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Form 990-PF

OMB No 1545-0052

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 2010 For calendar year 2010, or tax year beginning , 2010, and ending Initial return of a former public charity G Check all that apply Initial return Final return Amended return Address change Name change Name of foundation A Employer identification number HUTCHINS FAMILY FOUNDATION, INC. C/O GLENN H. HUTCHINS 37-1501785 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see page 10 of the instructions) 9 WEST 57TH STREET, 32ND FLOOR City or town, state, and ZIP code If exemption application is pending, check here 1 Foreign organizations, check here NEW YORK, NY 10019 2 Foreign organizations meeting the 85% test, check here and attach **H** Check type of organization. X Section 501(c)(3) exempt private foundation Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust If private foundation status was termin I Fair market value of all assets at end J Accounting method | X Cash under section 507(b)(1)(A), check here . Other (specify) of year (from Part II, col (c), line If the foundation is in a 60-month termination 16) > \$ 8,004,204 (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) for chantable expenses per books income income may not necessarily equal the amounts in purposes column (a) (see page 11 of the instructions)) (cash basis only) 6,546,106. 1.476 1.476 ATCH 1 3 Interest on savings and temporary cash investments Dividends and interest from securities **5a** Gross rents b Net rental income or (loss) 7,010,361 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 9,572,899. assets on line 6a 7,010,361. Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances 00 b Less Cost of goods sold . 0 c Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 13,557,943. 7,011,837 Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc Other employee salanes and wages Pension plans, employee benefits 16 a Legal fees (attach schedule) . . . 11,250 **b** Accounting fees (attach schedule) ATCH 2 11,250 0 0 775 c Other professional fees (attach schedule) , *. , Administrativ 17 18 Taxes (attach schedule) (see page 14 of the instructions) Depreciation (attach schedule) and depletion . 21 Travel, conferences, and meetings 22 Printing and publications 733 733 Other expenses (attach schedule) ATCH. 4. 23 24 Total operating and administrative expenses. 12,758 0 0 12,758. Add lines 13 through 23 3,986,075 3,986,075. 25 Contributions, gifts, grants paid 3,998,833 0. 0. 3,998,833 26 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 9,559,110 a Excess of revenue over expenses and disbursements 7,011,837 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-). .

For Paperwork Reduction Act Notice, see page 30 of the instructions.

*ATCH 3 JSA

Form **990-PF** (2010)

16403G 2532

D4 II	Attached schedules and amounts in the	Beginning of year	EI	nd of year
Part II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
T1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	1 600 155	8,004,20	4. 8,004,204.
3	Accounts receivable	*		
"	Less allowance for doubtful accounts			
4	Pledges receivable			
	Less allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
-	disqualified persons (attach schedule) (see page 15 of the instructions)			
7	Other notes and loans receivable (attach schedule)			
	Less allowance for doubtful accounts ▶			
_{γ1} 8	Inventones for sale or use			
Assets 0 0 a	Prepaid expenses and deferred charges			
8 10 a	Investments - U S and state government obligations (attach schedule)			
Ь	Investments - corporate stock (attach schedule)			
- 1	Investments comprete bands (attach schodule)			
11	Investments - land, buildings, and equipment basis		to bloom a comment of a comment	
	Less accumulated depreciation			
12	(attach schedule)			
13	Investments - other (attach schedule)			
14	Land, buildings, and			
	equipment basis Less accumulated depreciation	to a no a sinfer	a strengthe	1 2 2 20 20 2 2 2 20 2
1	equipment basis Less accumulated depreciation (attach schedule)			
15	Other assets (describe Total assets (to be completed by all filers - see the			
16	Instructions Also, see page 1, Item I)		8,004,20	4. 8,004,204
			0,004,20	4. 0,004,204
17	Accounts payable and accrued expenses			
18	Grants payable			
19 20 21	Deferred revenue			→ 1 2 - 1 2
≟ 20	Loans from officers, directors, trustees, and other disqualified persons			
<u>ह</u> 21	Mortgages and other notes payable (attach schedule)			
- 22	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)			0.
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			<i>*</i> -
8 24	Unrestricted			
∑ ⊆ 25	Temporarily restricted			
25 26 26	Permanently restricted			
	Foundations that do not follow SFAS 117,			
Š	check here and complete lines 27 through 31. ► X			4
or Fund	Capital stock, trust principal, or current funds			
	Paid-in or capital surplus, or land, bldg , and equipment fund			
29 29		1,699,155.	8,004,20	
Y 29	Retained earnings, accumulated income, endowment, or other funds	1,055,1200.	0,001,20	
Net Assets 0 65 8 82	Total net assets or fund balances (see page 17 of the	1,699,155.	8,004,20	14
- 1	instructions)	1,055,155.	0,004,20	3.
31	Total liabilities and net assets/fund balances (see page 17	1 600 155	9 004 20	14
	of the instructions)		8,004,20	4.1
	Analysis of Changes in Net Assets or Fund		/	
	al net assets or fund balances at beginning of year - Part		1	1 (00 155
				1 1,699,155
				9,559,110
3 Oth	er increases not included in line 2 (itemize)			3
4 Add	lines 1, 2, and 3			4 11,258,265
5 Dec	reases not included in line 2 (itemize) ATTACH	HMENT 5		5 3,254,061
6 Tota	al net assets or fund balances at end of year (line 4 minus lin	e 5) - Part II, column (b),	line 30	6 8,004,204
				Ferm 990 DE (2010

