Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047 2016 Open to Public Inspection

<u>A_</u>	For the	2016 calendar year, or tax year beginning	, and ending			
В	Check if ap	oplicable C Name of organization			D Employe	r identification number
П	Address cl	nange Patachou F	oundation, Inc.			
$\overline{\Box}$	Marra aba	Doing business as			46-2	741705
닏	Name cha	Number and street (or P O box if mail is not delivere		Room/suite	E Telephon	e number
Ш	Initial retur	n 4923 N College Ave, Sui	te 25		317-	202-0765
\Box	Final return terminated	n/ City or town, state or province, country, and ZIP or for	reign postal code			
\overline{a}		Indianapolis	IN 46205		G Gross rece	expts\$ 271,014
\sqsubseteq	Amended	return F Name and address of principal officer				
Ц	Application	pending Carter Wolf		H(a) Is this a gro	up return for si	ibordinates? Yes X No
				H(b) Are all sub	ordinates inch	uded? Yes No
				1		(see instructions)
_		not status X 501(c)(3) 501(c) () 4		1		,
<u>-</u>	Tax-exen		insert no) 4947(a)(1) or 527	1		.
<u></u>	Website			H(c) Group exer		
****		rganization X Corporation Trust Association	Other L Yo	ear of formation 2	013	M State of legal domicile IN
	art I	Summary				
) 1 E	Briefly describe the organization's mission or most s				
Ö	1	The Patachou Foundation's mis	ssion is to feed nutritious	after so	chool r	neals
ā	i	to at-risk and food insecure	children in the community			
& Governance	}					
Š	2 0	Check this box ▶ 🗍 if the organization discontinue	ed its operations or disposed of more than 25	% of its net ass	ets	
٥	3 1	Number of voting members of the governing body (F			3	14
ŝ	L	Number of independent voting members of the gove	•		4	14
įį	1	otal number of individuals employed in calendar ye			5	0
Activities	ł		cal 2010 (Fait V, line 2a)		6	70
ĕ	1	otal number of volunteers (estimate if necessary)	(0) 1 10			
	,	otal unrelated business revenue from Part VIII, col			7a	<u>0</u> 0
	191	Net unrelated business taxable income from Form 9	190-T, line 34 RECEIVED	Daves Vee	7b	
		Santabutaan and santa (Dart VIII June 4b)		Prior Yea	9,197	Current Year 201, 916
e	1 0	Contributions and grants (Part VIII, line 1h)	8		9,191	201,910
Revenue	9 F	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4. Other revenue (Part VIII, column (A), lines 5, 6d, 8c	and 7d iii NOV 1 5 2017		404	726
è	10 1	nvestment income (Part VIII, column (A), lines 3, 4.	, and 7d) 4		494	736
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c Fotal revenue – add lines 8 through 11 (must equal	, 9c, 106, and 1(re)		2,698	59,457
	12 7	otal revenue - add lines 8 through 11 (must equal	Part VIII column (A) Aine (2)	232	2,389	262,109
	13 (Grants and similar amounts paid (Part IX, column (A	A), lines 1–3)			0
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)			0
ģ	15 9	Salaries, other compensation, employee benefits (P	art IX, column (A), lines 5–10)	3!	5,894	56,868
Expenses	16a F	Professional fundraising fees (Part IX, column (A), I	ine 11e)			0
þe	b1	Total fundraising expenses (Part IX, column (D), line	a [
ŭ	17 (Other expenses (Part IX, column (A), lines 11a-11d	· ·	8:	2,651	104,623
,	40 7	Total expenses Add lines 13–17 (must equal Part I			8,545	161,491
5	10 5	Revenue less expenses Subtract line 18 from line	L. Control of the con		3,844	100,618
- 10	G):	tevende less expenses "Guotraet line 10 non line		Beginning of Cur		End of Year
Net Assets or	ii 20 7	Fotal assets (Part X, line 16)	Ī		9,092	409,836
Ass	21	Fotal liabilities (Part X, line 26)	Ţ		156	282
Š	22 1	Net assets or fund balances Subtract line 21 from I	ine 20	301	8,936	409,554
Z.	art II	Signature Block	110 20		-/	
_				ata and to the h	201.06.00	endedge and bolish it is
i in dir North	ne corre	nalties of perjury. I detiare that I have examined this retured, and complete. Declaration of preparer (other than officer)	n, including accompanying screedles and stateme cert is based on all information of which preparer h	as anv knowledg	estoriny kn ra	, wieuge and belief, it is
		The state of the s	The state of the s		- - 1 \	11-0-1-
<u> </u>		Subjective of officer			Date	11-7-11
Sig		1 !			Date	
He	re	Carter Wolf	Chair	person		
		Type or print name and title				~
		Print/Type preparer's name	Preparers denature	>	Check	T IF PTIN
Pai	id	Kevin L. Petrow	Ch & Virion	10/24	/17 self-em	ployed P00005815
Pr€	eparer	Firm's name > Petrow Kane Le		F	irm's EIN 🕨	26-3503647
Us	e Only	8440 Woodfield				
		Firm's address Indianapolis,) p	hone no	317-452-4700
Ma	v the IR	S discuss this return with the preparer shown abov				X Yes No
_		ork Reduction Act Notice, see the separate instruction				50m 990 (2015)

