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Form	9	9	0-	P	F
Form	y	y	U-	r	r

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No	1545-0052
20	ากด

For calendar year 2009, or tax year beginning			ent of the T tovenue Se		Note	: The founda	tion mav	Treated as a be able to use a cop	Priva	ate Foundation this return to s	on atisfy state	reporti	ng requirements	200	9
Section 497-(2)(1)   Initial return   Initial return of a former public charge   Name change   Nam												20			
Name of foundation   Name of				Initial return of a former public charity			rity		Final return						
See the IRS   HUTCHINS FAMILY FOUNDATION, INC.   18bat.   100 C   GLRNN H, HUTCHINS   17 VPB.   100 T VPB.						Amended	return	Ac	ddres	ss change	ſ	Na	me change		
CONDENSITE OF CONTROL NO. CON	_			Name of fo	oundat	tion						1	Employer identi	fication number	
Combineration of the state of		Jse ti	he IRS	HUTCHI	NS F	AMILY F	OUNDA!	rion, inc.							
print of type. See Specific   WEST 57TH STREET, 32ND FLOOR		lat	oel.	C/O GL	ENN	H. HUTC	HINS						37	-1501785	
or type.  Set Spacific Instructions.  City or fown, state, and ZIP code  NEW YORK, NY 10019  H. Check type of organization   X  Section 501(c)(3) exempt private foundation  Section 4947(a)(1) nonexempt chanitate trust.    Section 4947(a)(1) nonexempt chanitate trust.   Other taxable private foundation of the section of the section 4947(a)(1) nonexempt chanitate trust.   Other taxable private foundation of the section of t		Othe	rwise,	Number ar	nd stre	et (or PO bo	x number i	f mail is not delivered to	street	address)	Room/su	ıte E	3 Telephone number (s	see page 10 of the instructions	i)
See Specific Instructions.  City or form, stafe, and ZIP code  NEW YORK, NY 10019  H Check type of organization   Section 501(c)(3) exempt private foundation    Section 447(a)(1) nonexempt chantable time.   Other faxable private foundation   Fair market value of all assets at end of year (from Part II, col (d), line of year (from Part II, col		•		SILVER	LAK	E PARTN	ERS								
Instructions   City or form, state, and Z P code	_			9 WEST	57T	H STREE	т, 321	ND FLOOR					(	) -	
NEW YORK, NY 10019   The check type of organization   X Section 501(c)(3) exempt private foundation   Section 4947(a)(1) nonexempt chanitable trust   Other taxable private foundation   Learning the check type of organization   Color (1) nonexempt chanitable trust   Other taxable private foundation   Learning the color (1) nonexempt chanitable trust   Other taxable private foundation   Learning the color (1) nonexempt chanitable trust   Other (specify)   Accrual of year (from Part II, col (c), line of year (from Part II, line 2)   Section 50 (from Part II)   Section 50 (from Part II, line 2)   Section 50 (fro			-	City or tow	/n, sta	te, and ZIP co	ode					7			ightharpoonup
NEW YORK, NY 10019	,	iistiu	cuons.	] `								l,	• -	1	
Check type of organization   X   Section 591(c)(2) exempt private foundation   Section 4917(d)(1) noneverpit charitable trust.   Other taxable private foundation   If arm market value of all assets at end of year (from Part II, col (c), line of year (from Part II), line of year (from Part III, col (c), line of year (from Part III, line of year (from Part III))				NEW YO	RK,	NY 1001	9					١٠			
Section 4947(a)(1) nonexempl chantable trust    Section 4947(a)(1) nonexempl chantable trust   Section 4947(a)(1) nonex	H	Che	ck type	e of organi	zation	X Sect	ion 501	(c)(3) exempt priva	ate f	oundation			85% test, check	chere and attach	
Fair market value of all assets at end	ſ							F1			ion		*		
of year (from Part II, col. (c), line 16) \$\green  4,000,753.  \text{Part I. column (d) must be on cash basis} \)  Fit the foundation is a so-main terminate of the part I. column (d) must be on cash basis} \)  Fart I. Analysis of Revenue and Experses (from a main to may not necessarily equal the amounts on column (d) may not necessarily equal the amounts on column (d) (see page 1 of the instructions) to the column (d) (see page 1 of the instructions)  1	i												•		
16												. ا			
Controlled   Con				4,	00Ò,	753.	(Part I,	column (d) must b	e on	cash basis )		'		_	
Controlled   Con	Ţ.		Analy	sis of Rev	/enue	and Expen	ses (The	T						(d) Disbursem	
Document   Column			total o	f amounts ın	colum	ıns (b), (c), ar	nd (d)	(a) Revenue and	'			(c)			
1   Contributions   disputations   Account (peace achieving)   5, 509, 825			may n colum	เบเ necessari n (a) (see pa	ny equ age 11	of the instruc	is in ctions) }			incom	-		moone		
2 Check		1						5,509,8	25.						
3 Interest on sawags and temporary cash investments 4 Dividends and interest from securities 5 Ga Gross creats.  b Net rental income or (loss) 6 a Gross creats.  b Net rental income or (loss) 7 R 1 1 6 4 7 R 1 1 6 4 7 R 1 1 6 4 7 R 1 1 6 4 7 R 1 1 6 4 7 R 1 1 6 4 7 R 1 1 6 4 7 R 1 1 6 4 7 R 1 1 6 4 7 R 1 1 6 4 7 R 1 1 7 2 0 1 0 7 R 1 1 6 4 7 R 1 1 7 2 0 1 0 7 R 1 1 7 2				If the	e found	lation is not rec	uired to								
## Dividends and interest from securities   5a Gross rents   5b Net rental income or (fices)			_						33.		33.			ATCH 1	
Sa Gross rents   Sa Gross rents   Sa Net rental income or (loss)		4		•		•									
b Net rental income or (loss)  8 Net gain or (loss) from sale of assets not on line 10 B Gross sales proof or all soles of the maturchors)  8 Net short-term capital gain in come (from Part IV, line 2).  8 Net short-term capital gain in come (from Part IV, line 2).  8 Net short-term capital gain in come (from Part IV, line 2).  9 Income modifications  10 a Gross sales less returns and allowances  10 b Less Cost of goods sold  11 Compensation of officers, directors, trustees, etc.  12 Total. Add lines 1 through 11.  13 Compensation of officers, directors, trustees, etc.  14 Other employee salaries and wages  15 Legal fees (attach schedule)  16 a Legal fees (attach schedule)  17 Linterest  18 Taxes (attach schedule) ATCH 2  2 Other professional fees (attach schedule) and depletion.  19 Depreciation (attach schedule) ATCH 3  10 Total operances, and meetings  21 Trustle, conferences, and meetings  22 Printing and publications  23 Other expenses (attach schedule) ATCH 3  24 Total operances and disbursements  25 Add lines 13 through 23  26 Total operances and disbursements  27 Subtract line 26 from line 12  28 Excess of revenue over expenses and disbursements  29 Excess of revenue over expenses and disbursements  20 Legal feet (regative, enter -0-)  21 Legal feet (regative, enter -0-)  22 Legal feet (regative, enter -0-)  23 Legal feet (regative, enter -0-)  24 Legal feet (regative, enter -0-)  25 Legal feet (regative, enter -0-)  26 Legal feet (regative, enter -0-)  27 Legal feet (regative, enter -0-)  28 Legal feet (regative, enter -0-)  29 Legal feet (regative, enter -0-)  20 Legal feet (regative, enter -0-)  20 Legal feet (regative, return regative, return regative, retu		5 a												1	
Solution															
Series sales pince for all   78, 164   assets on line 6a   Capital gain net income (from Part IV, line 2)   Signature   Sign	6						line 10	51,5	14.				DI	CENTED	
Net short-term capital gain	nu		Gross s	ales price for a	311								1	CEIVED	_0
Net short-term capital gain	eve	7			come (	from Part IV.	line 2)			5	1,514.				<b>ा</b> ळा
10 a Gross aslacia test returns and allowances and allowan	~	8	-	-	-		-						11A 33	d 1 7 2010	0
10 a Gross sales less returns and allowances		9		-	-										S
b Less Cost of goods sold   c Gross profit or (loss) (attach schedule)		10 a	Gross sa	iles less return	ıs										
11 Other income (attach schedule)   12   Total. Add lines 1 through 11   5,561,372   51,547		b								_			_   _ OC	SIDEM UT	
11 Other income (attach schedule)   12   Total. Add lines 1 through 11   5,561,372   51,547		С	Gross	profit or (los:	s) (atta	ich schedule)							<u> </u>		
12   Total. Add lines 1 through 11   5,561,372   51,547     13   Compensation of officers, directors, trustees, etc   14   Other employee salaries and wages															
14 Other employee salaries and wages		12						5,561,3		5	1,547.				
15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach schedule) c Other professional fees (attach schedule) 18 Taxes (attach schedule) (see page 14 of the instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) ATCH 3 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, giffs, grants paid 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		13	Comper	rsation of offic	cers, dır	rectors, trustees	, etc		0 1						
b Accounting fees (attach schedule) ATCH 2 c Other professional fees (attach schedule)  17 Interest	<sub>10</sub>	14				_									
b Accounting fees (attach schedule) ATCH 2 c Other professional fees (attach schedule)  17 Interest	Se	15	Pensio	n plans, em	ployee	benefits								<u> </u>	
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-).	per														
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-).	Ĕ	b	Accour	nting fees (a	ttach s	schedule) <sup>AT (</sup>	CH 2	8,4	50		4,225.		0	4	, 225
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-).	ķ												<del>_</del>	<b></b>	
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-).	rat	17	Interes	t									<del></del>	<del> </del>	
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-).	ist	18	Taxes (a	attach schedul	e) (see	page 14 of the in:	structions)								
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-).	Ē	19	Deprec	ation (attac	ch sch	edule) and de	epletion.							<del> </del>	
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-).	Ad	20	Occupa	ancy											
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-).	힏													<del> </del>	
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-).	a		Printing	g and public	ations	· · · · <u>: :</u>	·		<del></del>		- 22.0				266
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-).	ij							5	38.		∠69.			-	269
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-).	3ra	24					•		ا م		, , , ,		^		1 404
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-).	ğ										4,494.				
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements	٦	25	Contrib	outions, gifts	s, gran	ts paid					4 404				
a Excess of revenue over expenses and disbursements . 4,015,584.  b Net investment income (if negative, enter -0-) . 47,053.  c Adjusted net income (if negative, enter -0-).	_						24 and 25	1,545,7	88		4,494.		0	1,541	., 294
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-).								4 015 5	ایی						
c Adjusted net income (if negative, enter -0-).								4,015,5	84.	<u></u>	7 053				
C Adjusted net income (if negative, enter -0-).							•			· 4	1,053.			<del>-</del>	
	ᆜ								1				-0-	<u> </u>	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.  $^{9E\,1410\,2\,000}\,164\,03G\,2532$ 

