

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

Department of the Treasury Internal Revenue Service

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

2010

Fo	r cale	endar year 2010, or tax	k year begi	nning	, ;	ind ending				
G	Chec	k all that apply	☐ Initial	return	Initial return of a fo	mer public	charit	y	Final re	turn
			Amen	ded return	Address change		Nam	e c	hange	
Na	me of t	foundation				•		ĄĖ	mployer identification nu	ımber
		n Family Foundation							94-3268	
Nu	mber a	and street (or P O box number	r if mail is not o	delivered to street ad	ldress)	Room/su	ite E	3 T	elephone number (see pag	e 10 of the instructions)
		dywine Trust Company	7234 Land	aster Pike		300-/	4		(302) 234-	-5750
Cit	y or to	wn, state, and ZIP code					P	Clf	exemption application is pe	ending, check here 🕨 🔙
_	ckess				DE	19707) 1.	Foreign organizations, che	eck here
H		k type of organization tion 4947(a)(1) nonexei						2.	Foreign organizations med check here and attach cor	
<u> </u>			<u> </u>					E If	private foundation status w	
ı		market value of all asse		J Accounting i	method X Cas	h Accre			nder section 507(b)(1)(A), o	
	line :	ar (from Part II, col_(c) _. 16) ▶ \$, 3 090 219	Other (sp	d) must be on cash ba	sis)	'		the foundation is in a 60-m nder section 507(b)(1)(B), o	
Pa	rt I	Analysis of Revenue			<u> </u>				I	(d) Disbursements
		amounts in columns (b), (c),	-		(a) Revenue and expenses per	(b) Net inv	estmer/	nt	(c) Adjusted net	for charitable
		the amounts in column (a) (s			books	incor	ne		income	purposes (cash basis only)
_	1	Contributions, gifts, grants, e	tc_received (a	ettach schedule)		 			ť	(Sasir Sasis Siny)
	2	Check ► X if the foundation	-			1		_		
	3	Interest on savings and t	· · ·							
	4	Dividends and interest fro	om securities	3	364	Į.	3	364		
	5 a	Gross rents								
<u>a</u>	b	Net rental income or (los	s)							
Revenue	_	Net gain or (loss) from sa		not on line 10		ļ <u>.</u>			-,	_
) A	_	Gross sales price for all asse			,	1				
ř	7	Capital gain net income i	•	, line 2)		 		0	1	
Ď	8	Net short-term capital ga	ıın		,					
S	10 a	Income modifications Gross sales less returns and	l allewaness			 				
77		Less Cost of goods sold		- "	 · 					
_`		Gross profit or (loss) (atta		2)		1			*	
ع ع	11	Other income (attach sch		,	2,500					
ತ	12	Total. Add lines 1 through	•		2,864			364		
ມີຢູ໕ Expenses	13	Compensation of officers	s, directors, tr	rustees, etc	-,					
≥ es	14	Other employee salaries	and wages							
ě	15	Pension plans, employee								
X		Legal fees (attach sched				<u> </u>				
<u>.</u>		Accounting fees (attach s	•	•		ļ				
ative		Other professional fees (18,484	ł		951		17,533
šťr	17 18	1	REC	FIAFA	 	 			 	
Ë	19	Taxes (attach schedule) (see		1.3	2	-				<u> </u>
Ξ	20	Depreciation (attach school Occupancy	MAY	1 6 2011		 				
Ac	21	Occupancy Travel, conferences, and								<u>-</u>
2	22	1			2					
ğ	23	Printing and publications Other expenses (attach s	schedile D	EN, UI	1,000					1,000
Ë	24	Total operating and add	ministrative	expenses.			-			
ā		Add lines 13 through 23			19,484	<u> </u>		951		18,533
Operating and Administr	25	Contributions, gifts, gran	ts paid		527,000					527,000
_	26	Total expenses and disburs	ements. Add l	nes 24 and 25	546,484	<u> </u>		<u>951</u>		545,533
	27	Subtract line 26 from line	12			-				
	_	Excess of revenue over exp			-543,620	<u> </u>				
		Net investment income		•		 		0		
	С	Adjusted net income (if	negative, en	iter -0-)		<u> </u>				

For Paperwork Reduction Act Notice, see page 30 of the instructions. $(\mbox{\scriptsize HTA})$

Form **990-PF** (2010)

