101
١	18	Grants payable			
A B	19	Deferred revenue			
!	20	Loans from officers, directors, trustees, & other disqualified persons			
ŀ	21	Mortgages and other notes payable (attach schedule)		· · · · · · · · · · · · · · · · · · ·	
Ţ	22	} · · · · · · · · · · · · · · · · · · ·	·		
É					
<u> </u>	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted			
E U T N	25	Temporarily restricted			•
D	26	Permanently restricted			
A B S A E L T A		Foundations that do not follow SFAS 117, check here . • X and complete lines 27 through 31.			
Ę Ļ	27	Capital stock, trust principal, or current funds			
SÑ	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
C O E	29	Retained earnings, accumulated income, endowment, or other funds	293.	25,137.	
RS	30	Total net assets or fund balances (see instructions)	293.	25,137.	
	31	Total liabilities and net assets/fund balances (see instructions)	293.	25,137.	
Par	111	Analysis of Changes in Net Assets or Fund Balance			
	Total	net assets or fund balances at beginning of year - Part II, column (a	a), line 30 (must agree wit	h	
_		of-year figure reported on prior year's return)			293.
2		r amount from Part I, line 27a		 i	24,844.
3		increases not included in line 2 (itemize)		3	
		lines 1, 2, and 3 · · · · · · · · · · · · · · · · · ·		· · · · · · · <u>4</u>	25,137.
5		ases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Pa	art II, column (b), line 30	6 <u> </u>	25,137.

		e the kind(s) of property sold (e g , real	estate,	(b) How acq		(C) Date acquired	(d) Date sold
	2-story brick wareh	nouse, or common stock, 200 shares M	LC Company)	P — Purch D — Donat		(mo , day, yr)	(mo , day, yr)
1 a							
b							: _
<u>c</u>					{		
d							
е		(f) Depreciation allowed	(g) Cost or other bas	16		(h) Gain or	(loss)
	(e) Gross sales price	(or allowable)	plus expense of sale			(e) plus (f) mil	
a							
b							
<u>c</u>		+					
d							
е	Complete only for assets show	I I I I I I I I I I I I I I I I I I I	e foundation on 12/31/60				
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any			l) Gains (Col) ain minus col (k), bu n -0-) or Losses (fro	it not less
							