If "Yes," describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program	orm 990 (2016) 1	<u>Patachou Founda</u>	tion, Inc.	46-2741705	Page 2
1 Shelfy describe the agrantation's mission is to feed nutritious after school meals to at-risk and food insecure children in the community 2 Dot the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-E27 If "Yes," describe these new services on Schedule O 3 Dot the organization cease conducting, or make significant changes in how it conducts, any program services accomplishments for each of at three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service expenses of Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service expenses in 2016. 4a (Code) (Expenses \$ 161, 491 including grants of \$) (Revenue \$) 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$)				H D A-III	
The Patachou Foundation's mission is to feed nutritious after school meals to at-risk and food insecure children in the community 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E72 If "Yes, Security these new services on Schodule O 3 Did the organization cleares conducting, or make significant changes in how it conducts, any program services, as measured by expresses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and silocations to others, the total expresses, and revenue, if any, for each program service exponds where the total expresses, and revenue, any, for each program service exponds where the total expresses, and revenue, any, for each program service exponds 4a (Code) (Expenses \$ 161,491 including grants of \$) (Revenue \$) The Foundation provided and served over 2,000 meals to at-risk and food insecure children at after school programs in 2016. 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)			nns a response or note to any line in	this Part III	
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services? If 'Yes' describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 69 (Ic(3) and 501 (c)(4) organizations are required to epont the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ 161,491 including grants of \$) (Revenue \$ The Foundation provided and served over 2,000 meals to at-risk and food insecure children at after school programs in 2016. (Code) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$)	prior Form 99 If "Yes," desc	00 or 990-EZ? cribe these new services on Se	chedule O		Yes X No
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(Expenses \$ including grants of \$) (Revenue \$)	4d Other program	m services (Describe in Sche	dule O.)		
4e Total program service expenses \(\) 161,491	(Expenses \$	<u> </u>	including grants of \$) (Revenue \$)
	4e Total program	m service expenses	161,491		Form 990 (2015

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	ì		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	- 1	}	
	Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	Ì	- 1	
	"Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	ļ		l
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	Í	1	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	ļ		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	ĺ		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	}		
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		'	Ì
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	' I		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				}
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			,,
	If "Yes," complete Schedule G, Part III	19		<u> </u>

Part IV . Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			-
	organization's current and former officers, directors, trustees, key employees, and highest compensated	İ	ŀ	
	employees? If "Yes," complete Schedule J	23		_X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1	Ì	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b]	
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		l	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1	
	If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		ł	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			17
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			77
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-	1	v
	complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			v
	or IV, and Part V, line 1	34		X
35a		35a		
b		256		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		x
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		х
20	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	"		 ••
38	19? Note. All Form 990 filers are required to complete Schedule O	38	X	1
	13: Note, All 1 Vitti 230 liiela die required to complete ochiculie o		- 990	1,2016

Pa	Check if Schedule O contains a response or note to any line in this Part V			П
	· ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country Consideration for files a several for Fig. CFN Fig. 144. Report of Fig. 22 and Fig. 22 a			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	"		
ŲΔ	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		ı	
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ <u>.</u>	ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			}
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		↓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	<u> </u>	╂
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		┼
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	100		1
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	:		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		· · · · · · · · · · · · · · · · · · ·	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	1
	Note. See the instructions for additional information the organization must report on Schedule O		:::	
b	Enter the amount of reserves the organization is required to maintain by the states in which		i	
	the organization is licensed to issue qualified health plans		1.5	
С	Enter the amount of reserves on hand	- 	-	+-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	├	X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2016) Patachou Foundation, Inc. 46-2741705 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 14 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 8440 Woodfield Crossing Blvd. Petrow Leemhuis Vincent & Kane

IN 46240

Indianapolis

Section A.

