Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

2017

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

		dar year 2017 or tax year begin	ning		, 201	7, and e	nding		, 20
Nar	me of fo	undation)	A Employe	r identification numb	er
Th	e Mi	chael F and Jody J Peti	rie Foundation,	Inc.)	46-4	616018	
Nur	mber an	d street (or P O box number if mail is not c	lelivered to street address)		Room	/suite	B Telephor	e number (see instruct	tions)
11	555 i	North Meridian Street			400	İ	(317	569-7420	
		n, state or province, country, and ZIP or for	eign postal code					ion application is pend	ling, check here ▶
Ca	rmel	IN 46032				1	· ii chomp	application to point	
		all that apply: Initial return	☐ Initial return	n of a former	public	charity	D 1 Foreign	n organizations, check	here 🏲 🗀
_	017001	☐ Final return	☐ Amended		paono	on any	D 1.1 oreigi	Trongamzations, check	nerc P_
•		☐ Address cha	_			ا ہ		n organizations meetin	· _
7-	Chack	type of organization: X Section			ation/			here and attach comp foundation status was	
		in 4947(a)(1) nonexempt charitable			0			07(b)(1)(A), check here	
			Accounting method						
-		f year (from Part II, col. (c),	Other (specify)	i. 🔼 Casii		CCIUai		ndation is in a 60-mon ction 507(b)(1)(B), chec	
	line 16		• • • • • • • • • • • • • • • • • • • •				under sec	Stion 307 (D)(1)(D), Chec	K liere
_			art I, column (d) must be	on cash bas	S.)	,			1
	art I	Analysis of Revenue and Expe		(a) Revenue		(b) Net	investment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may the amounts in column (a) (see instructi		expenses books	per	in	come	income	purposes
				 		7.794-507	 	SE THE SECOND STREET	(cash basis only)
	1	Contributions, gifts, grants, etc , rece	·	200,	000.	Property of	(1) γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ		
	2	Check ► ☐ If the foundation is not re	•	S. S			<u> </u>	14.4.3.4	
	3	Interest on savings and tempora		ļ	511.		511.	<u> </u>	
	4	Dividends and interest from seci							
	5a	Gross rents							
	b	Net rental income or (loss)					8, c.		
ne	6a	Net gain or (loss) from sale of as		<u></u>		ALC: NO.			180 0 F
Revenue	b	Gross sales price for all assets on line		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	· 2 5 4 5 5		V	企业企业	学来解 李
ē	7	Capital gain net income (from Pa	art IV, line 2)	The state of	***				
Œ	8	Net short-term capital gain		1 14	-4 ***	9.4%			1
	9	Income modifications		- The said in	20 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STATE OF			10 m
	10a	Gross sales less returns and allowan	ces	1.36	1	10 may	N ₂	李子气流流	が海にいた。
	b	Less: Cost of goods sold		F			and I	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1948 · 第二个
	С	Gross profit or (loss) (attach school	edule)				÷,*,		Agriculture The second
	11	Other income (attach schedule)							, t
	12	Total. Add lines 1 through 11 .		200,	511.		511.		
·/\	13	Compensation of officers, direct		Ţ					
xbeuses	14	Other employee salaries and wa	ges						
ë	15	Pension plans, employee benefit	ts						
	16a	Legal fees (attach schedule)	RECEIVED.						
Ü	ь	Accounting fees (attach schedul	0)						
Ķ	С	Other professional fees (attach s	chedule)	K 2					
rat	17	Interest	JUL 1 7 2018 }	XI					
Operating and Administrative E	18	Taxes (attach schedule) (see instruc	ctions)	ži –					
Ë	19	Depreciation (attach schedule)@		1					
L	20			-					
4	21	Travel, conferences, and meetin							1
<u>s</u>	22								†
g a	23	Other expenses (attach schedule							
Ę	24	Total operating and adminis				l			
ā		Add lines 13 through 23		{		{			
þe	25	Contributions, gifts, grants paid		126,	200				126,000
0	26	Total expenses and disbursements		126,		 			126,000
_	27	Subtract line 26 from line 12.		 	 				120,000.
	a a	Excess of revenue over expenses	and dishursements	71	 511	1			
	b	Net investment income (if nega		74,	111.	 	511.		
		Adjusted net income (if negative				 	211.	 	
	<u> </u>	- agastoa net moonie (ii negativ	o, onto: -o-j	<u></u>		<u> </u>		L	

For Paperwork Reduction Act Notice, see instructions.