rm 990-PF (2010)		37-1501			
(a) List and	and Losses for Tax on I describe the kind(s) of property solo ck warehouse, or common stock, 20	d (e g , real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sol (mo , day, y
SEE PART IV SCHEE			D-Donation		
0					
<u> </u>					
d					<u> </u>
<u> </u>	(A Degrapher allowed	(g) Cost or other basis		(h) Gain or (lo))
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(e) plus (f) minu	
b			+		
<u> </u>					
d					
	howing gain in column (h) and owne	d by the foundation on 12/31/69		Gains (Col (h) g	ain minus
	(j) Adjusted basis	(k) Excess of col (i)		(k), but not less t	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))
3					
b					
S					
d					
		If gain, also enter in Part I, line 7			
Capital gain net income or (net capital loss)	If (loss), enter -0- in Part I, line 7	} ₂	7.	010,361
Net short-term capital gain of	or (loss) as defined in sections 1		'	<u> </u>	•
If gain, also enter in Part I, I	ine 8, column (c) (see pages 13	and 17 of the instructions)	l		
If (loss), enter -0- in Part I, in			$\int a $		
Part V Qualification U	Inder Section 4940(e) for Reprivate foundations subject to the	educed Tax on Net Investment e section 4940(a) tax on net investme)	
Part V Qualification U For optional use by domestic section 4940(d)(2) applies, le Vas the foundation liable for th "Yes," the foundation does n	Inder Section 4940(e) for R private foundations subject to th eave this part blank he section 4942 tax on the distril ot qualify under section 4940(e)	educed Tax on Net Investment e section 4940(a) tax on net investment butable amount of any year in the bas Do not complete this part	ent income		Yes X
Part V Qualification UFor optional use by domestic section 4940(d)(2) applies, lew was the foundation liable for the "Yes," the foundation does not be suppossed in the supposse	Inder Section 4940(e) for Reprivate foundations subject to the eave this part blank the section 4942 tax on the distribution qualify under section 4940(e) until in each column for each year	educed Tax on Net Investment e section 4940(a) tax on net investment butable amount of any year in the bas Do not complete this part r, see page 18 of the instructions before	ent income	any entries	Yes X
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on foundation managers \$ Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? To 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 To Did the states to which the foundation reports or with which it is registered (see page 19 of the				S. Salar	
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5 State the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 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 8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the	4a				_^
If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 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 8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the	b				Х
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 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 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 To X By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? To II and II are the states to which the foundation reports or with which it is registered (see page 19 of the 					Ĭ.,
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 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 Rabel Enter the states to which the foundation reports or with which it is registered (see page 19 of the	6			~** ,	¥ -
conflict with the state law remain in the governing instrument?					ıx ,
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				X -	- ^ 3
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the	_	The state of the s			
	_		+		
instructions) De IVI -	вa			\$ 1	,
instructions) NY,			· -	′	<u> </u>
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G2 if "No." attach explanation X	D		0h	x	i '
(b) designate) of each state as required by General Institution Common Authority Common Commo			. 00	<u> </u>	
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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page	9				
					x
The state of the s	40				
	10		10		Х
names and addresses				90-PF	<u> </u>

Form 990-PF (2010)

Par	t VII-B Statements Regarding Activities for	Which Form 47	20 May Be Requir	ed (continued)	
5a	During the year did the foundation pay or incur any amount	to			
	(1) Carry on propaganda, or otherwise attempt to influence		945(e))?	Yes X N	lo • " 🕯
	(2) Influence the outcome of any specific public election (se				
				Yes X N	lo 1
	(3) Provide a grant to an individual for travel, study, or other			••1	lo
				٠٠٠٠ النا	~ - 1
	(4) Provide a grant to an organization other than a chantable	=		Yes X N	
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (sec			, res^ N	
	(5) Provide for any purpose other than religious, charitable,			□ □	
	purposes, or for the prevention of cruelty to children or a				
b	If any answer is "Yes" to 5a(1)-(5), did any of the transa				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Regulations section 53 4945 or in a current notice regardi	ng disaster assistanc	ce (see page 22 of the i	nstructions)?	5b
	Organizations relying on a current notice regarding disaster	assistance check her	re	▶ 🗀 -	
С	If the answer is "Yes" to question 5a(4), does the foundation	claim exemption from	m the tax		
	because it maintained expenditure responsibility for the gran			Yes N	lo
	If "Yes," attach the statement required by Regulations section			•	
6.	Did the foundation, during the year, receive any funds, direct		v premiums		
Оd	on a personal benefit contract?	•		Yes X N	
	Did the foundation, during the year, pay premiums, directly				6b X
D		or indirectly, orra per	Sorial beliefit Contract?		
_	If "Yes" to 6b, file Form 8870		-li isononaliam?	Yes X N	1 * 150 4234
	At any time during the tax year, was the foundation a party to			. —	
	If "Yes," did the foundation receive any proceeds or have an VIII Information About Officers, Directors	Tructone attribut	able to the transaction	Highly Roid Em	
Pai	and Contractors	, musices, roui	iuauon managers	, nigiliy Falu Elli	pioyees,
1	List all officers, directors, trustees, foundation man	agers and their co	mpensation (see pa		tions).
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
AT	TACHMENT 6		-0-	-0-	-0-
_	Common office high and maid ampleyees (ather	u than thase inclu	dod on line 4 oce n	ogo 22 of the instru	intions)
2	Compensation of five highest-paid employees (other if none, enter "NONE."	ir ulali tilose iliciu	ueu on mie 1 - see p	aye 25 or the motiv	icuons <i>j</i> .
		(b) Title, and average	·····	(d) Contributions to	(e) Expense account.
(6) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	other allowances
		devoted to position		compensation	<u> </u>
	NONE				
~					1
				 -	
Total	at number of other employees paid over \$50,000 .		<u> </u>		