a		 					
<u>c</u>							
d		-					
<u>u</u>		+					
	Capital gain net income or (net	t capital loss) If gain, also	enter in Part I, line 7				
	, ,	ii (loss), ente	er -0- in Part I, line 7	4	_2		
3	Net short-term capital gain or ((loss) as defined in sections 1222(5) and	d (6)	t	ŧ		
		e 8, column (c) (see instructions) If (loss			_		
					3		
Part		er Section 4940(e) for Reduce			me		
(For o	optional use by domestic private	e foundations subject to the section 494	o(a) tax on het investinent ii	ncome)			
If sect	tion 4940(d)(2) applies, leave th	his part blank					
Mac t	he foundation liable for the sec	ction 4942 tax on the distributable amou	int of any year in the base no	eriod?		г	_
		lify under section 4940(e) Do not comp	• •	ciiou ·		عم ۱۷ ا	No
		my direct section 4540(c) be not comp	lete this hart			Yes	No
<u> </u>	(a)	in each column for each year, see the it		ov entries		Yes	No
		in each column for each year, see the in	nstructions before making ar	ny entries		LJ	∐ No
	Base period years Calendar year (or tax year beginning in)	n each column for each year, see the in (b) Adjusted qualifying distributions		·		(d) Distribution (col (b) divided	ratio
	Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	nstructions before making ar (c) Net value of noncharitable-use assi	ets		(d) Distribution	ratio by col (c))
	Calendar year (or tax year	(b) Adjusted qualifying distributions 75,254.	nstructions before making ar (c) Net value of noncharitable-use assi	·		(d) Distribution	ratio by col (c))
	Calendar year (or tax year beginning in) 2015	(b) Adjusted qualifying distributions	nstructions before making ar (c) Net value of noncharitable-use assi	ets		(d) Distribution	ratio by col (c))
	Calendar year (or tax year beginning in) 2015 2014	(b) Adjusted qualifying distributions 75,254.	nstructions before making ar (c) Net value of noncharitable-use assi	ets		(d) Distribution	ratio
	Calendar year (or tax year beginning in) 2015 2014 2013	(b) Adjusted qualifying distributions 75,254.	nstructions before making ar (c) Net value of noncharitable-use assi	ets		(d) Distribution	ratio by col (c))
	Calendar year (or tax year beginning in) 2015 2014 2013 2012 2011	(b) Adjusted qualifying distributions 75,254.	nstructions before making ar (c) Net value of noncharitable-use assi	ets 3,485.		(d) Distribution	ratio by col (c)) 3.204343
2	Calendar year (or tax year beginning in) 2015 2014 2013 2012 2011 Total of line 1, column (d)	Adjusted qualifying distributions 75,254. 36,475.	nstructions before making ar (c) Net value of noncharitable-use asso	ets 3,485.		(d) Distribution	ratio by col (c)) 3.204343
2 3	Calendar year (or tax year beginning in) 2015 2014 2013 2012 2011 Total of line 1, column (d)	Adjusted qualifying distributions 75,254. 36,475.	nstructions before making ar (c) Net value of noncharitable-use assi	ets 3,485.	2	(d) Distribution	ratio by col (c)) 3.204343
2 3	Calendar year (or tax year beginning in) 2015 2014 2013 2012 2011 Total of line 1, column (d) Average distribution ratio for th number of years the foundation	Adjusted qualifying distributions 75,254. 36,475.	nstructions before making ar (c) Net value of noncharitable-use assi	ets 3,485.	2	(d) Distribution	ratio by col (c)) 3.204343 3.204343
2 3	Calendar year (or tax year beginning in) 2015 2014 2013 2012 2011 Total of line 1, column (d) Average distribution ratio for th number of years the foundation.	Adjusted qualifying distributions 75,254. 36,475. ne 5-year base period — divide the total in has been in existence if less than 5 year table-use assets for 2016 from Part X.	nstructions before making ar (c) Net value of noncharitable-use assi	ets 3,485.	2 3 4	(d) Distribution	ratio by col (c)) 3.204343 3.204343 3.204343 38,503.
2 3 4 5	Calendar year (of tax year beginning in) 2015 2014 2013 2012 2011 Total of line 1, column (d)	Adjusted qualifying distributions 75,254. 36,475. ne 5-year base period — divide the total in has been in existence if less than 5 year labele-use assets for 2016 from Part X.	nstructions before making ar (c) Net value of noncharitable-use associated as	ets 3,485.	2 3	(d) Distribution	ratio by col (c)) 3.204343 3.204343
2 3 4 5	Calendar year (of tax year beginning in) 2015 2014 2013 2012 2011 Total of line 1, column (d)	Adjusted qualifying distributions 75,254. 36,475. ne 5-year base period — divide the total in has been in existence if less than 5 year table-use assets for 2016 from Part X.	nstructions before making ar (c) Net value of noncharitable-use associated as	ets 3,485.	2 3 4	(d) Distribution	ratio by col (c)) 3.204343 3.204343 3.204343 38,503.
2 3 4 5 6	Calendar year (or tax year beginning in) 2015 2014 2013 2012 2011 Total of line 1, column (d)	Adjusted qualifying distributions 75,254. 36,475. ne 5-year base period — divide the total in has been in existence if less than 5 year labele-use assets for 2016 from Part X.	nstructions before making ar (c) Net value of noncharitable-use associated as	ets 3,485.	2 3 4 5	(d) Distribution	7atio by col (c)) 3.204343 3.204343 3.204343 38,503.
2 3 4 5 6 7	Calendar year (or tax year beginning in) 2015 2014 2013 2012 2011 Total of line 1, column (d) Average distribution ratio for th number of years the foundation Enter the net value of nonchar Multiply line 4 by line 3 Enter 1% of net investment inc. Add lines 5 and 6	Adjusted qualifying distributions 75,254. 36,475. ne 5-year base period — divide the total in has been in existence if less than 5 year table-use assets for 2016 from Part X, come (1% of Part I, line 27b)	nstructions before making ar (c) Net value of noncharitable-use assi	ets 3,485.	2 3 4 5 6 7	(d) Distribution	ratio by col (c)) 3.204343 3.204343 3.204343 38,503. 123,377.