Form 990-PF (2009)



	Part II. Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year		Beginning of year	End o	of year		
<u>.</u>	arti	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing					
	2	Savings and temporary cash investments	37,436.	1,699,155.	4,000,753.		
	3	Accounts receivable					
	}	Less allowance for doubtful accounts			<del></del>		
	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 page 16 of the instructions)	_				
	7	Other notes and loans receivable (attach schedule)			<u> </u>		
		Less allowance for doubtful accounts ▶					
(A	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
Š		Investments - U.S. and state government obligations (attach schedule)					
•		Investments - corporate stock (attach schedule)					
		Investments - corporate bonds (attach schedule)					
	11	Investments - land, buildings.					
		Less accumulated depreciation		Ì			
	12	(attach schedule) Investments - mortgage loans			<del></del>		
	13	Investments other (attach schedule)					
	14			·			
		equipment basis Less accumulated depreciation (attach schedule)	j	1			
	15	Other assets (describe					
	16	Total assets (to be completed by all filers - see the					
		instructions Also, see page 1, item I)	37,436.	1,699,155.	4,000,753.		
_	17	Accounts payable and accrued expenses					
	18	Grants payable					
LO.	19	Deferred revenue		-			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
Pil	21	Mortgages and other notes payable (attach schedule)					
Ę	22	Other liabilities (describe					
		Otter habilities (describe					
	23	_Total liabilities (add lines 17 through 22)					
٦		Foundations that follow SFAS 117, check here					
		and complete lines 24 through 26 and lines 30 and 31.					
Š		,		1			
Š	24	Unrestricted	L L				
Balances	25	Temporarily restricted					
8	26	Permanently restricted					
S	27	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ► X		j			
ř	27	Capital stock, trust principal, or current funds					
S	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
set	29	Retained earnings, accumulated income, endowment, or other funds	37,436.	1,699,155.			
Net Assets	30	Total net assets or fund balances (see page 17 of the					
ē	30	· · · ·	37,436.	1,699,155.			
_	31	Instructions)  Total liabilities and net assets/fund balances (see page 17	01,1001	2,033,1001			
	3.		37,436.	1,699,155.			
Б	art I	of the instructions)		2,000,100.			
		I net assets or fund balances at beginning of year - Part II,		agree with			
•		_ <del></del> -			37,436.		
2		of-year figure reported on prior year's return)			4,015,584		
				ا م ا	.,025,504		
					4,053,020		
5	Deci	lines 1, 2, and 3 reases not included in line 2 (itemize) ► ATTACH	MENT 4		2,353,865		
6	Tota	I net assets or fund balances at end of year (line 4 minus li	ine 5) - Part II column (b)	<del></del>	1,699,155		
·	וטום	i nel assels di Tunu palances al Ellu di Year (IIIIe 4 Millius II	J - 1 a.i. ii, Williiii (D),	mic co   0	_,,		