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If n	one, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	NONE
	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four targest direct chantable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1 NONE	
1 1000	
2	
	İ
3	
	<u> </u>
4	
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments. See page 24 of the instructions	
3 NONE	
y 1101111	
Total Add lines 1 through 3	

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Form	990-PF (2010) 37-1501785		Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreig see page 24 of the instructions.)	n foundation	ons,
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	307,771.
b	Average of monthly cash balances	1b	5,156,032.
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d	←	1d	5,463,803.
е	Reduction claimed for blockage or other factors reported on lines 1a and	3 *	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	D. March Land O. Comp. Long. And	3	5,463,803.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	Harrist Street	4	81,957.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,381,846.
6	Minimum investment return. Enter 5% of line 5	6	269,092.
حت	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private	operating	
	foundations and certain foreign organizations check here > and do not complete this particle.		
1	Minimum investment return from Part X, line 6	1	269,092.
	I I	. ;	
b	Tax on investment income for 2010 from Part VI, line 5 2a 140, 237. Income tax for 2010 (This does not include the tax from Part VI) 2b		
		2c	140,237.
3	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1	3	128,855.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	128,855.
6	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	128,855.
Pa	rt XII Qualifying Distributions(see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	3,998,833.
b	December and standard standards at the form Book IV B	1b	0.
2	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.	-	
a	Suitability test (pnor 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	3,998,833.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		2,330,033.
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,998,833.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when call		
	qualifies for the section 4940(e) reduction of tax in those years	iodiating Wi	ionioi no iodidation

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Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
-		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years pnor to 2009	2009	2010
•	line 7				128,855.
•	Undistributed income, if any, as of the end of 2010				
۷_	· • • • • • • • • • • • • • • • • • • •	λ.		· 0.	
a	Enter amount for 2009 only Total for pnor years 20 08 ,20 07 ,20 06	^	0.	······································	
b		······································	•		,
3	Excess distributions carryover, if any, to 2010 From 2005 476, 923.	* *	*		
а	0.000.665		* /	*	, *
b	10 405 430				*
C	From 2007			* .	
d	From 2008 493, 903.	, t		•	*
е	From 2009 1,531,825.	. 15 005 740	·		
f	Total of lines 3a through e	15,007,748.			`
4	Qualifying distributions for 2010 from Part XII,	•	***	×^	, , , , ,
	line 4 ▶ \$ 3,998,833.				
а	Applied to 2009, but not more than line 2a	* *		0.	
b	Applied to undistributed income of prior years (Election	4			* *
	required - see page 26 of the instructions)	· '	<u></u>		
С	Treated as distributions out of corpus (Election		4	, i	
	required - see page 26 of the instructions)		* 1	3	
d	Applied to 2010 distributable amount		* , ,*	\$, 2 , 2, 3,	128,855.
е	Remaining amount distributed out of corpus	3,869,978.	, ,	/ *	. 4 ``
5	Excess distributions carryover applied to 2010			, ,	
	(If an amount appears in column (d), the same				, ,
6	amount must be shown in column (a)) Enter the net total of each column as			1.4	, *
•	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	18,877,726.	'÷	" ,. į́. t	· i
b	Prior years' undistributed income Subtract]
_	line 4b from line 2b	,	0.	. 7. 4.	2 . 2 2.1
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has			, ,,	
	been previously assessed	1343		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
d	Subtract line 6c from line 6b Taxable	· · ·			,
	amount - see page 27 of the instructions	· ٤,	0.	. (; · , *,	
е	Undistributed income for 2009 Subtract line	**.**.**	*		
	4a from line 2a Taxable amount - see page 27 of the instructions		, × , «i	0.	
	Undistributed income for 2010 Subtract lines	, ,		1 8	
•	4d and 5 from line 1. This amount must be	.,		\$ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	distributed in 2011	ξ, ,,;	* **		
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		** 4 */	***	
	instructions)				
8	Excess distributions carryover from 2005 not				, ,
	applied on line 5 or line 7 (see page 27 of the instructions)	476,923.			<u> </u>
9	Excess distributions carryover to 2011.			,	,
	Subtract lines 7 and 8 from line 6a	18,400,803.			
10	Analysis of line 9]
а	Excess from 2006 2,009,665.				
b	Excess from 2007 10, 495, 432.				
C	Excess from 2008 493, 903.				
d	Excess from 2009 1,531,825.				
е	Excess from 2010 3,869,978.		i de la companya de l		