_	1930 (Colo) The Michael F and Jody J Petrie Foundation, The. 40-4616016			age 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction	ns)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here • and enter 'N/A' on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary – see instructions)			
t	Domestic foundations that meet the section 4940(e) requirements in Part V,			4.
	check here . ► and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
	foundations only Others enter -0-)			0.
3	Add lines 1 and 2			4.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			4.
6	Credits/Payments			
	2016 estimated tax pmts and 2015 overpayment credited to 2016			
	Exempt foreign organizations — tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6 c			
	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			4.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0.
11	Enter the amount of line 10 to be Credited to 2017 estimated tax			
Par	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u></u>	Yes	No
	participate or intervene in any political campaign?	1 a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1 b		X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1 c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation • \$ (2) On foundation managers • \$		1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		,
4	If 'Yes,' attach a detailed description of the activities		 -	X
	·	}	ŀ	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3	ì	X
4 2	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		├~	X
+ a	of Yes, has it filed a tax return on Form 990-T for this year?	4 b	}	 ^-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		├──	X
•	If 'Yes,' attach the statement required by General Instruction T	<u> </u>	├	 ^
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
U	By language in the governing instrument, or	}		
		1		
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 	6		ļ
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV	7	X	
	Enter the states to which the foundation reports or with which it is registered (see instructions)		 ^	
ψa				
	INDIANA Who require a West to live 7 has the foundation formulated a require formulated a require formulated and the foundation for			
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	8 b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10	x	
BAA		orm 99	0-PF (2016)

Form	orm 990-PF (2016) The Michael F and Jody J Petrie Foundation, Inc.	46-4616018	<u> </u>	age 5
Par	art VII-A Statements Regarding Activities (continued)			
11	1 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions)		Yes	No X
12	2 Did the foundation make a distribution to a donor advised fund over which the foundation or a disadvisory privileges? If 'Yes,' attach statement (see instructions)	squalified person had		Х
13	3 Did the foundation comply with the public inspection requirements for its annual returns and exer	mption application? 13	X	
	vvebsile address	T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
14	Website address	ZIP + 4 = 46032	-/42	.0
15			. •	П
	and enter the amount of tax-exempt interest received or accrued during the year			ت
16	6 At any time during calendar year 2016, did the foundation have an interest in or a signature or of bank, securities, or other financial account in a foreign country?		Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country.			Λ_
Par	art VII-B Statements Regarding Activities for Which Form 4720 May Be R	equired		
<u>. u.</u>	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	oquireu	Yes	No
1 a	1 a During the year did the foundation (either directly or indirectly)	<u> </u>	1.00	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	· · · Yes X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	· · · · · · · · Yes X No		
b	b If any answer is 'Yes' to 1a(1)—(6), did any of the acts fail to qualify under the exceptions describ Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instruc	oed in ctions)? 1 b	•	
	Organizations relying on a current notice regarding disaster assistance check here			
С	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted that were not corrected before the first day of the tax year beginning in 2016?	acts,		Х
2	2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was private operating foundation defined in section 4942(j)(3) or 4942(j)(5))	s a		
a	a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	Yes XNo		
	If 'Yes,' list the years ► 20 , 20 , 20 , 20 , 20			
b	b Are there any years listed in 2a for which the foundation is not applying the provisions of section (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section			
_	all years listed, answer 'No' and attach statement — see instructions)	2b		
	► 20 _ ,20 _ ,20 _ ,20			
3 a	3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	· · · · Yes X No		
b	b If 'Yes,' did it have excess business holdings in 2016 as a result of (1) any purchase by the found or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period apply the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or beques (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, determine if the foundation had excess business holdings in 2016).	pproved st, or to		
4 a	4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	f		X