Form 990 (2016) Patachou	Foundation	n, Inc.	46-	2741705		Page
Part VII .	Compensation	of Officers, Dire	ectors, Trustees	, Key Employees	, Highest Cor	npensated Employees,	and
	Independent C	ontractors				•	

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo: off	x, unie	check ess pe nd a d	ition more rson i	than or is both a or/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(organization and related organizations	
(1)Martha Hoover			-			T					
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President	0.00	X		X		1_1		0	0	0	
(2) Paul Stewart		ļ			ļ						
	2.00	ŀ			İ	1 1					
Secretary	0.00	X	ļ	X	_	\sqcup		0	0	0	
(3) Kevin Petrow			ļ			}					
	2.00		ļ			1 1					
Treasurer	0.00	X	<u> </u>	X		1_1		0	0	0	
(4) Carter Wolf))					
	2.00	}]]]					
Chairperson	0.00	X	ļ	X	<u> </u>	$\perp \downarrow$		0	0	0	
(5) Julie Eskenazi		1	1]	}	1 1					
	2.00]	}		ļ))					
Vice Chairperson	0.00	X	↓ _	X	ļ	} ∤		0	0	0	
(6) John D. Hoover	1 00			ļ]]]				}	
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Director	0.00	X	}	├-	├	}}		0	0	0	
(7) Sally Bindley M		1	}		ļ))				}	
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Director	0.00	X	}	├	├	+-+		0	ļ	\ <u>\</u>	
(8) Eric Bruun	1 00		j			} })	
Bina shan	1.00	x]]		1 1		0	1 0	0	
Director (9) David Harris	0.00	┼≏	├-	╄	 	┼╌┤		 	 	 	
(9)David Harris	1.00]]		j		}	
Dimenton	0.00	x				} }) 0) 0	0	
Director (10)Lisa Harris	0.00	╁≏	┰	┼─	╁╌	╁┤	_	 	 	 	
(10) HISA NATIIS	1.00		}]	}	1 1		j			
Director	0.00	$ \mathbf{x} $	}	}) o	0	0	
(11) Joan Issac	1 3.00	+^	+-	+	 ~	† – †	-	<u>-</u>	<u>-</u>	 	
(11,00411 13340	1.00				}	} }		}	}	}	
Director	0.00	x			}	1 1) o	0	0	
DAA			ــــــــــــــــــــــــــــــــــــــ			لـــــــــــــــــــــــــــــــــــــ		 	<u> </u>	Form 990 (2016)	

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	bo off	x, unle	Pos check ess pe	erson i Irrecto	than o s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estimation amount other ompens from the	t of r ation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		İ	organiza and rela rganiza	ited	
(12) Bill Moreau	1.00	v						0	0				
Director (13) James Morris	1.00	X						0	0				0
Director	0.00	X						0.	0				0
(14) Rabbi Sandy S	1.00												
Director 0.00 X 0							0				0		
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		-		_	-								
		-	_	_	-	-							
							 - -			! !			
1b Sub-total c Total from continuation she	ets to Part VII,	Sect	ion /	A		-	>						
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ncluding but not in the organization	limite n 🕨	d to	thos	se lis	ted a	bov	re) who received more than	\$100,000 of				
3 Did the organization list any for employee on line 1a? If "Yes,								loyee, or highest compensa	ated		3	Yes	No X
4 For any individual listed on lin organization and related orga- individual	e 1a, is the sum	of re	port	able	con	npens	satio	on and other compensation complete Schedule J for su	from the ch		4		х
5 Did any person listed on line for services rendered to the o									r individual		_5_		x
1 Complete this table for your fi	ve highest comp	ensa	eted	ınde	pend	dent (cont	ractors that received more	than \$100,000 of				
compensation from the organ	(A) business address	omp	ensa	ition	tor t	ne ca	alen	dar year ending with or with	(B) the organization's tax years t	ear		(C) mpensat	tion
		•							····				
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								to be be a second of the secon					
2 Total number of independent received more than \$100,000								ose listed above) who	0				