Form 990-PF (2009)		37-15017	85		Page 3
	s and Losses for Tax on Inv	estment Income			
			(b) How acquired	(c) Date	(d) Date sold
	d describe the kind(s) of property sold (or common stock, 200		P-Purchase	acquired (mo , day, yr )	(mo , day, yr )
ODD DADO THE COLL		313 1412 00)	D-Donation		
	EDO ELE				
<u>b</u>					
<u> </u>				<del></del>	
_d	<del>.</del>	· <u> </u>			
е					·
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	
(-, t	(or allowable)	plus expense of sale		(e) plus (f) mini	us (g)
_a					
_b					
_c					
d					
е					
Complete only for assets s	showing gain in column (h) and owr	ned by the foundation on 12/31/69	m	Gains (Col (h) g	ain minus
	(j) Adjusted basis	(k) Excess of col (i)		(k), but not less	than -0-) or
(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any	}	Losses (from co	ol (h))
a					
b			1		
C					
d					
e					<del></del>
-	f If	gain, also enter in Part I, line 7		· · · · · · · · · · · · · · · · · · ·	
2 Capital gain net income oi		(loss), enter -0- in Part I, line 7	2		51,514.
2 Not short-term capital day	'' ا n or (loss) as defined in sections 12		<del>-</del>		
	, line 8, column (c) (see pages 13				
			,		
ovelification II	line 8	read Tay on Not Investment Inc	3		
(For optional use by domesti	c private foundations subject to the	e section 4940(a) tax on net investi	ment inco	me.)	
If section 4940(d)(2) applies,	, leave this part blank				
				<del></del>	- G
	the section 4942 tax on the distrib		ase репо	d?	_ Yes X No
	not qualify under section 4940(e).				
	ount in each column for each year	, see page 18 of the instructions be	fore mak		
(a) Base penod years	(b)	(c)		(d) Distribution r	atio
Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided by	
2008	498,048.	82,899.			6.007889
2007	10,662,825.	3,689,853.			2.889770
2006	2,417,384.	9,455,944.			0.255647
2005	559,842.	5,130,367.			0.109123
2004	0.	1,736,625.	<u> </u>		0.000000
2004					
2 Total of line 4 line : 44	,		2		9.262429
2 Total of line 1, column (d	)	the total on line O by E. or by the	-		
<u> </u>	for the 5-year base period - divide		,		1.852486
number of years the four	idation has been in existence if less	s than 5 years	3		1.832460
					100 001
4 Enter the net value of no	ncharitable-use assets for 2009 fro	om Part X, line 5	4		198,801.
5 Multiply line 4 by line 3			5		368,276.
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		471.
	•				
7 Add lines 5 and 6			7		368,747.
8 Enter qualifying distribution	ons from Part XII line 4		8	1,	541,294.
If line 8 is equal to or or	ons from Part XII, line 4	in Part VI. line 1b. and complete	hat part	using a 1% ta	x rate See the
Part VI instructions on pa			- p	<b>5</b>	
	<del></del>	<del> </del>			

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	truction	ons)
. 1a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		4	171.
	here ► X and enter 1% of Part I, line 27b		-	
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-) 2		<del></del>	171.
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0. 171.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1,866.			
b	Exempt foreign organizations-tax withheld at source			
C	Tax paid with application for extension of time to life (Point 6666).			
d	Backup withholding erroneously withheld		1 0	066
7	Total credits and payments Add lines 6a through 6d		1,0	<u> 866.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1 3	395.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			95.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 1,395. Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	$\vdash$	Yes	No X
	participate or intervene in any political campaign?	1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			l <sub>x</sub>
	of the instructions for definition)?	16		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			х
C	Did the foundation file Form 1120-POL for this year?	1 c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation PS 0.			
	(1) On the local dation managers > 0	1 1		ĺ
0	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
_	on foundation managers > \$0.			х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			х
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<del></del>
	If "Yes," has it filed a tax return on Form 990-T for this year?			X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<del></del> -
	If "Yes," attach the statement required by General Instruction T			İ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or	1		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		х	İ
_	conflict with the state law remain in the governing instrument?	6 7	-X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7		<del></del>
φa	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) $\triangleright$ NY,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			ĺ
	27)? If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X
		om 99	0-PF	(2009)

Х

3b

4a

3a Did the foundation hold more than a 2% direct or indirect interest in any business

b If "Yes," did it have excess business holdings in 2009 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

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 2009?

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . . .

Pai	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requi	red (continued)				
- 5а	During the year did the foundation pay or incur any amou	nt to						
	(1) Carry on propaganda, or otherwise attempt to influer	ice legislation (section	4945(e))?	Yes X No				
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							
	directly or indirectly, any voter registration drive?			Yes X No	'			
	(3) Provide a grant to an individual for travel, study, or other					-		
	(4) Provide a grant to an organization other than a chari	table, etc , organizatio	n described in			l		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (	see page 22 of the ins	structions)	. LYes XNo				
	(5) Provide for any purpose other than religious, charital	ole, scientific, literary,	or educational					
	purposes, or for the prevention of cruelty to children o	r anımals?		. Yes X No				
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans	actions fail to qualify	under the exceptions	described in				
	Regulations section 53 4945 or in a current notice regard				5b			
	Organizations relying on a current notice regarding disast	er assistance check h	ere	▶ <u>X</u>				
С	If the answer is "Yes" to question 5a(4), does the foundation					ł		
_	because it maintained expenditure responsibility for the gi	•		. 💹 Yes 💹 No	,			
	If "Yes," attach the statement required by Regulations section							
6 a	Did the foundation, during the year, receive any funds, d		pay premiums					
	on a personal benefit contract?	-		Yes X No	,			
b	Did the foundation, during the year, pay premiums, direct				6b	X		
	If "Yes" to 6b, file Form 8870		•					
7 a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes X No				
	b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?							
Pa	t VIII Information About Officers, Directors	, Trustees, Foun	dation Managers,	Highly Paid Emplo	oyees,			
1	and Contractors  List all officers, directors, trustees, foundation m	anagers and their	compensation (see	page 22 of the instru	uctions).			
-	(a) Name and address	(b) Title, and average	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expens	e account,		
	(a) Name and address	hours per week devoted to position	(If flot paid, effter -0-)	and deferred compensation	other all	wances		
AT	rachment 5		0.	0.		0		
	· · · · · · · · · · · · · · · · · · ·							
					<del></del>			
2	Compensation of five highest-paid employees (ot f none, enter "NONE."	her than those inc	luded on line 1 - se	e page 23 of the inst	ructions).			
	i none, enter NONE.	(h) 75th and manage		(d) Contributions to		<del></del>		
(a	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense other allo			
		devoted to position		compensation				
						<del></del>		
		1						
						<del></del>		
		l				NONE		
Tota	I number of other employees paid over \$50,000 .	<u> </u>	<u> </u>	<u> </u>		0-PF (2009)		
					rom 33	<b>U-FF</b> (2009)		

Part Vill	Information About Officers, Directors, Trustees, Foundation Managers, High and Contractors (continued)	nly Paid Emplo	yees,	
3 Five high	est-paid independent contractors for professional services (see page 23 of the instru	ctions). If none.	enter "NON	E."
<u></u>		e of service	(c) Comper	
NONE			<del>- `</del>	
HONE				
~				
			_	
-		<del></del>		
~				
Total number	er of others receiving over \$50,000 for professional services			NON
Part IX-A	Summary of Direct Charitable Activities			
	dation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the	te number	Expens	es
of organization	ons and other beneficianes served, conferences convened, research papers produced, etc			
1 NONE				
	······································	·		
2				
3				
		·	}	
	· · · · · · · · · · · · · · · · · · ·			
4				
_				
Part IX-B	Summary of Program-Related Investments (see page 23 of the instructions)			
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amour	nt
1 NONE			_	
1				
2				
		·		
All other pro-	gram-related investments. See page 24 of the instructions			<del></del>
	gram rolated intersamente. Goo page 27 of the instituctions			
3 NONE				
Total, Add I	ines 1 through 3			

Pa	winimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn toundation	IS,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	176,385.
b	Average of monthly cash balances	1b	25,443.
С	Average of monthly cash balances Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	201,828.
0	Total (add lines 1a, b, and c)  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	0.
3		3	201,828.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
		4	3,027.
5	of the instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	198,801.
6	Minimum investment return. Enter 5% of line 5	6	9,940.
Pa	Minimum investment return. Enter 5% of line 5  Int XI  Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here  □ and do not complete this private in the complete this private in	te operating part.)	
1	Minimum investment return from Part X, line 6	1	9,940.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	471.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	9,469.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	9,469.
6	Add lines 3 and 4  Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	9,469.
Pa	rt XII Qualifying Distributions (see page 25 of the 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	1,541,294.
b		1b	0.
2	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
-		2	0.
3	purposes Amounts set aside for specific charitable projects that satisfy the		<del></del>
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,541,294.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	<del>-</del>	
•	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	471.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,540,823.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w		
	qualifies for the section 4940(e) reduction of tax in those years	nether the rou	

Form 990-PF (2009)

Рa	Part XIII Undistributed Income (see page 26 of the instructions)							
		(a)	(b)	(c)	(d)			
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009			
	line 7				9,469.			
2	Undistributed income, if any, as of the end of 2009							
а	Enter amount for 2008 only			0.				
b	Total for pnor years 20 07 .20 06 .20 05		0.					
3	Excess distributions carryover, if any, to 2009							
а	From 2004							
b	From 2005 476, 923.							
С	From 2006 2,009,665.							
d	From 2007 10, 495, 432.							
е	From 2008 493, 903.							
f	Total of lines 3a through e	13,475,923.		·				
4	Qualifying distributions for 2009 from Part XII,							
	line 4 ▶ \$1,541,294.							
а	Applied to 2008, but not more than line 2a			0.	<del> </del>			
b	Applied to undistributed income of prior years (Election							
	required - see page 26 of the instructions)			_				
С	Treated as distributions out of corpus (Election							
	required - see page 26 of the instructions)			<u></u>	0.460			
d	Applied to 2009 distributable amount	1,531,825.			9,469.			
	Remaining amount distributed out of corpus	1,531,825.						
5	Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same							
	amount must be shown in column (a); the same							
6	Enter the net total of each column as							
	indicated below:	15,007,748.						
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	15,007,740.			<del></del> .			
b	Prior years' undistributed income Subtract		0.					
	line 4b from line 2b Enter the amount of prior years' undistributed							
•	income for which a notice of deficiency has been							
	issued, or on which the section 4942(a) tax has		0.					
	been previously assessed							
d	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions		0.					
е	Undistributed income for 2008 Subtract line							
	4a from line 2a Taxable amount - see page 27 of the instructions			0.				
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be							
	distributed in 2010				0.			
7	Amounts treated as distributions out of corpus							
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the							
	instructions)							
8	Excess distributions carryover from 2004 not							
	applied on line 5 or line 7 (see page 27 of the instructions)	0.						
9	Excess distributions carryover to 2010.							
	Subtract lines 7 and 8 from line 6a	15,007,748.						
10	Analysis of line 9							
а	Excess from 2005 476, 923.							
b	Excess from 2006 2,009,665.							
C	Excess from 2007 10,495,432.							
	Excess from 2008 493, 903.				}			
_ е	Excess from 2009 1,531,825.	· · · · · · · · · · · · · · · · · · ·	<u> </u>		5 - 000 BE (2000)			