BAA



D.	rt II	Ralance Shoots Attached schedules and amounts in the description column	Beginning of year		End c	f year
		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Valu	ie	(c) Fair Market Value
	1	Cash—non-interest-bearing	25,137.	99,6	47.	99,647.
	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 schedule) ▶		· · · · · · · · · · · · · · · · · · ·		*
		Less ⁻ allowance for doubtful accounts ▶				
Assets	8	Inventories for sale or use		- 		
SSE	9	Prepaid expenses and deferred charges				
Ä	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments - corporate stock (attach schedule)				
	С	Investments - corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment: basis ▶		37 37 37	13 15	\$. W.
		Less. accumulated depreciation (attach schedule) ▶				
	12	Investments-mortgage loans				<u> </u>
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment: basis ▶	*,		. , , ,	
	1	Less. accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe ▶)				
	16	Total assets (to be completed by all filers—see the]			
		ınstructions. Also, see page 1, item I)	25,137.	99,6	<u>47.</u>	99,647.
	17	Accounts payable and accrued expenses				
S	18	Grants payable				
≝	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
Ë	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)				
	23					
S)	}	Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26, and lines 30 and 31.				ا الله الله الله الله الله الله الله ال
lances	24	Unrestricted			,	
	25	Temporarily restricted				
ã	26	Permanently restricted				
Net Assets or Fund Ba		Foundations that do not follow SFAS 117, check here ► 🔀				hands at
교		and complete lines 27 through 31.			1	
ō	27	Capital stock, trust principal, or current funds	İ		I	
ţ	28	Paid-in or capital surplus, or land, bldg., and equipment fund				. 125,
Se	29	Retained earnings, accumulated income, endowment, or other funds	25,137.	99,6	47.	* **
Ä	30	Total net assets or fund balances (see instructions)	25,137.	99,6		
ē	31	Total liabilities and net assets/fund balances (see	,,		· · ·	
~	}	ınstructions)	25,137.	99,6	47.	
	rt III	Analysis of Changes in Net Assets or Fund Balances				
1		al net assets or fund balances at beginning of year-Part II, colur				
		-of-year figure reported on prior year's return)		L	_1_	25,137.
2		er amount from Part I, line 27a		[2	74,511.
3	Othe	er increases not included in line 2 (itemize) ► Rounding		[3	-1.
4	Add	lines 1, 2, and 3		[4	99,647.
5	Deci	reases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus line 5)—F			5_	
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5)—F	Part II, column (b), lin	e 30	6	99,647.

		d(s) of property sold (for example, real e.e., or common stock, 200 shs MLC Co		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
<u>1a</u>						
<u>b</u>						
_ <u>c</u>						
<u>d</u>						
_е		(0.0				(1)
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ense of sale		n or (loss) (f) minus (g))
<u>a</u> b						
С						
<u>d</u> e						
	Complete only for assets show	ving gain in column (h) and owned	by the foundation	on 12/31/69.	(1) Cours (Co	L /b\ ===================================
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col (I) (I), If any	col (k), but no	l (h) gain minus t less than -0-) or from col (h))
a						
b						
C						
d						
_е 2	Capital gain net income or		also enter in Pa			
2		(11 (1088)	, enter -0- in Pa	,	2	
3	If gain, also enter in Part I	or (loss) as defined in sections , line 8, column (c). See instru				
Part	Part I, line 8	er Section 4940(e) for Redu		<u> </u>	3	
/as t		ection 4942 tax on the distribu ialify under section 4940(e). Do			pase period?	☐ Yes ☐ N
1		unt in each column for each yea		 	akıng anv entries	
	(a) Base period years	(b) Adjusted qualifying distribution:		(c) f noncharitable-use as	Dis	(d) tribution ratio
Cale	ndar year (or tax year beginning in) 2016	50, 3			(cor (b)	divided by col (c))
	2015	75,2	+	38,5 23,4		1.30769 3.20434
	2014	36,4		23,4	65.	3.20434
	2013	1 30,4	73.		- 	
	2012				- 	
						