Part Continue Co	_		Check	if Schedule (O cont	ains a r	response d	or note to any line	in this Part VIII		
Federated campagins 1a		•					·	(A)	(B) Related or exempt function	Unrelated business	Revenue excluded from tax under sections
Busin Code Bus	ত ত	12	Federated can	nnaigne	12				TOVENUE		512511
Busin Code Bus	근										
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Busin Code Bus	₽Ē		_					ļ			
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Busin Code Bus	ē,Ē	e	Government grants ((contributions)	1e			1			
Busin Code Bus	유끼	f))		ļ				
Busin Code Bus	호튀		and similar amounts	not included above	1f		201,916				
Busin Code Bus	늘	g	Noncash contribution	ns included in lines 1a-	1f \$;	56,191	j			
Busin Code Bus	양티	_h	Total. Add line	es 1a-1f			•	201,916			
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds > 5 Royalties (i) Roal (ii) Personal 6a Gross rents b Less rental exps c Retail or or (loss) d Net rental income or (loss) b Less ott or other base & sales exps c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) b Less direct expenses b B 3, 905 c Net income or (loss) from fundraising events (not including) S or contributions reported on line 1c) See Part IV, line 18 a 68 3, 362 b Less direct expenses b B 3, 905 c Net income or (loss) from fundraising events See Part IV, line 19 a b Less direct expenses b B Less direct expenses b B Less concome from gaming activities Teturns and allowances a b Less cost of global solutions or returns and allowances a b Less cost of global solutions or line of the concern of loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less cost of global solutions allowances a b Less cost of global solutions are returns and allowances a b Less cost of global solutions are returns and allowances a b Less cost of global solutions are returns and allowances a b Less cost of global solutions are returns and allowances a b Less cost of global solutions are returns and allowances a b Less cost of global solutions are returns and allowances a least solutions are returned as a loss of inventory Miscellaneous Revenue 6 All other revenue e Total, Add lines 11a-11d 1 Total revenue, See instructions 2 262,109 0 0 0 736							Busn Code				
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S Royalties				•				736			
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to d All other revenue e Total. Add lines 11a–11d Total revenue. See instructions b 262,109 0 736		С	Net income of	r (loss) from sale	es of <u>in</u>	ventory					
b c d All other revenue e Total. Add lines 11a–11d 12 Total revenue. See instructions			Mrs	cellaneous Revenue			Busn. Code		ĺ		
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d All other revenue e Total. Add lines 11a–11d Total revenue. See instructions b 262,109 0 736		b						<u> </u>		ļ	
e Total. Add lines 11a–11d 12 Total revenue. See instructions 262,109 0 736		С					ļ	 	ļ	ļ	
12 Total revenue. See instructions > 262,109 0 0 736	ı	d					L	 	ļ-,,,	 	
12 10tal 10101201 000 initial data in		е					•		 ` · · ·	 	725
		12	Total revenu	e. See instruction	ns			262,109	0	L	Form 990 (2016)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) (C) Do not include amounts reported on lines 6b, Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 56,868 56,868 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees) a Management b Legal c Accounting d Lobbying Professional fundraising services See Part IV, line 17 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 240 240 (A) amount, list line 11g expenses on Schedule O) 2,284 284 Advertising and promotion 12 894 894 13 Office expenses 719 719 Information technology 14 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Payments to affiliates 2,020 2,020 Depreciation, depletion, and amortization 22 1,178 1,178 23 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 38,796 38,796 Meal preparation 32,345 32,345 Food for program b 9,245 9,245 Other event expenses c 6,868 6,868 Meadows expansion project 10,034 10,034 All other expenses е ō 161,491 161,491 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Part X · Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 287,974 396,737 Cash-non-interest bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 8 Inventories for sale or use 6,000 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 3,216 other basis Complete Part VI of Schedule D 10a 2,573 10c 1,544 10b b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 13 Investments-program-related See Part IV, line 11 12,545 11,555 14 14 Intangible assets 15 Other assets See Part IV, line 11 309,092 409,836 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 156 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 156 282 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 308,936 409,554 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 308,936 33 Total net assets or fund balances 33 309,092 409,836 Total liabilities and net assets/fund balances

orn	1990 (2016) Patachou Foundation, Inc. 46-2741705			Pac	je 12
Pa	art XI Reconciliation of Net Assets				1
	Check if Schedule O contains a response or note to any line in this Part XI				\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1	26	52,	109
2	Total expenses (must equal Part IX, column (A), line 25)	2	16	51,4	491
3	Revenue less expenses Subtract line 2 from line 1	3	10	00,6	<u>618</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		08,9	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	40	9,5	554
Pa	irt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1 1	1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		<u>x</u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any stens taken to undergo such audits		36	Į	

Form 990 (2016)

SCHEDULE A (Form 990 or.990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Patachou Foundation, Inc.