	If the foundation has i					NOT APPLICABL	
	foundation, and the ruling				. , 🏲		
b	Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)						
2 a	Enter the lesser of the ad-	Tax year	<del> </del>	Prior 3 years	<del></del>	(e) Total	
	justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006		
b	85% of line 2a					<del> </del>	
¢	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						
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.						
3 a	Complete 3a, b, or c for the alternative test relied upon  "Assets" alternative test - enter						
	(1) Value of all assets (2) Value of assets qualifying under section						
b	4942(j)(3)(B)(i) "Endowment" alternative test- enter 2/3 of minimum invest- ment return shown in Part X,						
С	"Support" alternative test - enter						
	<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)),</li> </ol>						
	or royalties)						
	()(3)(B)(iii) (3) Largest amount of support from an exempt organization						
_	(4) Gross investment income	I-fo	lote Aleie mont	anh if the farm	dation had \$5,000		
Fe		luring the year - see			uation had \$5,000	or more in assets	
1 a	Information Regarding List any managers of the before the close of any	Foundation Manager	s: ave contributed more	e than 2% of the tot		ed by the foundation	
	ATTACHME		<u> </u>				
b	List any managers of ownership of a partner					large portion of the	
	N/A	0	0.6.1				
2	Information Regarding Check here ► X if the transposition of the transposition in the transposition is the transposition of the transposition in the transposition is the transposition of the transposition in the transposition is the transposition of the transposition in the transposition is the transposition of the transposition in the transposition is the transposition of the transposition in the transposition is the transposition of the transposition in the transposition is the transposition of the transposition in the transposition is the transposition of the transposition in the transposition is the transposition of the transposition in the transposition is the transposition of the transposition in the transposition is the transposition of the transposition in the transposition is the transposition of the transposition in the transposition is the transposition of the transposition in the transposition is the transposition of the transposition in the transposition is the transposition of the transposition in the transposition is the transposition of the transposition of the transposition is the transposition of the transposition of the transposition is the transposition of the transp	he foundation only nor funds. If the found	nakes contributions lation makes gifts, g	to preselected char grants, etc. (see pag	ritable organizations a ge 28 of the instruction	and does not accept ons) to individuals or	
a	The name, address, as	_	of the person to whor	n applications should	be addressed		
b	The form in which appl		mitted and information	on and materials the	y should include	<del></del>	
	N/A						
С	Any submission deadli	nes					
d	N/A Any restrictions or lift factors	mitations on awards,	such as by geogra	aphical areas, charit	able fields, kinds of	institutions, or other	
JSA	N/A	<del></del>				Form <b>990-PF</b> (2009	
90 1	164030 2532					, Sill 000/11 (200)	

3 Grants and Contributions Paid Durin	If recipient is an individual	Countains		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
ATTACHMENT 8				
		1		
ł		}	}	}
				_
Ì				
				_
Total		· <u></u>	▶ 3a	1,536,800.
b Approved for future payment				
ł		}		1
		1		
j				
Total			▶ 3b	

	-PF (2009)			37-	-1501785	Page 12
Part X	VI-A Analysis of Income-Produ	cina Activ	/ities			
Enter gross amounts unless otherwise indicated			ated business income	Excluded by	section 512, 513, or 514	(e)
_		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
_	ram service revenue	<del>-</del>		-		the manachona j
a _ b			<del></del>		<u> </u>	
c c						
ď						
θ.						
f						
g F	ees and contracts from government agencies					
2 Mem	bership dues and assessments					
	est on savings and temporary cash investments			14	33.	
	ends and interest from securities	ļ			· . · · · · · · · · · · · · · · · · · ·	
	ental income or (loss) from real estate					
	Debt-financed property					<del></del>
	lot debt-financed property	ļ <del></del>		_		
	ental income or (loss) from personal property	<b></b>				
	r investment income		<del></del>	18	51,514.	<del></del>
	or (loss) from sales of assets other than inventory ncome or (loss) from special events			+		
	s profit or (loss) from sales of inventory	-		<del></del>		
	r revenue a	·	<del></del>			<del></del>
b						
c .			1			
d						
е						
12 Subt	otal Add columns (b), (d), and (e)				51,547.	51,547.
(See wo	Add line 12, columns (b), (d), and (e).  ksheet in line 13 instructions on page 28  VI-B Relationship of Activities	to verify calcu	ılatıons)			
Line No	the accomplishment of the fo					
	page 29 of the instructions )					
	NOT APPLICABLE	_				
			-			
					-	
					-	

Form	990-PF	(2009)			37	-1501785			Pa	ge 13
Pa	rt XVII	Exempt Organ						Nonch	arit	able
1	in sec	ction 501(c) of the Cod	or indirectly engage in a e (other than section 501	(c)(3) organizations)	with any or in sect	other organization ion 527, relating to	described political		Yes	No
а	organı Transi	zations? fers from the reporting fou	ndation to a noncharitable ex	empt organization of						-
	(1) Ca	ash						1a(1)		X
	(2) Ot	ther assets					· • • • • •	1a(2)		X
b		transactions						l		x
			ritable exempt organization					1b(1)	_	X
			noncharitable exempt organiza					1b(2) 1b(3)		X
			at, or other assets					1b(4)		Х
								1b(5)		Х
			membership or fundraising sol					1b(6)		Х
c	Sharın	ig of facilities, equipment,	mailing lists, other assets, or p	oaid employees				1 c		Х
d	If the	answer to any of the	e above is "Yes," complet	e the following sch	edule. Col	umn (b) should al	ways show	the 1	fair i	market
			ssets, or services given by							
	value	in any transaction or	sharing arrangement, show	in column (d) the	value of	the goods, other	assets, or	service	s rec	ceived
	ine no	(b) Amount involved	(c) Name of nonchantable ex	empt organization	(d) Descript	ion of transfers, transact	ons and sha	nna arran	neme	nte
(4)	ine no	(D) Amount involved	(c) Hame of Honoriantable ex		N/A	or or transicis, durisace	0113, and 311ai	ing arran	genie	
			<del></del>							
			<u> </u>							
						·· <del>·</del>				
					-					
			<u> </u>							
	section	n 501(c) of the Code (other s," complete the following s		section 527?			[ ———		s []	Νο
		(a) Name of organization	(0)	Type of organization		(c) Descripti	on of relations	snip		
—										
_						<u> </u>				
			1		-					
_										
	Under belief,	penalties of perjury, I declare	that I have examined this retu ete Declaration of preparer (other	m, including accompanying than taxpayer or fiducial	ng schedule: ary) is based	s and statements, and to on all information of w	o the best o hich prepare	of my kn rhasan	owled y kno	ge and wledge
<b>١</b> ٨	· <b>P</b> ₹	gnature of officer or trustee	<u>n</u>	<u> </u>	Date	Title				
훈			·	Date			Preparer's	identify	ing	
Sign Here	Paid Preparer's Use Only	Preparer's signature	am, a Zatorale	08/11/3	9	Check if self-employed ▶	number (Se page 30 of P00846	the instru 377	ture o	л ;) 
	Pa rep	Firm's name (or yours if	PRICEWATERHOUS			EIN ▶	13-4008	324		
	اد ہ	self-employed), address,	300 MADISON AV	ENUE		_	<b>.</b>			
		and ZIP code	NEW YORK, NY		1001	7   Phone no	646-4	/1-30	100	