2	Total of line 1, column (d)				. 2	4.51203
3		or the 5-year base period—div			by	
	the number of years the fou	undation has been in existence	of less than 5 years	ears	. 3	2.25601
4	Enter the net value of nonc	haritable-use assets for 2017 f	rom Part X, line	5	. 4	37,710
5	Multiply line 4 by line 3 .				. 5	85,074
6	Enter 1% of net investment	t income (1% of Part I, line 27b)		. 6	5
7	Add lines 5 and 6				. 7	85,079
8	Enter qualifying distribution	ns from Part XII, line 4			. 8	126,000
		er than line 7, check the box in				

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—se	e inst	tructio	ns)
1a	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)	1	1/A	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		5.	┼──
~	here ► 🗵 and enter 1% of Part I, line 27b		<u> </u>	+ -
С	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.	1
3	Add lines 1 and 2		5.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		0.	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	,	5.	
6	Credits/Payments:	, . :		
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a		,	
b	Exempt foreign organizations—tax withheld at source 6b		*	
С	Tax paid with application for extension of time to file (Form 8868) . 6c 6c	* 2 2 4	٠],
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d			<u> </u>
8	Enter any penalty for underpayment of estimated tax. Check here uf Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		5.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10		0.	
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 11			
	VII-A Statements Regarding Activities	 	14	T NI =
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?		Yes	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the) 1i	a	×
D	instructions for the definition	11	b	×
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materia	ls		, -
	published or distributed by the foundation in connection with the activities.			3.
C	Did the foundation file Form 1120-POL for this year?	10	C	×
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation. ▶ \$			i i
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? If "Yes," attach a detailed description of the activities.	2	!	×
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	of		×
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4		×
b	If "Yes," has it filed a tax return on Form 990-T for this year?	41		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	;	×
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	į		
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that are first at the state of the state	at		
_	conflict with the state law remain in the governing instrument?	_6	 	
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 X'	۷ <u> 7</u>	<u> </u>	 ,
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶			
۵.	IN	,		
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 G2 If "No." attach explanation	<u> </u>		
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	81	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) of 1942(j)(5) for calendary year 2017, or the tay year hadining in 20172. See the part victions for Part VIV. If IV.			
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes complete Part XIV			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	<u>9</u>	<u>'</u>	<u>×</u>
10	names and addresses			
		10	0 X	<u> </u>

Par	VII-A Statements Regarding Activities (continued)			
		T	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
_	person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	<u>l</u> .
14	Website address ► N/A			
	The books are in care of ► Michael Petrie Telephone no. ► (317)		/42C)
15	Located at ► 11555 N. Meridian St. Carmel IN ZIP+4 ► 46032 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			<u> </u>
15	and enter the amount of tax-exempt interest received or accrued during the year		•	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	1		
	the foreign country ►			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	4.	Yes	No
1a	During the year, did the foundation (either directly or indirectly):	3	4	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		#	
	disqualified person?	23		1 2 8
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	1. 短雪	200	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	199	100 mg	6.3
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	W. C.	A 1 1	3
	the benefit or use of a disqualified person)?	1		
	(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	termination of government service, if terminating within 90 days.)		ī	\
J	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	10		,
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2017?	1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		5	
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	' '		
	6e, Part XIII) for tax year(s) beginning before 2017?	1	-	,
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	'		
~	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	- '	_	,
	all years listed, answer "No" and attach statement—see instructions.)	2b		1
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
_	▶ 20 , 20 , 20 , 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2017.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
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 2017?	4b		×