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Pa	rt XIV Private Oper	rating Foundations(see page 27 of the	instructions and Pa	art VII-A, que	stion 9) NOT	APPLICABLE
1 a	If the foundation has	received a ruling or de	etermination letter th	at it is a private ope	erating		
	foundation, and the ruling	is effective for 2010, enter	the date of the ruling		▶[,,
ь	Check box to indicate whe	ether the foundation is a pri	vate operating foundati	on described in section		4942(j)(3) or	4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years			(e) Total
	justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 200	7	(e) rotal
	For the minimum investment return from Part X for each						
	year listed			 			
b	85% of line 2a		······································				
С	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	Complete 3a, b, or c for the		· · · · · · · · · · · · · · · · · · ·				
_	alternative test relied upon						
а	"Assets" alternative test - enter						
	(1) Value of all assets (2) Value of assets qualifying		· · · · · · · · · · · · · · · · · · ·	1			
	under section						
b	4942(j)(3)(B)(i) "Endowment" alternative test-			- 	-		
U	enter 2/3 of minimum invest-						
	ment return shown in Part X,						
	line 6 for each year listed						
С	"Support" alternative test - enter						
	 Total support other than gross investment income (interest, dividends, rents, payments on securities 						
	loans (section 512(a)(5)), or royalties)						
	(2) Support from general public and 5 or more						
	exempt organizations as provided in section 4942 (j)(3)(B)(iii)						
	(3) Largest amount of sup-						
	port from an exempt organization				j		
	(4) Gross investment income						
Pa	rt XV Supplement	ary Information (C	omplete this part	only if the found	dation had	\$5,000 or m	ore in assets
	at any time	during the year - see	page 28 of the in	nstructions.)			
1	Information Regarding	g Foundation Manager	s:				
а	List any managers of before the close of any	the foundation who hy tax year (but only if th	ave contributed mo ey have contributed	re than 2% of the tot more than \$5,000) (3	al contribution See section 50	s received by 17(d)(2))	the foundation
	ATTACHM	ENT 7					
b	List any managers of ownership of a partner	the foundation who orship or other entity) of				n equally large	portion of the
	N/A						
2	<u> </u>	g Contribution, Grant,		• • •			
	unsolicited requests	the foundation only r for funds If the found ther conditions, comple	dation makes gifts,	grants, etc (see pag	ritable organiz ge 28 of the	ations and do	es not accept individuals or
a	The name, address, ar	···········			addressed		
	The form in which appl	lications should be subn	nitted and information	n and materials they sh	ould include		
	N/A			•			
С	Any submission deadli	nes					
	N/A						
d	Any restrictions or I factors	imitations on awards,	such as by geogr	raphical areas, charit	able fields, k	ınds of ınstituti	ons, or other
	N/A						

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Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Durin	ng the Year or App	roved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	any foundation manager or substantial contributor	reapient	contribution	
a Paid during the year				
AMPACIMENT O				
ATTACHMENT 8		1		
		1		
			-	
		ļ		
Total			▶ 3a	3,986,075.
b Approved for future payment	<u> </u>	T		3,900,013.
a , pp. ova is, ratara paymon.				
				1
Total	<u> </u>		b 26	

Part XVI-A Analysis of Income-Producter gross amounts unless otherwise indicated		Unrelated business income		Excluded by	section 512, 513, or 514	(e) Related or exempt	
•		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)	
•	service revenue					tile instructions)	
•				 		· ·	
				 			
				-			
				-		 	
	-			 			
						 	
•	and contracts from government agencies			 			
	hip dues and assessments			14	1,476.		
	s and interest from securities				2,1.01		
	I income or (loss) from real estate		*	1	/^	** * * * * * * * * * * * * * * * * * * *	
	financed property			<u> </u>			
	ebt-financed property						
	income or (loss) from personal property			 			
	estment income						
	iss) from sales of assets other than inventory			18	7,010,361.	•	
	ne or (loss) from special events			1			
	ofit or (loss) from sales of inventory						
•	venue a			1			
						 	
e							
e Subtotal	Add columns (b), (d), and (e)	÷.,			7,011,837.		
Subtotal Total. Ac		verify calcula to the Ac	ations) complishment of E	xempt Pur			
Subtotal Total. Ac worksh	dd line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to	venfy calcula to the Ac	ations) complishment of E n income is reported	xempt Purp	poses e) of Part XVI-A contribu	ited importantly to	
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Part XVII	Information F Exempt Orga		nsfers To and Tra	nsactions	and Relati	onships V	Vith Non	chari	table
ın secti organiza	ion 501(c) of the Co ations?	ode (other than se	age in any of the folloction 501(c)(3) organiza	ations) or in				Yes	No
	• •		table exempt organization				4-4	.	X
					• • • • • • •		1a(1 1a(2		X
b Other tr					• • • • • • •		1912	1	+
		ntable exempt organi	zation				1b(1) **	x -
			t organization						Х
• •		-						9)	Х
							I)	Х
(5) Loa	ans or loan guarantees						1b(s	5)	X
(6) Per	formance of services or	membership or fundr	aising solicitations				1b(6	<u> </u>	X
_		•	sets, or paid employees						X
			" complete the follows						
	•		given by the reporting	-					
			ent, show in column	<u> </u>					
(a) Line no	(b) Amount involved	(c) Name of nonci	nantable exempt organization	N/A	scription of transfer	s, transactions,	and snanng an	angemer	115
		1		H/A					
						··		-	
						··			
									