Form 990-PF (2016)

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Form 990-PF (2016) The Michael F and Jo			46-461	L6018	Page 6
Part VII-B Statements Regarding Activit	ies for Which Forn	n 4720 May Be Req	uired (continued)		
5 a During the year did the foundation pay or incur a	•		п., п		
(1) Carry on propaganda, or otherwise attempt (-		· · · Yes X	No	
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registratio	n drive?			No	
(3) Provide a grant to an individual for travel, stu			· · · · · Yes X	No	
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions) .	n a charitable, etc , organ	ization described	Yes X	No	
(5) Provide for any purpose other than religious educational purposes, or for the prevention	of cruelty to children or a	nımals?		No	
b If any answer is 'Yes' to 5a(1)—(5), did any of the described in Regulations section 53 4945 or in a (see instructions)?				5 b	
Organizations relying on a current notice regards	ng disaster assistance cl	neck here	►		
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib	ollity for the grant?		· · · · · · · · · · · · Yes · · ·	No	
If 'Yes,' attach the statement required by Regula		• •			
6 a Did the foundation, during the year, receive any on a personal benefit contract?				No	
b Did the foundation, during the year, pay premiun If 'Yes' to 6b, file Form 8870	ns, directly or indirectly, o	on a personal benefit con	itract?	6b	X
7 a At any time during the tax year, was the foundat	ion a party to a prohibited	d tax shelter transaction?	Yes X	No	
b If 'Yes,' did the foundation receive any proceeds	or have any net income	attributable to the transa	ction?	7 b	
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	mployees	5,
1 List all officers, directors, trustees, foundation	on managers and their o	compensation (see inst	ructions).		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense other all	e account, lowances
Michael F. Petrie					
11555 N. Meridian St. Suite 400 Carmel IN 46032	President and Treasurer 3.00	0.	0.		0.
Jody J. Petrie 11555 N. Meridian St. Suite 400	Vice President and Secretary				
Carmel IN 46032	1.50	0.	0.	 	0.
	- (-4) - 4) - 4) - 5	ludad an line 4 . aan is			
2 Compensation of five highest-paid employee	(b) Title, and average	iluaea on line 1 – see il	(d)Contributions to	iter NONE.	
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense other all	e account, lowances
None					
				-	<u></u>
					
			-		
	····			 	
Total number of other employees paid over \$50,000 .	<u> </u>		<u> </u>	 	None
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Form 990-PF (2016) The Michael F and Jody J Petrie Foundation, Inc. 46-46 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid I	
and Contractors (continued)	employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
one	
	· · · · · · · · · · · · · · · · · · ·
·	
al number of others receiving over \$50,000 for professional services	None
	1,0110
art IX-A Summary of Direct Charitable Activities	
t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as, the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
anizations and other beneficialities served, conferences converted, research papers produced, etc	
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
art IX-B Summary of Program-Related Investments (see instructions)	
	Amount
	Amount
	Amount
escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 2 I other program-related investments See instructions	Amount
art IX-B Summary of Program-Related Investments (see Instructions) escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 2 1 1	Amount
escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 2 Il other program-related investments. See instructions	Amount
escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 2 I other program-related investments See instructions	Amount