Employer identification number 46-2741705

he	orga	nization is not	a private foundation because	e it is (For lines 1 through 12, c	check only	one box)					
1		A church, cor	ention of churches, or asso	ociation of churches described i	ın sectior	170(b)(1)(A)(ı).					
2		A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form	n 990 or 9	90-EZ))						
3	Н	A hospital or	a cooperative hospital service	ce organization described in sec	ction 170	(b)(1)(A)(i	iii).					
4		A medical res	search organization operated	i in conjunction with a hospital o	described	ın sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name,				
		city, and state	•									
5	\Box	An organizati	on operated for the benefit o	of a college or university owned	or operate	ed by a go	overnmental unit described in					
	$\overline{}$	section 170(b)(1)(A)(iv) (Complete Part	II)								
6				overnmental unit described in se								
7		-	on that normally receives a s section 170(b)(1)(A)(vi). (Co	substantial part of its support fro omplete Part II)	om a gove	rnmental	unit or from the general public					
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	11.)							
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
		university	or a non-land grant college o	agriculture (see instructions)	Enter the	name, cii	ly, and state of the college or					
10	X	-	on that normally receives (1) more than 33 1/3% of its supp	ort from	contributio	one membership fees and are	nce				
		•	-	pt functions—subject to certain			•	,,,,				
		support from	gross investment income an	id unrelated business taxable in 0, 1975 See section 509(a)(2).	come (les	s section	511 tax) from businesses					
11				exclusively to test for public safe								
12	П	An organizati	on organized and operated e	exclusively for the benefit of, to	perform th	ne functio	ns of, or to carry out the purpo	ses				
	_			ations described in section 509								
			-	at describes the type of suppor								
	а	<u> </u>		erated, supervised, or controlled	•	•		ng				
			• ', '	ver to regularly appoint or elect a complete Part IV, Sections A ai		or the un	ectors or trustees or the					
	b		• •	pervised or controlled in connect		its suppoi	rted organization(s), by having					
	_			ting organization vested in the s								
				Part IV, Sections A and C.								
	С	Type III f	unctionally integrated. A s	upporting organization operated tructions) You must complete	in conne Part IV,	ction with	i, and functionally integrated w A, D, and E.	ith,				
	d		• • • • • • • • • • • • • • • • • • • •	I. A supporting organization ope				n(s)				
				e organization generally must sa				ess				
		requireme	ent (see instructions) You n	nust complete Part IV, Section	ns A and	D, and P	art V.					
	е			eived a written determination fro			s a Type I, Type II, Type III					
	f		nber of supported organizati	n-functionally integrated support	ing organ	ization						
	g		ollowing information about th					<u></u>				
,,		e of supported	(ii) EIN	(iii) Type of organization	(IV) Is the o	rganization	(v) Amount of monetary	(vi) Amount of				
		ganization	(17) 2.113	(described on lines 1–10		ir governing	support (see	other support (see				
				above (see instructions))	h	ment?	instructions)	instructions)				
					Yes	No						
(A)		I			1	ļ ļ						
(B)					<u> </u>	<u> </u>						
(- <i>)</i>		·			<u> </u>		<u> </u>					
(C)												
<u>/C:</u>					 							
(D)			}									
(E)												
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Tota	1	avada Dadicatia	Ant Alatina and the Instance	tions for Form 000 or 000 F7	<u> </u>	Ł	Schadula /	/Form 990 or 990-FZ) 2016				

Pa	(Complete only if you che Part III If the organization	cked the box o	n line 5, 7, or 8	of Part I or if the	ne organization	failed to qualify				
Sec	tion A. Public Support	rails to qualify	didei the test	3 listed below,	olease complet	or arcin)				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					, i				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge						<u>.</u>			
4	Total. Add lines 1 through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4									
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)									
11	Total support. Add lines 7 through 10	L	<u> </u>	1	1.,	L				
12	Gross receipts from related activities, etc	•				12				
13	First five years. If the Form 990 is for the	-	st, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	▶ □			
500	organization, check this box and stop her		1000							
	tion C. Computation of Public S			(0)		14				
14	Public support percentage for 2016 (line 6			nn (1))		15	<u>%</u> %			
15	Public support percentage from 2015 Sch			13 and line 14 is	33 1/3% or more					
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this									
b	box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check									
•	· ·									
17a	-	this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is								
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in									
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported									
	organization									
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line									
	15 is 10% or more, and if the organization									
	Explain in Part VI how the organization m									
	supported organization						▶ [
18	Private foundation. If the organization di	d not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and s	ee	-			
	instructions						▶			