			 .						
				-					
		<u> </u>							
describ	ed in section 501(c) of	the Code (other than	ted with, or related t section 501(c)(3)) or in s		•	•		Yes [∑ No
b if "Yes,"	" complete the following (a) Name of organization		(b) Type of organizati	00		c) Description of	relationship	-	
	(a) Haine of organization	<u>' </u>	(b) Type of organization	-		e, Bookipaeli ei	Totalanianip		
			· · · · · · · · · · · · · · · · · · ·						

-									
-									
Sign Unde belie	er penalties of perjury, I def, it is true correct, and cor	eclare that I have examplete Declaration of p	nined this return, including a reparer (other than taxpayer o	ccompanying sc r fiduciary) is bas	sed on all informati	ments, and to t on of which pre	he best of my parer has any	knowled knowledg	ige and je
	Signature of officer of trustee	<u> </u>		Date	Tit	le			
	Print/Type preparer's	name	Preparer's signature		Date		PTIN		
Paid	WILLIAM ZATOR	RSKI	(dissing a	- 4 6:	10/25/20	11 Check	ıf		
Preparer			William a.		10/20/20	self-em	ployed POC		77
-		RICEWATERHOUS				Firm's EIN	13-4008	324	
Use Only			ENUE		0017			2000	
	NE NE	W YORK, NY		10	0017	Phone no	546-471-		/05:=:
							Form !	990-PF	(2010)

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

Department of the Treasury

Schedule of Contributors

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

OMB No 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of the organization		Employer identification number
HUTCHINS FAMILY FO	UNDATION, INC.	
C/O GLENN H. HUTCH	INS	37-1501785
Organization type (check o	ne)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt chantable trust not treated as a pr	rivate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private to	foundation
	501(c)(3) taxable private foundation	
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5 ly one contributor Complete Parts I and II	i,000 or more (in money or
sections 509(a)(1	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % si i) and 170(b)(1)(A)(vi), and received from any one contributor, during the ,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Fo	e year, a contribution of the
the year, aggrega	I(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received fate contributions of more than \$1,000 for use exclusively for religious, oses, or the prevention of cruelty to children or animals Complete Parts	, chantable, scientific, literary, or
the year, contributing aggregate to most year for an exclusional applies to this organization.	I (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received futions for use exclusively for religious, chantable, etc., purposes, but the re than \$1,000. If this box is checked, enter here the total contributions to sively religious, chantable, etc., purpose. Do not complete any of the paganization because it received nonexclusively religious, charitable, etc.,	ese contributions did not hat were received during the ints unless the General Rule contributions of \$5,000 or more
990-EZ, or 990-PF), but it	nat is not covered by the General Rule and/or the Special Rules does no must answer "No" on Part IV, line 2 of its Form 990, or check the box or o certify that it does not meet the filing requirements of Schedule B (For	n line H of its Form 990-EZ, or on

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

Name of or	ganization HUTCHINS FAMILY FOUNDATION, INC. C/O GLENN H. HUTCHINS		Employer identification number 37-1501785
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
~ _ 1 _	GLENN H. HUTCHINS 9 W. 57TH ST.	\$ 2,400,000.	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 9 W. 57TH ST. NEW YORK, NY 10019	\$61,106.	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
3 _	GLENN H. HUTCHINS 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 9 W. 57TH ST. NEW YORK, NY 10019	- \$2,625,000. -	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
		- - - -	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
		- _ \$	Person Payroll Noncash (Complete Part II if there is

16403G 2532

of Part II

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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

Employer identification number

37-1501785

art II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2_	1,875 SHARES OF OPEN TABLE		
		\$ 61,106.	02/25/2010
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3_	73,000 SHARES OF AVAGO TECHNOLOGIES		
		\$\$	08/27/2010
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4_	105,000 SHARES OF AVAGO TECHNOLOGIES		
		\$ 2,625,000	12/23/2010
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	_

37-1501785

ATTACHMENT 1

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

REVENUE

AND

NET

DESCRIPTION

EXPENSES PER BOOKS

INVESTMENT INCOME

JPMORGAN CHASE BANK

1,476.

1,476.

TOTAL

1.476.

1,476.

37-1501785

ATTACHMENT 2

FORM 990PF, PART I - ACCOUNTING FEES

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET <u>INCOME</u>	CHARITABLE PURPOSES
PWC		11,250.			11,250.
	TOTALS	11,250.	0,	0.	11,250.

37-1501785

ATTACHMENT 3

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

OTHER LEGAL FEES

7

775.

TOTALS

CHARITABLE PURPOSES

775.

775.

37-1501785

ATTACHMENT 4

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION INCISIVE MEDIA	REVENUE AND EXPENSES PER BOOKS 125.	CHARITABLE PURPOSES 125.
DELAWARE SECRETARY OF STATE CT CORPORATION NY DEPARTMENT OF LAW	25. 358. 225.	25. 358. 225.
TOTALS	733.	733.