Pa	ae	6

Part	VII-B	Statements Regarding Activities	for W	/hich Form	4720	May Be R	eguir	ed (conti	nued)			age 🗸
5a		e year, did the foundation pay or incur				, 2011	~ 4 ~ · · ·		/		Yes	No
	_	on propaganda, or otherwise attempt t	-		on (sect	ion 4945(e))? .	Yes	X No			
	(2) Influe	nce the outcome of any specific public	electi	on (see secti	on 495	5), or to ca	arry on	,				
	direct	tly or indirectly, any voter registration dr	ive?					Yes	⊠ No	.		
		de a grant to an individual for travel, stu	-		•			☐ Yes	⊠ No			i
		de a grant to an organization other than			-			١				
		on 4945(d)(4)(A)? See instructions						Yes	⊠ No	' ·	j	
		de for any purpose other than religious, oses, or for the prevention of cruelty to c				•			.			-
b		swer is "Yes" to 5a(1)–(5), did any of the						☐Yes	No 🔀			
D		ns section 53.4945 or in a current notice							ibed iii	5b		ئـــــا
	-	tions relying on a current notice regardi	-	_					. ▶ □		, ,	
С	-	swer is "Yes" to question 5a(4), does t	-				-			' [,-,	**
		it maintained expenditure responsibility							No	`	7,00	'
	If "Yes,"	attach the statement required by Regula	ations s	section 53.49	45–5(ď))		_				.
6a		oundation, during the year, receive any					miums	\$		' .	,	,
	·-	sonal benefit contract?						☐ Yes	X No	135° H	, , v	ž ,
b		oundation, during the year, pay premiun	ns, dire	ctly or indired	ctly, on	a personal	benef	t contract	? .	6b		×
		o 6b, file Form 8870.							_			
		ne during the tax year, was the foundation						☐ Yes	⊠ No			
		did the foundation receive any proceeds Information About Officers, Direc								7b		
Par		and Contractors	tors, i	irustees, F	ounda	uon wana	agers,	підпіў і	-aiu E	трюу	ees,	
1		fficers, directors, trustees, and found	ation r	nanagers an	d their	compens	ation.	See instri	uctions	 s.		
			(b) Title	e, and average	(c) Co	mpensation	(d)	Contribution	s to	(e) Expe		count
		(a) Name and address		rs per week ed to position		not paid, iter -0-)		oyee benefit erred comp			allowar	
Micl	nael F.	Petrie	Presiden	nt and Treasurer								-
		dian St. Suite 400 Carmel IN 46032		3.00		0.	<u></u>		_0.			0.
Jody	_ у Ј. Ре	trıe	Vice Fres.	gent and Secretary							-	
1155	5 N. Meri	dian St. Suite 400 Carmel IN 46032		1.50		0.			0.			0.
- -	· • • • • • • • • • • • • • • • • • • •	·										
2	Compen	sation of five highest-paid employee	e loth	er than that	ea incl	uded on li	no 1	saa instr	uction	c) If n	one	enter
2	"NONE."		55 (UIII	er man mos	SC IIICI	uded on iii	ile i -	see msu	uction	5 <i>)</i> . II III	one,	ciilei
				(b) Title, and a				(d) Contrib	utions to			
	(a) Name and	d address of each employee paid more than \$50,00	0	hours per v	veek	(c) Comper	sation	employee plans and		(e) Expe	nse ac allowar	
				devoted to po	usition			compen	sation			
None	·	·		1								
											_	
				ļ								
	· • • • • • • • • • • • • • • • • • • •			1								
	 											
·												
								 -				
Fotal	number of	other employees paid over \$50,000 .				· ,			. ▶	0		_
			<u>·</u> _				<u> </u>			Form QQ	<u> </u>	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pail and Contractors (continued)	d 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
None	
Total number of others receiving over \$50,000 for professional services	. ▶ 0
Part IX-A Summary of Direct Charitable Activities	
	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the numb organizations and other beneficiaries served, conferences convened, research papers produced, etc.	per of Expenses
1 N/A	
,,,,	
	0.
2	
3	
4	
Doet IV D. Cummon of Drogram Deleted Investments (see instruistions)	
Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	7 (7) (5)
·	
	0.
2	
All other program-related investments. See instructions	
3	
Fotal. Add lines 1 through 3	. ▶ 0.
	Form 990-PF (2017

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fou	ındatıons,
	see instructions.)	_	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.	1 1	
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	38,284.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	38,284.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	38,284.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	574.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	37,710.
6	Minimum investment return. Enter 5% of line 5	6	1,886.
Part		ounda	tions
1	Minimum investment return from Part X, line 6	1	1,886.
2a			1,000.
b	Tax on investment income for 2017 from Part VI, line 5	{ ·	
	` ' <u> </u>	20	5
с 3	Add lines 2a and 2b	2c	5. 1,881.
4	Recoveries of amounts treated as qualifying distributions	4	1,001.
5		5	1,881.
6	Add lines 3 and 4	6	1,001.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	- 8-	
,	line 1	7	1 001
		1	1,881.
Part	XII Qualifying Distributions (see instructions)		_
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	126,000.
b	Program-related investments—total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	126,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	{ l	
	Enter 1% of Part I, line 27b. See instructions	5	5 <u>.</u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	125,995.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whet	her the foundation