Form 990-PF (2016) The Michael F and Jody J Petrie Foundation, Inc.	46-4616018	Page 8
Part X Minimum Investment Return (All domestic foundations must complete this part Fisher see instructions)	oreign foundation	ıs,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities	1a	
b Average of monthly cash balances		39,089.
C Fair market value of all other assets (see instructions)		39,009.
d Total (add lines 1a, b, and c)		39,089.
e Reduction claimed for blockage or other factors reported on lines 1a and	· · · · * 	39,009.
1c (attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d		39,089.
		33,003.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	586.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4		38,503.
6 Minimum investment return. Enter 5% of line 5		1,925.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations		
and certain foreign organizations check here and do not complete this part		
1 Minimum investment return from Part X, line 6		1,925.
2 a Tax on investment income for 2016 from Part VI, line 5	4.	
b Income tax for 2016 (This does not include the tax from Part VI) 2 b		
C Add lines 2a and 2b	2 c	4.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	1,921.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	1,921.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	1,921.
Part XII Qualifying Distributions (see instructions)		
Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	50 350
b Program-related investments — total from Part IX-B		50,350.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		
	· · · - 	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	За	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	50,350.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		· ·
Enter 1% of Part I, line 27b (see instructions)	5	0.

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

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Form 990-PF (2016)

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
Distributable amount for 2016 from Part XI, line 7				1,921.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			1,173.	
b Total for prior years 20 , 20 , 20			<u> </u>	
3 Excess distributions carryover, if any, to 2016				
a From 2011 0	.			
b From 2012 0	.]			
c From 2013 0	.1			
d From 2014				
e From 2015	 1			
f Total of lines 3a through e				
4 Qualifying distributions for 2016 from Part				
XII, line 4 \$ 50,350.				
a Applied to 2015, but not more than line 2a · ·				· · · · · · · · · · · · · · · · · · ·
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2016 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016				
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	162,080.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2015 Subtract line 4a from				
line 2a Taxable amount — see instructions	·		1,173.	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				1,921.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)				1, 301.
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).	. 0.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	162,080.			
10 Analysis of line 9				 .
a Excess from 2012 0				
b Excess from 2013 0	<u>. </u>	1		
c Excess from 2014 36, 475		[
d Excess from 2015	•			
e Excess from 2016 50, 350	·]			
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Form 990-PF (2016) The Michael F and J	ody J Petrie	Foundation, Inc	C	46-4616018	3 Page 10
Part XIV Private Operating Foundat				<u> </u>	N/A
1 a if the foundation has received a ruling or determined is effective for 2016, enter the date of the ruli	ing			· · <u>· · ·</u> · · · · · •	· · · · · · · · · · · · · · · · · · ·
b Check box to indicate whether the foundation		ing foundation descri		4942(J)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	- <u>-</u> -	(e) Total
investment return from Part X for each year listed	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed	·				
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					-
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
· · · · · · · · · · · · · · · · · · ·	· · · · ·				
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information (assets at any time during the	(Complete this	part only if the	foundation had	1 \$5,000 or more	in
1 Information Regarding Foundation Manage		structions.)			
a List any managers of the foundation who have close of any tax year (but only if they have co	e contributed more	than 2% of the total of \$5,000) (See section	contributions receive on 507(d)(2))	ed by the foundation be	efore the
Michael F. Petrie Jody J. Petrie					
b List any managers of the foundation who own a partnership or other entity) of which the four N/A	10% or more of the adation has a 10% of	e stock of a corporation greater interest	on (or an equally lar	ge portion of the owner	ership of
2 Information Regarding Contribution, Grant	t. Gift. Loan, Scho	larship, etc. Progra	ams:		
Check here X if the foundation only mal requests for funds. If the foundation makes gromplete items 2a, b, c, and d	kes contributions to	preselected charitab	le organizations and	I does not accept unso ons under other condit	olicited tions,
a The name, address, and telephone number of	r e-mail address of	the person to whom a	applications should	be addressed	
Michael F. Petrie					
11555 N. Meridian Street, S Carmel		, , , , ,	7) 560 7400		
b The form in which applications should be sub-	IN 46032				
N/A	va uno momat	one materials the	, silo ala molade		
c Any submission deadlines				··	
N/A					
d Any restrictions or limitations on awards, such	as by geographica	l areas, charitable fie	elds, kinds of instituti	ons, or other factors	
	- 				
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3 Grants and Contributions Paid During the Ye		uro Doumon		
3 Grants and Contributions Faid During the Te	If recipient is an individual,	T		
Recipient	show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business) a Paid during the year	or substantial contributor	ļ		······································
United Catholic Appeal				
1400 N. Meridian Street			To support the operations	
Indianapolis IN 46202		PC	of the Archdiocese of Indianapolis.	4,250.
St. Vincent Foundation			Creation of study lab	4,250.
8402 Harcourt Road, St. 210			for medical professionals	
Indianapolis IN 46260		POF	at St. Vicent hospital.	5,500.
JDRF				2,
10401 N. Meridian, Suite 150			Support research to	
Indianapolis IN 46290		PC	cure juvenile diabetes	500.
Little Sisters of the Poor			Support nursing home	
2345 W. 86th Street			that cares for low-income	
Indianapolis IN 46260		PC	elderly.	2,500.
IU Foundation		ļ	Support education at	
PO Box 500			Indiana University through	
Bloomington IN 47402		POF	the Kelly School of business.	5,000.
Holy Family Shelter				
907 N. Holmes Avenue			Homeless shelter for	
Indianapolis IN 46222		PC	the poor.	2,000.
Wounded Warrior Project		}		
230 W. Monroe St., Suite 200			Support the treatment	
Chicago IL 60606		PC	of wounded servicemen.	1,000.
Children's Museum			D	
3000 N. Meridian Street Indianapolis IN 46208		POF	Promote family	5,000.
St. Mary's Child Center		POF	learning experiences Promote early	5,000.
901 Dr. Martin Luther King St.			childhood development	
Indianapolis IN 46202		PC	for the poor	500.
See Line 3a statement				300.
			İ	
				24,100.
	•			,
Total			▶ 3a	50,350.
b Approved for future payment				
			,	
			i	
				·
Total			▶ 3b	