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

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Department of the Treasury			<u> </u>				
Name of the organization	<del></del>	- En	nployer identification number				
HUTCHINS FAMILY FOUNDATION, INC.							
	07.4504705						
Organization type (check one)							
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated	l as a private foundat	ion				
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as	a private foundation					
	501(c)(3) taxable private foundation						
	overed by the <b>General Rule</b> or a <b>Special Rule</b> . , (8), or (10) organization can check boxes for both the Gen	neral Rule and a Spec	al Rule. See				
General Rule							
<del></del>	filing Form 990, 990-EZ, or 990-PF that received, during t ne contributor. Complete Parts I and II.	ne year, \$5,000 or mo	ore (in money or				
Special Rules							
sections 509(a)(1) a	(3) organization filing Form 990 or 990-EZ that met the 33 nd 170(b)(1)(A)(vi), and received from any one contributor 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii)	r, during the year, a c	contribution of the greater				
the year, aggregate	(7), (8), or (10) organization filing Form 990 or 990-EZ that contributions of more than \$1,000 for use exclusively for re s, or the prevention of cruelty to children or animals. Comp	eligious, charitable, se					
the year, contributio aggregate to more year for an exclusive applies to this organ	(7), (8), or (10) organization filing Form 990 or 990-EZ thans for use <i>exclusively</i> for religious, charitable, etc., purpose than \$1,000. If this box is checked, enter here the total confusion control of the control	es, but these contribu atributions that were re of the parts unless the able, etc., contributio	utions did not received during the e <b>General Rule</b> ins of \$5,000 or more				
Caution. An organization that 990-EZ, or 990-PF), but it must	s not covered by the General Rule and/or the Special Rule t answer "No" on Part IV, line 2 of its Form 990, or check f, to certify that it does not meet the filing requirements of	es does not file Sched the box on line H of its	lule B (Form 990, s Form 990-EZ,				

в (	of	of	Part

Name of organization HUTCHINS FAMILY FOUNDATION, INC.
C/O GLENN H. HUTCHINS

Employer Identification number 37-1501785

#### Part I Contributors (see instructions)

Parti	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	GLENN H. HUTCHINS  C/O SILVER LAKE PARTNERS, 9 W 57TH ST	\$ 1,330,000.	Person X Payroll Noncash
	NEW YORK, NY 10019		(Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	GLENN H. HUTCHINS  C/O SILVER LAKE PARTNERS, 9 W 57TH ST	18,675.	Person X Payroll
	NEW YORK, NY 10019	\$18,675.	(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	GLENN H. HUTCHINS  C/O SILVER LAKE PARTNERS, 9 W 57TH ST  NEW YORK, NY 10019	\$\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	GLENN H. HUTCHINS  C/O SILVER LAKE PARTNERS, 9 W 57TH ST  NEW YORK, NY 10019	\$ 21,023.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	GLENN H. HUTCHINS  C/O SILVER LAKE PARTNERS, 9 W. 57TH ST.  NEW YORK, NY 10019	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	GLENN H. HUTCHINS  C/O SILVER LAKE PARTNERS, 9 W 57TH ST	\$ 25,000.	Person X Payroll Noncash
	NEW YORK, NY 10019		(Complete Part II if there is a noncash contribution)

ae	of	of Part

Name of organization HUTCHINS FAMILY FOUNDATION, INC.
C/O GLENN H. HUTCHINS

Employer identification number 37-1501785

#### Part I Contributors (see instructions)

	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	GLENN H. HUTCHINS	-	Person X Payroll
	C/O SILVER LAKE PARTNERS, 9 W 57TH ST	\$10,000.	Noncash
	NEW YORKN, NY 10019	_	(Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	GLENN H. HUTCHINS		Person X
	C/O SILVER LAKE PARTNERS, 9 W 57TH ST	\$50,000.	Payroll Noncash
	NEW YORK, NY 10019	-	(Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	GLENN H. HUTCHINS		Person
	C/O SILVER LAKE PARTNERS, 9 W 57TH ST	\$16,718.	Payroll X
	NEW YORK, NY 10019	-	(Complete Part II if there is a noncash contribution )
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	• •		Type of contribution
No.	Name, address, and ZIP + 4		Type of contribution
No.	Name, address, and ZIP + 4  GLENN H. HUTCHINS	Aggregate contributions	Type of contribution  Person Payroll
No.	Name, address, and ZIP + 4  GLENN H. HUTCHINS  C/O SILVER LAKE PARTNERS, 9 W 57TH ST	Aggregate contributions	Type of contribution  Person X Payroll X Noncash X  (Complete Part II if there is
10 (a)	Name, address, and ZIP + 4  GLENN H. HUTCHINS  C/O SILVER LAKE PARTNERS, 9 W 57TH ST  NEW YORK, NY 10019  (b)	Aggregate contributions  19,913.	Type of contribution  Person X Payroll X Noncash X  (Complete Part II if there is a noncash contribution )  (d)
10 (a) No.	Name, address, and ZIP + 4  GLENN H. HUTCHINS  C/O SILVER LAKE PARTNERS, 9 W 57TH ST  NEW YORK, NY 10019  (b)  Name, address, and ZIP + 4	Aggregate contributions  19,913.	Type of contribution  Person X Payroll X Noncash X  (Complete Part II if there is a noncash contribution )  (d) Type of contribution
10 (a) No.	Name, address, and ZIP + 4  GLENN H. HUTCHINS  C/O SILVER LAKE PARTNERS, 9 W 57TH ST  NEW YORK, NY 10019  (b)  Name, address, and ZIP + 4  GLENN H. HUTCHINS	Aggregate contributions  19,913.  (c) Aggregate contributions	Type of contribution  Person X X X X X X X X X X X X X X X X X X X
10 (a) No.	Name, address, and ZIP + 4  GLENN H. HUTCHINS  C/O SILVER LAKE PARTNERS, 9 W 57TH ST  NEW YORK, NY 10019  (b)  Name, address, and ZIP + 4  GLENN H. HUTCHINS  C/O SILVER LAKE PARTNERS, 9 W 57TH ST	Aggregate contributions  19,913.  (c) Aggregate contributions	Type of contribution  Person X Payroll X  (Complete Part II if there is a noncash contribution)  (d) Type of contribution  Person X Payroll X  (Complete Part II if there is
(a) No.	Name, address, and ZIP + 4  GLENN H. HUTCHINS  C/O SILVER LAKE PARTNERS, 9 W 57TH ST  NEW YORK, NY 10019  (b)  Name, address, and ZIP + 4  GLENN H. HUTCHINS  C/O SILVER LAKE PARTNERS, 9 W 57TH ST  NEW YORK, NY 10019  (b)	Aggregate contributions  19,913.  (c) Aggregate contributions  43,500.	Type of contribution  Person X
(a) No.	Name, address, and ZIP + 4  GLENN H. HUTCHINS  C/O SILVER LAKE PARTNERS, 9 W 57TH ST  NEW YORK, NY 10019  (b)  Name, address, and ZIP + 4  GLENN H. HUTCHINS  C/O SILVER LAKE PARTNERS, 9 W 57TH ST  NEW YORK, NY 10019  (b)  Name, address, and ZIP + 4	Aggregate contributions  19,913.  (c) Aggregate contributions  43,500.	Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution)  (d) Type of contribution)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization HUTCHINS FAMILY FOUNDATION, INC. C/O GLENN H. HUTCHINS