	Undistributed income (see instruction	0(15)			
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
	line 7				1,881.
2	Undistributed income, if any, as of the end of 2017:				
а	Enter amount for 2016 only			1,921.	
b	Total for prior years: 20,20,20			· · · · · · · · · · · · · · · · · · ·	* ***
3	Excess distributions carryover, if any, to 2017:	•			The eff y
а	From 2012	, .			7. 7.
b	From 2013	* * * * * * * * * * * * * * * * * * * *	,	*	Sales Sales
С	From 2014			ا ۾ ان ان ان ان ان ان ان ان ان ان ان ان ان	
d	From 2015	an to	, - ,	ا اسمو پرو	
е	From 2016		٠		
f	Total of lines 3a through e	162,080.		1 1	
4	Qualifying distributions for 2017 from Part XII,		The first the state of		R. S.
	line 4. ► \$ 126,000.			<u> </u>	
а	Applied to 2016, but not more than line 2a .		1 44		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Applied to undistributed income of prior years				秦 俊俊 (4)
	(Election required—see instructions)			The state of the s	A CONTRACTOR OF THE PARTY OF TH
C	Treated as distributions out of corpus (Election				
	required—see instructions)				数准,1900年。
d	Applied to 2017 distributable amount				3 7.
е	Remaining amount distributed out of corpus	126,000.	2	Services - Side	
5	Excess distributions carryover applied to 2017		400	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	**************************************
	(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				
0	indicated below:	*			Service Service
•	Corpus Add lines 3f, 4c, and 4e Subtract line 5	288,080.			45 -, 7
a b	Prior years' undistributed income. Subtract	200,000.		7 40	* * * * * * * * * * * * * * * * * * * *
_	line 4b from line 2b	•	0.	* * *	
С	Enter the amount of prior years' undistributed		<u>.</u>	1 1 2 2 2	3.
C	income for which a notice of deficiency has			7	
	been issued, or on which the section 4942(a)			, , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	tax has been previously assessed	The same of the sa		3 *	1 1
d	Subtract line 6c from line 6b. Taxable	1 1 1 1 1 1 1		And And And And And And And And And And	is 1
	amount—see instructions	4	0.		
e	Undistributed income for 2016. Subtract line		14 X		· · · · · · · · · · · · · · · · · · ·
	4a from line 2a. Taxable amount-see		· - '		40
	instructions	***	10 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,921.	~
f	Undistributed income for 2017. Subtract lines				
	4d and 5 from line 1. This amount must be	3		`	
_	distributed in 2018				1,881.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be		,		
	required—see instructions)		, !		
8	Excess distributions carryover from 2012 not			<u> </u>	
•	applied on line 5 or line 7 (see instructions).	0.		!	
9	Excess distributions carryover to 2018.				
-	Subtract lines 7 and 8 from line 6a	288,080.			(
10	Analysis of line 9		,		
a	Excess from 2013 0 .			16	
b	Excess from 2014			II.	
C	Excess from 2015				
d	Excess from 2016 50, 350.		-		
е	Excess from 2017 126,000.				

Form **990-PF** (2017)