Part AVI-A Analysis of income-Producing					
Enter gross amounts unless otherwise indicated	Unrelate	d business income	Excluded b	y section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions)
a					
	 		- 		
b	 		 		
C			 		
d	ļ		ļ		
e	ļļ		ļ		
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			1	194.	
4 Dividends and interest from securities			1 -		
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income	 		+		
8 Gain or (loss) from sales of assets other than inventory	 				
	-				·
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			 		
11 Other revenue]		ļ		· · · · · · · · · · · · · · · · · · ·
a					
b			ļ <u>.</u>		
C					
d	İ				
е					
12 Cubtatal Add aslumns (b) (d) and (s)				194.	
12 Subtotal Add columns (b), (d), and (e)			1	194.1	
13 Total. Add line 12, columns (b), (d), and (e)				13	194.
12 Subtotal Add columns (b), (d), and (e)				13	194.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations	· · · · · · · · · · · · · · · · · · ·			-	194.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the	Accompl	ishment of Exem	ot Purpos	ses	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations	Accompl	ishment of Exemped in column (e) of Part	ot Purpos	ses	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which inc	Accompl	ishment of Exemped in column (e) of Part	ot Purpos	ses	he
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which inc	Accompl	ishment of Exemped in column (e) of Part	ot Purpos	ses	he
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which inc	Accompl	ishment of Exemped in column (e) of Part	ot Purpos	ses	he
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which inc	Accompl	ishment of Exemped in column (e) of Part	ot Purpos	ses	he
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which inc	Accompl	ishment of Exemped in column (e) of Part	ot Purpos	ses	he
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which inc	Accompl	ishment of Exemped in column (e) of Part	ot Purpos	ses	he
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13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which inc	Accompl	ishment of Exemped in column (e) of Part	ot Purpos	ses	he
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which inc	Accompl	ishment of Exemped in column (e) of Part	ot Purpos	ses	he
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which inc	Accompl	ishment of Exemped in column (e) of Part	ot Purpos	ses	he
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which inc	Accompl	ishment of Exempled in column (e) of Part	ot Purpos	ses	he
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which inc	Accompl	ishment of Exempled in column (e) of Part	ot Purpos	ses	he
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13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which inc	Accompl	ishment of Exempled in column (e) of Part	ot Purpos	ses	he
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13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which inc	Accompl	ishment of Exempled in column (e) of Part	ot Purpos	ses	he
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13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which inc	Accompl	ishment of Exempled in column (e) of Part	ot Purpos	ses	he
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which inc	Accompl	ishment of Exempled in column (e) of Part	ot Purpos	ses	he