Schedule A (Form 990 or 990-EZ) 2016 Part III . Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support	quality under ti	ne tests listed be	low, please co	mpiete Part II		
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership	(4) 2012	(5) 2010	(0) 20.14	(d) 2010	(0) 2010	(1) 10(a)
	fees received (Do not include any "unusual grants ")		101,769	153,063	199,197	201,916	655,945
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			21,825	49,368	68,362	139,555
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		101,769	174,888	248,565	270,278	795,500
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b	····					
8	Public support. (Subtract line 7c from line 6)			1			
Sec	tion B. Total Support	<u> </u>					795,500
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(4, 25.2	101,769	174,888	248,565	270,278	795,500
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		19	247	494	736	1,496
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	ļ	19	247	494	736	1,496
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)		101,788	175,135	249,059	271,014	796,996
14	First five years. If the Form 990 is for the	organization's firs					
	organization, check this box and stop her	'e				<u>-</u>	▶
Sec	tion C. Computation of Public Si	upport Percen	tage			·····	
15	Public support percentage for 2016 (line 8		•	(f))		15	99.81%
16	Public support percentage from 2015 Sch					16	99.86%
	tion D. Computation of Investme						
17	Investment income percentage for 2016 (column (f))		17	%_
18	Investment income percentage from 2015		•	A and line 15 is a	nore than 33 1/20/	18	%_
19a	33 1/3% support tests—2016. If the orga 17 is not more than 33 1/3%, check this b 33 1/3% support tests—2015. If the orga	ox and stop here.	The organization qu	alifies as a publicl	y supported organ	iization	▶ X
b	line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization di	•	_			-	▶ □

Part IV . Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2016

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

Section A. All Supporting Organizations

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

		Yes	No_
	1		
	2	:	
	2-		
	3a		<u> </u>
	3b		
	3с		
	4a		
ļ	-10		
	4b		
	45		
	4c		
	5a		-
	5b		
	5c		
	6		
	7		
	8		
	9a]
	9b		
	9c		<u> </u>
	10a	<u> </u>	1
	10b		
(F	orm 99	0 or 990)-EZ) 2016

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedu	lle A (Form 990 or 990-EZ) 2016 Patachou Foundation, Inc.		46-2741	705 Page 6
Par		rganizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or			ee
	instructions. All other Type III non-functionally integrated supporting organizations			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
col	lection of gross income or for management, conservation, or	[]		
ma	intenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		***************************************	
ıns	tructions for short tax year or assets held for part of year)			
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see	e instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7	· · · · · · · · · · · · · · · · · · ·	
8	Minimum Asset Amount (add line 7 to line 6)	8	······	
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		

emergency temporary reduction (see instructions)

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

instructions)

Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2016

	le A (Form 990 or 990-EZ) 2016 Patachou Foundat:		46-2741	705 Page 7
Par	V · Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	oses		
2	Amounts paid to perform activity that directly furthers exempt purpositions	es of supported		
	organizations, in excess of income from activity	• •		,
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	zation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			711104111101401
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI) See			
-	instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b				
С	From 2013		······································	
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from			
	Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3			
	and 4c		<u> </u>	
8	Breakdown of line 7			
 _a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016	_		<u> </u>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Open to Public Inspection

Name of the organization Employer identification number Patachou Foundation, Inc. 46-2741705 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2016 Pacachou					741705	Page 2
Part III . Organizations Maintaining	Collections of	Art, Histori	cal Treasures,	or Othe	<u>r Similar Asse</u>	ts (continued)
3 Using the organization's acquisition, accessical collection items (check all that apply)	on, and other record	s, check any of	the following that a	are a signif	icant use of its	
a Public exhibition	d 🗍	Loan or exchan	ge programs			
b Scholarly research	e T	Other				
c Preservation for future generations						
4 Provide a description of the organization's co	llections and explain	n how they furth	er the organization	's exempt	purpose in Part	
XIII					F F	
5 During the year, did the organization solicit of	r receive donations	of art historical	treasures or other	rsımılar		
assets to be sold to raise funds rather than t						Yes No
Part IV Escrow and Custodial Arr		bait of the organ	nzation 3 conection			165 140
Complete if the organization		" on Form 90	O Part IV line	Q or ran	orted an amour	ot on Form
990, Part X, line 21	i alisweled Tes	On tomings	o, raitiv, ilie	a, or rep	orted an amou	it off i offit
						