BAA

Part	XIV Private Operating Founda	tions (see ınstrı	uctions and Par	t VII-A, question	9)	N/A
1a	If the foundation has received a ruling foundation, and the ruling is effective fo					
b	Check box to indicate whether the four	ndation is a private	e operating found	ation described in s	ection	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for	Tax year (a) 2017	(b) 2016	Prior 3 years (c) 2015	(d) 2014	(é) Total
b	each year listed			-	/	
c	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon.					
a b	"Assets" alternative test—enter (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) "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 or 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	<u> </u>	ļ	. 	1.22.22	<u> </u>
Part	any time during the year-	see instruction		the foundation i	1aa \$5,000 or m 	ore in assets at
	Information Regarding Foundation List any managers of the foundation of before the close of any tax year (but of See Managers Contributed M	who have contribing if they have c	ontributed more t			by the foundation
	List any managers of the foundation ownership of a partnership or other er					arge portion of the
2	Information Regarding Contribution Check here ► 🗵 if the foundation unsolicited requests for funds. If the foundation is complete items 2a, b, c, and d. See in	only makes cont oundation makes	ributions to pres	elected charitable		
а	The name, address, and telephone nu	mber or email ad	dress of the pers	on to whom applica	ations should be a	ddressed:
	See Supplementary Informat	ion Statemen	ıt			
b	The form in which applications should	be submitted an	d information and	d materials they sho	ould include:	
С	Any submission deadlines.					
d	Any restrictions or limitations on aw factors:	vards, such as b	y geographical	areas, charitable f	elds, kınds of ins	titutions, or other

REV 01/03/18 PRO

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

3 Grants and Contributions Paid During t	If recipient is an individual,	Γ		
Recipient Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor			
St. Vincent Foundation		ĺ	Creation of study lab	ı
8402 Harcourt Road, St. 210			for medical professionals	1
Indianapolis IN 46260		POF	at St. Vicent hospital.	5,000.
JDRF			l vicent nospical.	3,000.
10401 N. Meridian, Suite 150			Support research to	1
Indianapolis IN 46290	}	PC	cure juvenile diabetes	500.
Little Sisters of the Poor		1	Support nursing home	1
2345 W. 86th Street		1	that cares for low-income	
Indianapolis IN 46260		PC	elderly.	2,500.
IU Foundation			Support education at	•
PO Box 500		Į.	Indiana University through	
Bloomington IN 47402		POF	the Kelly School of business.	2,000.
Children's Museum	ļ		,	
3000 N. Meridian Street	ļ		Promote family	
Indianapolis IN 46208		POF	learning experiences	5,000.
IU Foundation			To support athletic	
1001 East 17th Street			scholarships for student	li .
Bloomington IN 47408		PC	atheletes at IU	25,000.
Bishop Chatard				
5885 Crittenden Avenue				1
Indianapolis IN 46220		PC	Catholic high school	16,000.
Prosperity Indiana				
202 East Market Street			Provide support to	
Indianapolis IN 46204		PC	communities and families	1,000.
JWAS Foundation				
3900 Edison Lakes Pkwy			Provide educational assitance	
Mishawaka IN 46545		PC	to low income individuals	500.
See Statement				
				60 500
				68 , 500.
Total	<u></u>	, ,	▶ 3a	126,000.
b Approved for future payment				
	ľ			
	1			
	ļ			
	ļ			
	ļ			
		ļ		
	1	l		

Pai	t XVI-A Analysis of Income-Producing	Activities				
	r gross amounts unless otherwise indicated.		siness income	Excluded by secti	on 512, 513, or 514	(-)
1	Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
ľ	a			 		
	b			 		
	c					
	d	-				
	e	-		 		
	f			 		
	·			 		<u> </u>
_	g Fees and contracts from government agencie			 		
_	Membership dues and assessments			 - 		
3	Interest on savings and temporary cash investments			1	<u>511.</u>	
4	Dividends and interest from securities			 		ļ
5	Net rental income or (loss) from real estate:			3']
	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 inventor	<i>y</i>				
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
	b					
	c	1 1	 -			
	4	i i				
						