Phone no 317 - 705 - 2010

Form **990-PF** (2016)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations												
										1	Yes	No
Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?							103	110				
								ĺ				
a Transfers from the reporting foundation to a noncharitable exempt organization of							1 - (1)					
(1) Cash							· · · · · · · · · · · · · · · · · · ·	<u> </u>	X X			
(2) Other assets							1 a (2)		X			
b Other transactions							4 5 (4)	1	١			
(1) Sales of assets to a noncharitable exempt organization								ļ <u>.</u>	X			
(2) Purchases of assets from a noncharitable exempt organization								ļ <u>.</u>	X			
(3) Rental of facilities, equipment, or other assets								1	X			
											 	X
-	•	s or loan guarantees										X
	-	ormance of services	•		•					1 b (6)	 	X
6 5	naring c	of facilities, equipmer	nt, mailing lists	, other asser	is, or paid	employees.				1 c	L	<u> </u>
th ar	e goods ny trans	wer to any of the abo s, other assets, or se action or sharing arra	rvices given by angement, sho	the reporting the the the the the the the the the the	ng foundat (d) the va	ion If the foi lue of the go	undation ods, oth	received less the ner assets, or se	nan fair market value rvices received	ın		
(a) Line	no	(b) Amount involved	(c) Name	of noncharitab	ie exempt or	ganization	(0) Description of trai	nsfers, transactions, and	snaring arran	gement	<u></u>
						· · · ·	 					
	-					<u>.</u>						
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•	+					-	<u> </u>					
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-	\dashv			···-								
	-						1					
de	escribed 'Yes,' c	ndation directly or in I in section 501(c) of omplete the following	the Code (other	er than secti	on 501(c)(3)) or in sect		7		. XYes		No
(a) Name of organization			n	(b) Type of organization			(c) Description of relationship					
Kenwood Place I, Inc.				501(c)(3)			Common Board President					
Kenwood Place II, Inc.				501(c)(3)			Common Board President					
MAH Braeburn Village, LLC					501(c)(3)		ard Presiden				
Merch	ants .	Affordable Hou	sing Corp.	<u>501(c)(</u>	3)			Common Boa	ard Presiden	t		
	Under ce	nalties of senior Laborare	Mal have examine	edahis return in	cludino accom	nanvino schedi	les and etc	stements, and to the h	est of my knowledge and h	selief it is true		
.	correct	nalties of penjury 1 declare and complete Declaration o	preparer (other to	ar (axpayer) c	pas d on all in	formation of whi	ch prepare	r has any knowledge	ics of my whomeage and t	rener, it is true,		
Sign		/ /	XIII	TWI	1 0	30-1) 🛌	8-		May the I		
Here				1 -11 1	1 0	<i>, ,,,</i> ,	<u>/</u> •	President		preparer (see instr	shown b	elow
	Signati	ure of officer or trustee			Date		Ť	itle		1 1	Yes	No
		Print/Type preparer's nam	θ	Prep	arer's signalu	re 7	_	Date	Check if	PTIN		
Paid		Scott Ti	homan		M	Mon	m	- 8/29/17	self-employed	P013	13/0	6
Prepa	rer	Firm's name	ERRILL &	THOMAN					Firm's EIN > 35-	202 80	59	
Use O		Firm's address 🏲 9	449 PRIO	RITY WAY	WEST	DR						