HUTCHINS FAM	ILY FOUND	DATION,	INC
--------------	-----------	---------	-----

37-1501785

ATTACHMENT 5

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

TOTAL

DESCRIPTION

AMOUNT

OTHER DECREASES - FMV CONTRIBUTED OVER

3,254,061.

COST BASIS

3,254,061.

37-1501785

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 6

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

GLENN H. HUTCHINS 9 W. 57TH ST NEW YORK, NY 10019

CHAIRMAN/TREASURER

DEBORAH D. HUTCHINS 9 W. 57TH ST. NEW YORK, NY 10019

PRESIDENT/SECRETARY

GRAND TOTALS

ATTACHMENT 7

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

GLENN H. HUTCHINS, 9 WEST 57TH STREET; NEW YORK, NY 10019

37-1501785

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS P	AID DURING THE YEAR		
			ATTACHMENT 8
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	Triuoria
BOSTON CELTICS SHAMROCK FOUNDATION	NONE	CHARITABLE	23,141
226 CAUSEWAY STREET	PUBLIC CHARITABLE ORG		
BOSTON, MA 02114			
DVG COLUMNY DAY COUCOL	NONE	CHARITABLE	51,000
RYE COUNTRY DAY SCHOOL CEDAR STREET	PUBLIC CHARITABLE ORG	CHARTIABLE	31,000
RYE, NY 10580			
NIE, NI 10300			
THE LAWRENCEVILLE SCHOOL	NONE	CHARITABLE	2,525,000
P O BOX 6125	PUBLIC CHARITABLE ORG		
LAWRENCEVILLE, NJ 08648			
GLADNEY CENTER FOR ADOPTION	NONE	CHARITABLE	90,000
6300 JOHN RYAN DRIVE	PUBLIC CHARITABLE ORG		
FORT WORTH, TX 76132			
MARTHA'S VINEYARD HOSPITAL	NONE	CHARITABLE	50,000
ONE HOSPITAL ROAD	PUBLIC CHARITABLE ORG		20,000
P O BOX 1477			
OAK BLUFFS, MA 02557			
HARVARD UNIVERSITY	NONE	CHARITABLE	40,000
124 MOUNT AUBURN STREET	PUBLIC CHARITABLE ORG		

CAMBRIDGE, MA 02138

37-1501785

FORM 990PF, PART XV = GRANTS AND CONTRIBUTIONS PAID	DURING THE YEAR		
			ATTACHMENT 8 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
RECIPIENT NAME AND ADDRESS	FOUNDATION STATES OF RECEPTENT	TONTOSIS OF ORGAN ON CONTRESOTER	72.00.1
COUNCIL ON FOREIGN RELATIONS	NONE	CHARITABLE	35,000
58 EAST 68TH STREET	PUBLIC CHARITABLE ORG		
NEW YORK, NY 10065			
ISLAND AFFORDABLE HOUSING FUND	NONE	CHARITABLE	25,000
346 STATE ROAD	PUBLIC CHARITABLE ORG		
P O BOX 4769			
VINEYARD HAVEN, MA 02568			
WORLD AFFAIRS COUNCIL OF AMERICAS	NONE	CHARITABLE	7,500
312 SUTTER ST, STE 200	PUBLIC CHARITABLE ORG		
SAN FRANCISCO, CA 94108			
THE MONTANA LAND RELIANCE	NONE	CHARITABLE	10,000
324 FULLER AVENUE	PUBLIC CHARITABLE ORG		
P O BOX 355			
HELENA, MT 59624			
BROOKING INSTITUTION	NONE	CHARITABLE	1,080,000
1775 MASSACHUSETTS AVE	PUBLIC CHARITABLE ORG		
WASHINGTON, DC 20036			
LINCOLN CENTER FOR PERFORMING ARTS	NONE	CHARITABLE	3,500

PUBLIC CHARITABLE ORG

70 LINCOLN CENTER PLAZA NEW YORK, NY 10023

37-1501785

FORM 990	PF PART	YV - GRANTS AN	ID CONTRIBUTIONS.	PAID DUR	ING THE	YEAR	

ATTACHMENT 8 (CONT'D)

RE	LATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PUR POSE OF GRANT OR CONTRIBUTION	AMOUNT
RECIFIEM! NAME AND ADDRESS	TOOLDATION STATES OF MARKETON		
UNC CHAPEL HILL	NONE	CHARITABLE	13,934
410 EAST FRANKLIN STREET	PUBLIC CHARITABLE ORG		
CAMPUS BOX 9127			
CHAPEL HILL, NC 27599			
IONA COLLEGE	NONE	CHARITABLE	6,000
715 NORTH AVENUE	PUBLIC CHARITABLE ORG		
NEW ROCHELLE, NY 10801			
PLAYWRIGHTS HORIZON	NONE	CHARITABLE	5,000
416 W 42ND STREET	PUBLIC CHARITABLE ORG		
NEW YORK, NY 10036			
		CHARITABLE	10,000
ANTI-DEFAMATION LEAGUE	NONE PUBLIC CHARITABLE ORG	CHARITABLE	10,000
40 COURT STREET	PUBLIC CHARITABLE ORG		
BOSTON, MA 02108			
INTERNATIONAL RESCUE COMMITTEE	NONE	CHARITABLE	10,000
122 EAST 42ND STREET	PUBLIC CHARITABLE ORG		
NEW YORK, NY 10168			
VASSAR COLLEGE ANNUAL FUND	NONE	CHARITABLE	1,000
124 PAYMOND AVENUE	PUBLIC CHARITABLE ORG		
POUGHKEEPSIE, NY 12604			