	e			1		4
12	e				511	
12 13	e Subtotal Add columns (b), (d), and (e)				511.	
13	e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)					511.
13 (See	e Subtotal Add columns (b), (d), and (e)	ons.)				
13 (See Par Line	e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate	ons.) Accomplishm	ent of Exemp	t Purposes	13	511.
13 (See Par Line	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate taxvi-B Relationship of Activities to the	ons.) Accomplishm	ent of Exemp	t Purposes	13	511.
13 (See Par Line	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate taxvi-B Relationship of Activities to the	ons.) Accomplishm	ent of Exemp	t Purposes	13	511.
13 (See Par Line	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate taxvi-B Relationship of Activities to the	ons.) Accomplishm	ent of Exemp	t Purposes	13	511.
13 (See Par Line	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate taxvi-B Relationship of Activities to the	ons.) Accomplishm	ent of Exemp	t Purposes	13	511.
13 (See Par Line	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate taxvi-B Relationship of Activities to the	ons.) Accomplishm	ent of Exemp	t Purposes	13	511.
13 (See Par Line	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate taxvi-B Relationship of Activities to the	ons.) Accomplishm	ent of Exemp	t Purposes	13	511.
13 (See Par Line	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate taxvi-B Relationship of Activities to the	ons.) Accomplishm	ent of Exemp	t Purposes	13	511.
13 (See Par Line	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate taxvi-B Relationship of Activities to the	ons.) Accomplishm	ent of Exemp	t Purposes	13	511.
13 (See Par Line	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate taxvi-B Relationship of Activities to the	ons.) Accomplishm	ent of Exemp	t Purposes	13	511.
13 (See Par Line	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate taxvi-B Relationship of Activities to the	ons.) Accomplishm	ent of Exemp	t Purposes	13	511.
13 (See Par Line	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate taxvi-B Relationship of Activities to the	ons.) Accomplishm	ent of Exemp	t Purposes	13	511.
13 (See Par Line	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate taxvi-B Relationship of Activities to the	ons.) Accomplishm	ent of Exemp	t Purposes	13	511.
13 (See Par Line	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate taxvi-B Relationship of Activities to the	ons.) Accomplishm	ent of Exemp	t Purposes	13	511.

		Organization	ons									
1	ın se		rectly or indirectly ther than section								Yes	No
а			orting foundation t	o a noncharitabl	o ovemnt era	onization	of:			1		}
а			· · · · · · ·			ariizatioi	101.			1a(1)		×
	• •	ther assets .								1a(1)		×
ь		transactions.								Ia(Z)		
			a noncharitable exe	empt organizatio	nn.					1b(1)		×
			ts from a noncharit	-						1b(2)		×
			equipment, or other							1b(3)		×
	-		rangements					• • •		1b(4)		×
		oans or loan guar						•		1b(5)		×
		•	rvices or members							1b(6)		×
С			quipment, mailing li	•	_					1c		×
		-	of the above is "Ye			_					fair m	<u> </u>
			her assets, or serv									
			on or sharing arrang									
(a) Line	no (b) Amount involved	(c) Name of nonc	haritable exempt org	anization	(d) Desc	ription of transfe	rs, transact	ions, and sh	arıng arr	angeme	ents
	_	·										
2a	le the	foundation dire	ctly or indirectly af	filiated with or	rolated to o		ro toy overn	ot organi	zationo			
4 a			01(c) (other than se							V Voc	. 🗀	Na
h			following schedule		01 111 00001011	,,,,,,			[<u> 168</u>	· 🗀	NO
		(a) Name of organi		,	of organization		r	(c) Descrip	tion of relation	nship		
Kanw	ood	Place I, In		501(c)(3)			Common B	``				
		Place II, I		501(c)(3)			Common B					
		burn Village		Wholly own	ed 501(c)	(3)	Common B					
			Housing Corp.	501(c)(3)	<u>ca 501(c)</u>	(3/	Common B					
	-41100						COMMICIT D	JULU I	100106			
	Unde	r penalties of perjury, I	declare to at I have examination of prepared of	ed this return, nclude	g accompanying s	chedules an	d statements, and	to the best	of my knowle	edge and	belief, it	is true,
Sign	corre	ct, and complete Decla	ation of prepared of the	nam axpave is based	on all information	of which prej	parer has any knov	wledge	May the	IRS discu	iss this	return
Here		<i>Y I</i>	/ <i>SX//</i>	A 17-	1178) _{Pr}	esiden	t		with the	preparer s	shown b	elow?
	1	ature of officer or trus	itee	Date	Title				See instr	uctions	∐Yes	∐No
Paid		Print/Type preparer	s name	Preparer's aignat	ure 7/		Date	Ch	eck ıf	PTIN		
Prepa	aror	Scott Thom	an	MI	Mon	m	06/26/2	018 sel	f-employed	P013	7310	6
Use (Firm's name ▶	MERRILL & TH	OMAN LLP			<u>_</u>		▶ 35-2			
	J.11y	Firm's address ▶	9449 PRIORIT		DR STE 1:	30		Phone no				
BAA			INDIANAPOLIS		IN	46240)			orm 99	0-PF	(2017)

Continuation Statement

The Michael F and Jody J Petrie Foundation, Inc.