1a Is the organization an agent, trustee, custod	an or other intermed	liary for contribu	itions or other asse	ets not		□ v ₌₌ □ v ₌
included on Form 990, Part X?						∐ Yes ∐ No
b If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table				A
						Amount
c Beginning balance					1c	
d Additions during the year					1d	
e Distributions during the year					1e	
f Ending balance					1f	
2a Did the organization include an amount on F	orm 990, Part X, line	21, for escrow	or custodial accou	int liability?	1	Yes No
b If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanation has l	peen provided on F	Part XIII		
Part V Endowment Funds.						
Complete if the organization	answered "Yes	" on Form 99	0, Part IV, line	10	·	
	(a) Current year	(b) Prior yea	ar (c) Two ye	ars back	(d) Three years back	(e) Four years back
1a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and						
losses		ł	1			
d Grants or scholarships						
e Other expenditures for facilities and						
programs		ļ	j]	
f Administrative expenses					<u> </u>	
g End of year balance		 			 	
2 Provide the estimated percentage of the cur	ent year end balance	e (line 1g. colur	nn (a)) held as			
a Board designated or quasi-endowment ▶	%	.c (IIIIc 19, cold)	iiii (a)) iioid as			
b Permanent endowment ▶ %	70					
c Temporarily restricted endowment	%					
The percentages on lines 2a, 2b, and 2c shows a Are there endowment funds not in the posses		ation that are he	ald and administers	ed for the		
	SSION OF the organiz	ation that are ne	sia alia aarriiinstere	פט וטו נוופ		Yes No
organization by						3a(i)
(i) unrelated organizations						
(ii) related organizations						3a(ii)
b If "Yes" on line 3a(ii), are the related organiz	= -		ie R7			3b
4 Describe in Part XIII the intended uses of the		owment funds				
Part VI Land, Buildings, and Equ		"	00 D= 1 0 1 1	44 = 0	- F 000 D	
Complete if the organization				1	í	
Description of property	(a) Cost or other	1	Cost or other basis		Accumulated	(d) Book value
	(investment	<u> </u>	(other)	ļd	epreciation	
1a Land				 		
b Buildings				ļ		
c Leasehold improvements						
d Equipment				 		
e Other			3,216	5		3,216
Total. Add lines 1a through 1e (Column (d) must	equal Form 990, Pa	rt X, column (B)	, line 10c)		▶	3,216

Page

Schedule D (F	Form 990) 2016 Patachou Foundation,	Inc.	46-2741705	Page 3
Part VII				
	Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11b See Form 990, Part X, lir	าe 12
•	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year market value	16
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)			<u></u>	
(B)				
(C)				
(D)				
(E)			<u> </u>	
(F)				
(G)				
(H)	_			
	n (b) must equal Form 990, Part X, col_(B) line 12) ▶		<u> </u>	
Part VIII	Investments—Program Related.	E 000 D-+11/4	- 44 - 0 F 000 Dt V la	40
	Complete if the organization answered "Yes" or			1e 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	10
			Cost of end-or-year market value	<u> </u>
(1)				
(2)			<u> </u>	
(3)			 	
(4)				
(5)				
(6)				
(7)		- 	 	
(8)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.	_,1	 	
. 4.4.2.	Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	ie 11d See Form 990, Part X, li	ne 15.
	(a) Description			Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 15)		<u></u>	
Part X	Other Liabilities.	- F 000 D-+ IV II:	11 11f Coo Form 000 Dr	art V
	Complete if the organization answered "Yes" o	n Form 990, Part IV, III	te lie of til See Form 990, Fa	אונ א,
	line 25	(h) Parti value		
1.	(a) Description of liability	(b) Book value	-	•
	I income taxes		-{	-
(2)			┪	
(3)		 	-	-
(4)			┪	
(5)			-{	
(6)			1	••
(7)			1.	į.
(8)			1	
			- 4	• • •

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

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

che	dule D (Form 990) 2016 Patachou Foundation, Inc.	46-274	1705	Page 4
Pa	rt XI - Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	r Return.	
	Complete if the organization answered "Yes" on Form 990, I			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1 1	
а	Donated services and use of facilities	2a		
þ	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Department of the Treasury Internal Revenue Service