Employer identification number 37-1501785

Part II	Noncash	Property	(see	instructions	)
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art II	Noncash Property (see instructions)	<del></del>	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	2,250 SHARES OF INFINERA CORP		
_		\$\$	06/19/2009
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4_	1,384 SHARES OF ARCSIGHT INC		
· · · · · · · · · · · · · · · · · · ·		\$\$.	07/09/2009
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9_	2,250 SHARES OF INFINERA CORP	_	
		\$\$	11/02/2009
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	2,250 SHARES OF INFINERA CORP		
		<b>\$</b> \$	12/30/2009
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11_	2,500 SHARES OF GARTNER INC.		
		\$\$	09/15/2009
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
12	225,530 SHARES OF GARTNER INC.		
		\$	12/30/2009

- INTEREST ON TEMPORARY CASH INVESTMENTS PART I FORM 990PE,

NET INVESTMENT INCOME	33.
REVENUE AND EXPENSES PER BOOKS	33.
	TOTAL
DESCRIPTION	JPMORGAN CHASE BANK

FEES
ACCOUNTING
1
н
PART
990PF,
ORM

CHARITABLE <u>PURPOSES</u>	4,225.	4,225.
ADJUSTED NET INCOME	.0	0
NET INVESTMENT INCOME	4,225.	4,225.
REVENUE AND EXPENSES PER BOOKS	8,450.	8,450.
DESCRIPTION	PRICEWATERHOUSECOOPERS LLP	TOTALS

FORM 990PF, PART I - OTHER EXPENSES

CHARITABLE PURPOSES	60. 209.	269.
ADJUSTED NET INCOME	0	0
NET INVESTMENT INCOME	60.	269.
REVENUE AND EXPENSES PER BOOKS	120.	538.
		TOTALS
DESCRIPTION	INCISIVE MEDIA CT CORPORATION	

#### FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION AMOUNT

OTHER DECREASES - AMT CONTRIBUTED OVER COST BASIS

2,353,865.

TOTAL

2,353,865.

EXPENSE ACCT AND OTHER ALLOWANCES	· 0		0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0		0
COMPENSATION	Ċ		0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CHAIRMAN/TREASURER	PRESIDENT/SECRETARY	GRAND TOTALS
NAME AND ADDRESS	GLENN H. HUTCHINS C/O SILVER LAKE PARTNERS 9 WEST 57TH STREET 25TH FLOOR NEW YORK, NY 10019	DEBORAH D. HUTCHINS C/O SILVER LAKE PARTNERS 9 WEST 57TH STREET 25TH FLOOR NEW YORK, NY 10019	

HUTCHINS FAMILY FOUNDATION, INC.

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Date Date sold Description Kind of Property acquired Gain Adj basis Excess of Cost or FMV Gross sale Depreciation FMV over as of or price less allowed/ other as of adı başıs (loss) 12/31/69 12/31/69 expenses of sale allowable basis 06/19/2009 06/25/2009 2,250 SHARES OF INFINERA CORP PROPERTY TYPE: SECURITIES 10,225. 20,407. 10,182. 07/10/2009 07/09/2009 1,384 SHARES ARCSIGHT INC PROPERTY TYPE: SECURITIES 20,233. 22,007. 1,774. 2,250 SHARES OF INFINERA CORP 11/02/2009 11/03/2009 PROPERTY TYPE: SECURITIES 15,862. 5,400. 10,462. 12/31/2009 2,250 SHARES OF INFINERA CORP 12/30/2009 PROPERTY TYPE: SECURITIES 10,594. 9,294. 19,888. 51,514. 

#### FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

GLENN H. HUTCHINS; C/O SILVER LAKE PARTNERS 9 WEST 57TH STREET; NEW YORK, NY 10019

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

NONE

RECIPIENT NAME AND ADDRESS

RECIPIENT NAME AND ADDRESS

BOSTON CELTICS SHAMROCK FOUNDATION

NONE

CHARITABLE ORG

NY PRESBYTERIAN HOSPITAL

SECONDATIAN TREET

CHARITABLE ORG

CHARITABLE ORG

CHARITABLE ORG

CHARITABLE ORG

CHARITABLE ORG

CHARITABLE ORG

S25 EAST 68TH STREET

CHARITABLE ORG

50,000

AMOUNT

PURPOSE OF GRANT OR CONTRIBUTION

CHARITABLE

ATTACHMENT 8

25,000.

CHARITABLE

25,000

1,162,500.