Form 990-PF: Return of Private Foundation Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.

Restrictions N/A Submission Information N/A Form Information N/A Name and Address Information 11555 N. Meridian Street, Suite 400 Michael F. Petrie Carmel, IN 46032 317-569-7420

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

				
Recipient name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year			·	
Side Kicks 1039 Sycamore Street Columbus, IN 47201		PC	Support soccer program for disabled children	1,000
St. Lukes 7575 Holliday Dr. East Indianpolis, IN 46260		PC	Catholic Church	10,000
Marian University 3200 Colds Spring Road Indianapolis, IN 46222		PC	Support education at Marian University	2,500.
Indianapolis Urban League 777 Indiana Ave. Indianapolis, IN 46202		PC	Assit minorities to acheive social and economic equality	1,500.
Christmas in Commerce 7515 Lee Highway Falls Church, VA 22042		PC	Encourage and train Christians about God in the work place	1,000.
Highland Golf Academy Foundation 11555 N. Meridian St. Carmel, IN 46032		PC	Provide opportunities to learn golf for young people and vetrens.	50,000.
Herron High School 110 E. 16th Street Indianpolis, IN 46202		PC	To support Public Charter School	1,000.
INHP 3550 Washington Blvd. Indianapolis, IN 46205		PC	Assit low-income people with home ownership.	1,000.
Harrison Center for the Arts 1505 N. Delaware St. Indianpolis, IN 46202		PC	Promote cultural development	500.
				68,500

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation Managers Contributed More than 2%

Continuation Statement

managers continuated more than 270	Outinitation Statement
List	
Michael F. Petrie	
Jody J. Petrie	

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. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

The	Michael F and _	Jody J Petri	e_Foundation, Inc.	46-4616018			
Organiz	zation type (check or	ne):					
Filers of:		Section:					
Form 990 or 990-EZ		☐ 501(c)() (enter number) organization				
		☐ 4947(a)(1) no	nexempt charitable trust not treated as a	private foundation			
		527 political organization					
Form 990-PF		★ 501(c)(3) exe	mpt private foundation				
		4947(a)(1) no	nexempt charitable trust treated as a priva	ate foundation			
		501(c)(3) taxable private foundation					
Chook:		account by the Co	novel Bule ove Constict Bule				
	only a section 501(c)(7	•	eneral Rule or a Special Rule. Dization can check boxes for both the Gene	eral Rule and a Special Rule. See			
Genera	l Rule						
X		r property) from a	90-EZ, or 990-PF that received, during the ny one contributor. Complete Parts I and II				
Special	Rules						
	regulations under se 13, 16a, or 16b, and	ections 509(a)(1) ar I that received fron	on 501(c)(3) filing Form 990 or 990-EZ that nd 170(b)(1)(A)(vi), that checked Schedule A n any one contributor, during the year, tota Form 990, Part VIII, line 1h; or (II) Form 990	A (Form 990 or 990-EZ), Part II, line all contributions of the greater of (1)			
	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	ı: An organizatıon tha	t 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).

20104010 2 (1 0111 000, 000 22, 01 000 11)	
Name of organization	Employer identification numb
The Michael F and Jody J Petrie Foundation,	Inc. 46-4616018

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	Michael and Jody Petrie 11555 North Meridian Street, Suite 400 Carmel IN 46032	\$ 200,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		

Employer identification number

The Michael F and Jody J Petrie Foundation, Inc.

46-4616018

Part II	Noncash Property (see instructions). Use duplicate copie	ncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$	***************************************			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

BAA

Part III	Exclusively religious, charitable, etc (10) that total more than \$1,000 for the following line entry. For organization	., contributions to orga he year from any one o	contributor. (
	contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	year. (Enter this informa				
(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	1 ZIP + 4	Relation	ship 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	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift (c) Use			(d) Description of how gift is held		
		(e) Transfer of				
-	Transferee's name, address, and	1 ZIP + 4	Relation	ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held		
<u> </u>	(e) Transfer of gift					
!	Transferee's name, address, and	I ZIP + 4	Relation	ship of transferor to transferee		

REV 11/13/17 PRO