IN 46240

INDIANAPOLIS

BAA

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2016

Employer identification number

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

The Michael F and Jody J Petri	ie Foundation, Inc.	46-4616018					
Organization type (check one)							
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 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 Gene	ral Pula or a Special Pula	· · · · · · · · · · · · · · · · · · ·					
	·						
Note. Only a section 501(c)(7), (8), or (10) organiz	ation can check boxes for both the General Rule and a Special	Rule See instructions					
General Rule							
X For an organization filing Form 990, 990-EZ, o	r 990-PF that received, during the year, contributions totaling \$5 Parts I and II. See instructions for determining a contributor's tot	5,000 or more (in money or al contributions					
, , , , , , , , , , , , , , , , , , , ,							
Special Rules							
<u> </u>)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test	t 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							
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
during the year, total contributions of more that)(7), (8), or (10) filing Form 990 or 990-EZ that received from an n \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, c	y one contributor, or educational					
purposes, or for the prevention of cruelty to chi	ldren or animals. Complete Parts I, II, and III						
Π	V=V-0						
)(7), (8), or (10) filing Form 990 or 990-EZ that received from an						
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,							
	f the parts unless the General Rule applies to this organization						
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 requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	or on its Form 990-PF,					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF

	B (Form 990, 990-EZ, or 990-PF) (2016)	Page_	1 of 1 of Part
Name of org		1 ' '	r identification number
	chael F and Jody J Petrie Foundation, Inc.		616018
	Contributors (see instructions) Use duplicate copies of Part I if additional space	e is needed	T
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Michael and Jody Petrie 11555 North Meridian Street, Suite 400	\$7 <u>5,000</u> .	Person X Payroll Noncash
	Carmel IN 46032		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
~		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 - ;		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for
	<u> </u>		noncash contributions)

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Recipient	If recipient is	Foun-	Purpose of grant or contribution	Person or Business	
Name and address (home or business)	show any relationship to	status of re-	grant or commodition	Checkbox	
(nome or sacmoss)	any foundation manager or substantial contributor	cipient		Amount	
a Paid during the year					
Progress House 201 E. Shelby Street			Assist men in	Person or Business X	
Indianapolis IN 46202		PC	recovering from addictions	2,500.	
IU Foundation 1001 East 17th Street			To support athletic scholarships for student	Person or Business	
Bloomington IN 47408		PC	atheletes at IU	10,000.	
Ducks_UnlimitedOne_Waterfoul_Way		 PC	To provide and promote	Person or Business X	
Memphis TN 38120 Sacred Heart Church		PC	waterfoul habitat	Person or	
1530 Union Street				Business X	
Indianapolis IN 46225		PC	Catholic Church	2,000. Person or	
Bishop Chatard 5885 Crittenden Avenue				Business X	
Indianapolis IN 46220		PC	Catholic high school	5,000.	
Women's Care Center				Person or	
4901 W. 86th Street Indianapolis IN 46268		 PC	To address womens health issues	Business X 1,500.	
Open Door Foundation		PC	Makes mort. payments	Person or	
1919 M Street 5th Floor			for parents of	Business X	
Washington DC 20036 Coburn Place		PC	critically ill children Provide supportive services	1,000.	
604 East 38th Street			and housing to victims	Business X	
Indianapolis IN 46205		PC	of domestic violence	500.	
Prosperity Indiana				Person or	
202 East Market Street _ Indianapolis IN 46204		 PC	Provide support to communities and families	Business X 1,000.	
JWAS Foundation				Person or	
3900 Edison Lakes Pkwy			Provide educational assitance	Business X	
Mishawaka IN 46545		PC	to low income individuals	500.	

Total