RYE COUNTRY DAY SCHOOL	NONE	CHARITABLE
CEDAR STREET	CHARITABLE ORG	
RYE, NY 10580		
THE LAWRENCEVILLE SCHOOL	NONE	CHARITABLE

CHARITABLE ORG

LAWRENCEVILLE, NJ 08648

P 0. BOX 6125

NEW YORK, NY 10021

GLADNEY CENTER FOR ADOPTION	NONE	CHARITABLE
6300 JOHN RYAN DRIVE	CHARITABLE ORG	
FORT WORTH, TX 76132		

70,000

CHARITABLE 50,000		
NONE	CHARITABLE ORG	
MARTHA'S VINEYARD HOSPITAL	ONE HOSPITAL ROAD	P O. BOX 1477

OAK BLUFFS, MA 02557

EDRM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

			ATTACHMENT 8 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HARVARD UNIVERSITY 124 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	NONE CHARITABLE ORG	CHARITABLE	20,000.
COUNCIL ON FOREIGN RELATIONS 58 EAST 68TH STREET NEW YORK, NY 10065	NONE CHARITABLE ORG	CHARITABLE	35, 000
ISLAND AFFORDABLE HOUSING FUND 346 STATE ROAD P O. BOX 4769 VINEYARD HAVEN, MA 02568	NONE CHARITABLE ORG	CHARITABLE	75, 000
NATIONAL FISH AND WILDLIFE FOUNDATION 1133 15TH STREET, NW SUITE 1100 WASHINGTON, DC 20005	NONE CHARITABLE ORG	CHARITABLE	6, 800
RYE POLICE ASSOCIATION SCHOLARSHIP FUND P O BOX 246 RYE, NY 10580	NONE CHARITABLE ORG	CHARITABLE	2,500.
THE WORLD AFFAIRS FORUM 800 SUMMER STREET, SUITE 340 STAMFORD, CT 06901	NONE CHARITABLE ORG	CHARITABLE	5, 000

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

RECIPIENT NAME AND ADDRESS

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION CHARITABLE

AMOUNT

ATTACHMENT 8 (CONT'D)

10,000.

THE MONTANA LAND RELIANCE 324 FULLER AVENUE HELENA, MT 59624 P.O. BOX 355

CHARITABLE

NONE

TOTAL CONTRIBUTIONS PAID

1,536,800.

ATTACHMENT 8

#### SCHEDULE D (Form 1041)

Department of the Treasury

Internal Revenue Service

**Capital Gains and Losses** 

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). OMB No 1545-0092

HUTCHINS FAMILY FOUNDATION, INC. Name of estate or trust Employer identification number C/O GLENN H. HUTCHINS 37-1501785 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (mo , day, yr ) (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (c) Date sold (mo, day, yr) (see page 4 of the the entire year Subtract (e) from (d) (d) Sales price 1a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 51,514. Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, 51,514. column (3) on the back . Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (a) Description of property
(Example 100 shares 7% preferred of "Z" Co) (b) Date acquired (mo , day, yr ) (c) Date sold (see page 4 of the instructions) the entire year Subtract (e) from (d) (d) Sales pnce (mo, day, yr) 6a 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 Capital gain distributions 9 Gain from Form 4797, Part I 10 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a,

column (3) on the back

Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule Ginstructions in the instructions for Form 1041)..............

34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

33

G, line 1a (or Form 990-T, line 36) . . . . . .

#### **SCHEDULE D-1** (Form 1041)

Continuation Sheet for Schedule D
(Form 1041)

▶ See instructions for Schedule D (Form 1041).

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

HUTCHINS FAMILY FOUNDATION, INC.

Employer identification number

37-1501785

Part I Short-Term Capital Gains an		s Held One Year	or Less		
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a 2,250 SHARES OF INFINERA CORP	06/19/2009	06/25/2009	20,407.	10,182.	10,225.
1,384 SHARES ARCSIGHT INC 2,250 SHARES OF INFINERA	07/09/2009	07/10/2009	22,007.	1,774.	20,233.
CORP	11/02/2009	11/03/2009	15,862.	5,400.	10,462.
2,250 SHARES OF INFINERA CORP	12/30/2009	12/31/2009	19,888.	9,294.	10,594.
·					
				_	
				_	
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1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b . . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2009

51,514.

# Form 8868

(Rev April 2009)

Department of the Treasury

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

► File a separate application for each return.

OMB No 1545-1709

Internal Revenue S	ervice The a separate application for each return.	<del></del>
	ling for an Automatic 3-Month Extension, complete only Part I and check this box	
If you are fit Do not complete	ling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the lete Part II unlessou have already been granted an automatic 3-month extension on a previously filed	s form) Form 8868
Part I Auto	matic 3-Month Extension of Time. Only submit original (no copies needed)	
A corporation r	equired to file Form 990-T and requesting an automatic 6-month extension - check this box and com	olete
Part I only		▶ □
time to file inco	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to ome tax returns	
one of the reference electronically in returns, or a contraction of the reference electronically in the reference electronically in the reference electronically in the reference electronically in the reference electronically in the reference electronically in the reference electronically in the reference electronically in the reference electronically in the reference electronically in the reference electronically in the reference electronically in the reference electronically in the reference electronically in the reference electronical electron	ng (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic turns noted below (6 months for a corporation required to file Form 990-T) However, you if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL omposite or consolidated From 990-T Instead, you must submit the fully completed and signed a details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Chanties	cannot file Form 8868 , 6069, or 8870, group page 2 (Part II) of Form
Type or	Name of Exempt Organization HUTCHINS FAMILY FOUNDATION, INC. Emplo	er identification number
print	C/O GLENN H. HUTCHINS 37	-1501785
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.  SILVER LAKE PARTNERS	
due date for	9 WEST 57TH STREET, 32ND FLOOR	
filing your retum See	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
instructions	NEW YORK, NY 10019	
Check type of	f return to be filed (file a separate application for each return)	
Form 990		
Form 990		
Form 990		
X Form 990	P-PF Form 1041-A Form 8870	
<ul> <li>If the organ</li> <li>If this is for for the whole of names and EIN</li> </ul>	Ns of all members the extension will cover. st an automatic 3-month (6 months for a corporation required to file Form 990	
for the or	ganization's return for	
► X	calendar year 2009 or tax year beginning, and ending	
2 If this tax	year is for less than 12 months, check reason Initial return Final return Char	ige in accounting period
•	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less and dable credits. See instructions	3a \$ 608.
	oplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payment	
•	clude any prior year overpayment allowed as a credit	3b \$ 1,866.
	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, depos	
	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) Se	
instructio		3c \$ 0.
	ı are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	
for payment in		
	ct and Paperwork Reduction Act Notice, see Instructions.	Form <b>8868</b> (Rev 4-2009)