TOTAL CONTRIBUTIONS PAID

3,986,075

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

2010

	of estate or trust HUTCHINS FAMILY F /O GLENN H. HUTCHINS	OUNDATION,	INC.		37-15017		number
	Form 5227 filers need to complete onlyPa	rts I and II			1 37 13017	0.5	
Par	the state of the s		Held One Ye	ear or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
							-
		i					
				····			
b	Enter the short-term gain or (loss), if any, fro	m Schedule D-1	, line 1b			1b	3,430,566.
2	Short-term capital gain or (loss) from Forms	4684, 6252, 678	31, and 8824			2	
3 4	Net short-term gain or (loss) from partnership Short-term capital loss carryover. Enter the a					3	
5	Carryover Worksheet	s 1a through 4	n column (f) Ei	nter here and on line 1	13,	4	2 420 566
Par	column (3) on the back		More Than One		<u></u>	5	3,430,566.
rai	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see instructio		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
						1	
b	Enter the long-term gain or (loss), if any, from	m Schedule D-1	, line 6b			6b	3,579,795.
7	Long-term capital gain or (loss) from Forms	2439, 4684, 625	52, 6781, and 8	824		7	
8	Net long-term gain or (loss) from partnership	-				8	
9	Capital gain distributions					9	
10 11	Gain from Form 4797, Part I	amount, if any, fi	om line 14 of th	ne 2009 Capital Loss		10	(
12	Net long-term gain or (loss). Combine line column (3) on the back	s 6a through 11	ın column (f) E	nter here and on line	14a,		3,579,795.
For F	Paperwork Reduction Act Notice, see the Instruct			<u> </u>			D (Form 1041) 2010

16403G 2532

Schedule D (Form 1041) 2010

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

art II Long-Term Capital Gains an			(d) Sales nace	(e) Cost or other basis	
(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)	(see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
228,030 SHARES OF GARTNER					
INC.	VARIOUS	VARIOUS	5,187,504.	1,670,635.	3,516,869
1,875 SHARES OF OPENTABLE					
INC.	VARIOUS	03/01/2010	64,829.	1,903.	62,926
				-	
					· · · · ·
	 				
		· · · · · · · · · · · · · · · · · · ·			
<u> </u>					
b Total. Combine the amounts in colum	n (f) Enter here an	d on Schedule D. lin	ne 6b		3,579,79

STATE OF NEW YORK

County of New York,

THE ANNUAL RETURNS
OF Chronic Faigus Inits
tive. Inc. FOUNDATION.
For the calenderyear end,
ed. December 31, 2010 is
available at its principal
office located at 8 W. 57th
St. 32nd.El. New York, NY,
10019 for inspection during,
regular business hours by,
any citizen who requests it
within 1800 days, hereof
Principal Manager of the
Foundation is Glann H
Hutchins.
173007.

Paul Claro, being duly sworn, says that he is the PRINCIPAL CLERK of the Publisher of the NEW YORK LAW JOURNAL, a Daily Newspaper; that the Advertisement hereto annexed has been published in the said NEW YORK LAW JOURNALone time on the 9th day of August, 2011.

TO WIT: AUGUST 9,2011

SWORN BEFORE ME, this 9th day

Of August, 2011.

Notary Public, State of New York No. 01BY6056945

Qualified in Kings County Commission Expires April 09, 2015

STATE OF NEW YORK

County of New York, S

PUBLIC NOTICES

THE ANNUAL RETURN OF Hutchins Family FOUNDATION. For the calender year ended December 31, 2010 is available at its principal office located at 9 w. 57th St. 32nd Fl. New, York, NY 10018 for inspection during regular business hours by any citizen, who requests it within 180 days bereaf. Principal Managor of the Foundation is Glenn H. Hutchins.

Paul Claro, being duly sworn, says that he is the PRINCIPAL CLERK of the Publisher of the NEW YORK LAW JOURNAL, a Daily Newspaper; that the Advertisement hereto annexed has been published in the said NEW YORK LAW JOURNALone time on the 9th day of August, 2011.

TO WIT: AUGUST 9, 2011

SWORN BEFORE ME, this 9th day

Of August, 2011.

/ Cynthia Byrd

Notary Public, State of New York

No. 01BY6056945 Qualified in Kings County Commission Expires April 09, 2015

37-1501785

HUTCHINS FAMILY FOUNDATION, INC.
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

<u> </u>	APITAL GA	INS AND LO	JSSES FU	RIAXUN	INVESI	P	i	
Kind of Property		Description				or	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
5,187,504.		228,030 SHAN PROPERTY TY: 1,670,635.	RES OF GART	NER INC.		D	VARIOUS 3,516,869.	VARIOUS
0,201,0011		1,875 SHARES				D		03/01/2010
64,829.		1,903.					62,926.	
		178,000 SHAN			ŒS	D		VARIOUS
4,320,566.		890,000.					3,430,566.	
TOTAL GAIN (I	.OSS)						7,010,361.	
							!	