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

lame of the organization Patachou Foundati	on The				46-27417	
Part I Fundraising Activities. Complete		n an	SWAI	red "Ves" on Form		
Form 990-EZ filers are not required				ed res on romi	550, i aitiv, iiie	17
1 Indicate whether the organization raised funds through				Check all that apply		
a Mail solicitations	e Solicitation	of no	n-aov	ernment grants		
b Internet and email solicitations	f Solicitation		-	~		
c Phone solicitations	g Special fun					
d In-person solicitations	g openiin ian					
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entit	with any individual (i	ncludi profes	ng of	ficers, directors, trustee al fundraising services?	s,	☐ Yes ☐ No
b If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization	•	nt to a	greer	=		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		have	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes				
1						
2						
3						
4						
		<u> </u>				ļ
5						
6		-				
•						
7						
8						
9						
10						
Total		<u> </u>				
2. Lest all atotac in which the experience is registered a	r licensed to solicit (contrib	ution	or has been notified it	is evennt from	

registration or licensing

3457 10/24/2017 10 31 AM Schedule G (Form 990 or 990-EZ) 2016 Patachou Foundation, Inc. 46-2741705 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events Speakers Forum None (add col (a) through col (c)) (event type) (event type) (total number) 68,362 68,362 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 68,362 68,362 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 8,905 8,905 9 Other direct expenses 8,905 10 Direct expense summary Add lines 4 through 9 in column (d) 59,457 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo coi (a) through col (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes % No 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2016

Yes No

b If "Yes," explain

Sche	dule G (Form 990 or 990-EZ) 2016	Patachou	Foundation,	Inc.	46-274170	5	Page 3
11	Does the organization conduct gaming	activities with noni	members?			Yes	No
12	Is the organization a grantor, beneficia	ry or trustee of a tri	ust, or a member of a pa	rtnership or other entity			_
	formed to administer charitable gaming	-				Yes	i 🗌 No
13	Indicate the percentage of gaming acti	vity conducted in					
а	The organization's facility				13a		%_
b	An outside facility				13b		%
14	Enter the name and address of the per	rson who prepares	the organization's gamin	ig/special events books and	1		
	records						
	Name ▶						
	Name P						
	Address ►						
15a	Does the organization have a contract	with a third party fr	om whom the organization	on receives gaming			_
	revenue?					Yes	i 🗌 No
b	If "Yes," enter the amount of gaming re	•			and the		
	amount of gaming revenue retained by		\$				
С	If "Yes," enter name and address of the	e third party					
	Name ▶						
	Address ►						
16	Gaming manager information						
	Name ▶						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
		. r	¬				
	Director/officer Em	ployee	Independent contrac	ctor			
17	Mandatory distributions						
a	Is the organization required under state	e law to make char	itable distributions from t	the gaming proceeds to			
	retain the state gaming license?			• • •		Yes	s No
b	Enter the amount of distributions requi	red under state law	to be distributed to other	er exempt organizations or		_	
	spent in the organization's own exemp	t activities during th	ne tax year ▶ \$				
Pai	t IV Supplemental Informa						
	Part III, lines 9, 9b, 10b	, 15b, 15c, 16, a	and 17b, as applicat	ole. Also provide any a	idditional information		
	See instructions						
					•		
_					Cahadula C/F 22	0.0000	E7) 0040
					Schedule G (Form 99	O OL 330-1	=2) 2 016

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form.990.

OMB No 1545-0047

2016

Open To Public Inspection

Name of the organization Employer identification number Patachou Foundation, Inc. 46-2741705 **Types of Property** Part I (c) (a) (b) (d) Noncash contribution Check if Number of contributions of Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures Art - Fractional interests 3 Books and publications 5 Clothing and household qoods 6 Cars and other vehicles 7 Boats and planes Intellectual property 9 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, 11 or trust interests 12 Securities - Miscellaneous Qualified conservation contribution — Historic structures Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate -- Commercial 17 Real estate - Other 18 Collectibles 56,191 4 X 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶(26 Other ▶(27 Other ▶(28 Other ► (Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard X 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Internal Revenue Service

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

Employer identification number

Name of the organization

Patachou Foundation, Inc.

46-2741705

Form 990, Part VI, Line 2 - Related Party Information Among Officers

John D. Hoover

Rachel, Sarah & David Hoover

President

Board

Family relationship

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The President and Treasurer of the Foundation reviewed the Form 990 before filing.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents and tax returns are made available upon request at the headquarters office.