Form **8868**

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Form 8868 (Rev 1-2011)

Department of the Treasury

File a separate application for each return.

internal Revenue			Silcation for each return.							
If you are	filing for an Automatic 3-Month Extension, co	omplete on	ly Part I and check this box	<i></i> .	▶ X					
If you are	filing for an Additional (Not Automatic) 3-Moi	nth Extens	ion, complete only Part II (on page	2 of this form)						
Do not comp	plete Part II unlessou have already been gran	ted an auto	matic 3-month extension on a previous	usly filed Form 8868.						
	ling (e-file) You can electronically file Form									
	n required to file Form 990-T), or an addition									
	uest an extension of time to file any of the									
Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits.										
				ile for Chanties & Nonp	rofits.					
	tomatic 3-Month Extension of Time. On									
•	n required to file Form 990-T and requesting an			•						
Part I only					▶ 🔲					
	porations (including 1120-C filers), partnerships	, REMICs,	and trusts must use Form 7004 to re	quest an extension of ti	me					
to file income				<u> </u>						
Type or	or Name of exempt organization HUTCHINS FAMILY FOUNDATION, INC. Employer identificati									
print	nt C/O GLENN H. HUTCHINS 37-1501785									
File by the		O box, see instructions SILVER LAKE PARTNERS								
due date for 9 WEST 57TH STREET, 32ND FLOOR										
return See										
instructions	NEW YORK, NY 10019									
Enter the Re	turn code for the return that this application is f	or (file a se	parate application for each return)		0 4					
Application		Return	Application		Return					
ls For		Code	Is For		Code					
Form 990		01	Form 990-T (corporation)		07					
Form 990-BL		02	Form 1041-A		08					
Form 990-E2		03	Form 4720		09					
Form 990-PF		04	Form 5227		10					
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069		11					
Form 990-T (trust other than above)		06	Form 8870		12					
12										
	s are in the care of ► NEIL SHAPIRO e No ► 212 275-1556		FAX No ▶ 212 275-1510							
	anization does not have an office or place of b									
	or a Group Return, enter the organization's fou			If the	~					
	e group, check this box									
	e names and EINs of all members the extension		t of the group, offect the box	P and and	2011					
	est an automatic 3-month (6 months for a corpo		red to file Form 990-T) extension of t	ime						
until	·		•		nsion is					
until $08/15$, 20 11 , to file the exempt organization return for the organization named above. The extension is for the organization's return for										
	calendar year 20 10 or									
tax year beginning, 20, and ending, 20										
2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return										
	Change in accounting period	,								
3a If this	application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the tentative tax	, less any						
	nonrefundable credits See instructions 3a \$ 161,395.									
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and										
estimated tax payments made include any prior year overpayment allowed as a credit 3b \$ 1,395.										
	c Balance Due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS									
(Electronic Federal Tax Payment System) See instructions 3c \$ 160,000.										
Caution. If	you are going to make an electronic fund	withdrawal	with this Form 8868, see Form 8	3453-EO and Form 88	379-EO for					
payment ins	tructions									

Part II	e filing for an Automatic 3-Month Extension, c Additional (Not Automatic) 3-Month Ex			conies needed)				
	Name of exempt organization HUTCHINS FA		Employer identification number					
Type or		37-1501785						
print	C/O GLENN H. HUTCHINS Number, street, and room or suite no If a P O box	tions	37-1301783					
File by the extended		dons.						
due date for	SILVER LAKE PARTNERS City, town or post office, state, and ZIP code For a foreign address, see instructions							
filing your retum See instructions	NEW YORK, NY 10019							
Enter the Ro	eturn code for the return that this application is	for (file a se	eparate application for each return)		0 4			
Application		Return	Application	F	Return			
ls For		Code	Is For		Code			
Form 990		01]			
Form 990-B	L	02	Form 1041-A		08			
Form 990-EZ		03	Form 4720		09			
Form 990-PF			Form 5227		10			
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11			
	(trust other than above)	06	Form 8870		12			
STOP! Do r	not complete Part II if you were not already gr	anted an ai	utomatic 3-month extension on a pr	eviously filed Form 8868.	<u>. </u>			
If this is to for the whole list with the I requision For case of the state of th	anization does not have an office or place of befor a Group Return, enter the organization's four a Group, check this box	ir digit Grou If it is for pa is for If the second is t	pt Exemption Number (GEN) Int of the group, check this box 11/15 20, and ending reason Initial return	20 <u>11</u> , 20 Final return	n a			
nonre b If this estima amou c Balan (Elect	s application is for Form 990-BL, 990-PF, 9 fundable credits. See instructions is application is for Form 990-PF, 990-T, ated tax payments made. Include any property of the previously with Form 8868. Incredit Discount Federal Tax Payment System. See instructions of perjury, I declare that I have examined this form, ct, and complete, and that I am authorized to prepare this features.	4720, or year of your paymuctions.	r 6069, enter any refundable coverpayment allowed as a credit ment with this form, if required, by usind Verification	8a \$ redits and and any 8b \$ sing EFTPS 8c \$	and belief,			
Signature ►	William a Zatorski		Title ▶	Date ▶ 08/16/2011				