Da		Ralance Shoots Attached schedules and amounts in the description column	Beginning of year	End o	of year
r d	rt II	Balance Sheets should be for end-of-year 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	2,053,838	1,510,218	1,510,218
	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)			
Assets	١,	Less allowance for doubtful accounts			
SS(8	Inventories for sale or use			
⋖	9	Prepaid expenses and deferred charges			
		Investments—U.S. and state government obligations (attach schedule)	2,700,560	2,700,560	1,570,000
	l	b Investments—corporate stock (attach schedule)	2,700,300	2,700,000	1,0,70,000
	11	Investments—corporate bonds (attach schedule) Investments—land, buildings, and equipment basis			
	''				
	12	Less accumulated depreciation (attach schedule)			
	13	Investments—mortgage loans Investments—other (attach schedule)			····
	14				
	'-				
	15				
	16	Other assets (describe Total assets (to be completed by all filers—see the		*** · · ·	
	'	instructions Also, see page 1, item I)	4,754,398	4,210,778	3,080,218
	17	Accounts payable and accrued expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7,
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
\Box	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
Ś		and complete lines 24 through 26 and lines 30 and 31.			
Balances	24	Unrestricted .			
<u>a</u>	25	Temporarily restricted			1
Ва	26	Permanently restricted			
Þ		Foundations that do not follow SFAS 117, check here			1
Ë		and complete lines 27 through 31.			
Net Assets or Fund	27	Capital stock, trust principal, or current funds			
Ş	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
set	29	Retained earnings, accumulated income, endowment, or other funds	4,754,398	4,2 <u>10,778</u>]
As	30	Total net assets or fund balances (see page 17 of the		··-	
et.	1	instructions) .	4,754,398	4,210,778]
ž	31	Total liabilities and net assets/fund balances (see page 17	1		
		of the instructions)	4,754,398	4,210,778	
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1	Total	net assets or fund balances at beginning of year-Part II, column (a), line	e 30 (must agree with		
	end-c	of-year figure reported on prior year's return)		1	4,754,398
		r amount from Part I, line 27a		2	-543,620
3	Other	r increases not included in line 2 (itemize)		3	
4		ines 1, 2, and 3	•	4	4,210,778
5		eases not included in line 2 (itemize)			
6	Total	net assets or fund balances at end of year (line 4 minus line 5)-Part II, o	column (b), line 30 .	6	4,210,778

Part IV Capital Gains and	Losses for Tax on Inves	stment Inco	ome			
(a) List and describe the k	und(s) of property sold (e.g., real esta , or common stock, 200 shs MLC Co	ate,	(b) How acquired P—Purchase D—Donation		acquired day, yr)	(d) Date sold (mo , day, yr)
1a						
ь						
_c						
_d						
_e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis pense of sale			n or (loss) 7) minus (g)
a				-		
<u>b</u>						
C						
d e						
Complete only for assets showin	or dain in column (h) and owned	by the founda	tion on 12/31/69		N Cara- (Cal	(h) =========
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exc	cess of col (i)	1 .	(k), but not	(h) gain minus less than -0-) or rom col (h))
_a						
b						
_с						
d e						
Capital gain net income or (no. Net short-term capital gain or if gain, also enter in Part I, lin instructions). If (loss), enter -6.	et capital loss) { If (loss), e (loss) as defined in sections le 8, column (c) (see pages 1		art I, line 7	3		
Part V Qualification Unde	r Section 4940(e) for Red	duced Tax	on Net Investm	ent Inco	me	
If section 4940(d)(2) applies, leave Was the foundation liable for the If "Yes," the foundation does not	section 4942 tax on the distr qualify under section 4940(e	e) Do not cor	nplete this part			Yes X No
	nt in each column for each y	ear, see pag	e 18 of the instruc	tions beto	re making	
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distribution	ns Net valu	(c) e of nonchantable-use a	assets		(d) ribution ratio divided by col (c))
2009	1,228	,700	3,794	4,425		0 323817
2008	733	,924	5,668	3,020		0 129485
2007	3,865		5,37			0 718753
2006		,710		2,391		0 050050
2005	<u> 198</u>	,860	1,54	3,713		0 128819
2 Total of line 1, column (d)3 Average distribution ratio for	the 5-year base penned division	de the total o	on line 2 by 5, or by	2		1 350924
the number of years the foun				' <u> з</u>	·	0 270185
4 Enter the net value of noncha	aritable-use assets for 2010 f	from Part X, I	ine 5	4		2,855,564
5 Multiply line 4 by line 3				5	-	771,531
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b))		6		0
7 Add lines 5 and 6				7	-	771,531
8 Enter qualifying distributions If line 8 is equal to or greater		Part VI. line	1b, and complete	that part		545,533 % tax rate See
the Part VI instructions on pa			r = 1 =		Q	-

orr	m 990-PF (2010) Patterson Family Foundation 94-326	87 <u>1</u> 7	Pa	ige 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the	instr	uctio	ons)
_	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 ☐	; '		
•	Date of ruling or determination letter(attach copy of letter if necessary—see instructions)	,		
ı	b Domestic foundations that meet the section 4940(e) requirements in Part V, check		0	
•	here and enter 1% of Part I, line 27b			
(c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	
3	Add lines 1 and 2		0	
4	Subtitle A (Income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		0	
6	Credits/Payments			
i	a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 0			
١	b Exempt foreign organizations—tax withheld at source			
	c Tax paid with application for extension of time to file (Form 8868)			[
(d Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments Add lines 6a through 6d		0	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		0	_
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0	
10			0	
11	Enter the amount of line 10 to be. Credited to 2011 estimated tax ▶ 0 Refunded ▶ 11		0	
Pa	art VII-A Statements Regarding Activities	<u> </u>		
1 :	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
•	participate or intervene in any political campaign?	1a		Х
ı	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the			
	instructions for definition)?	1b		Х
	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			
	c Did the foundation file Form 1120-POL for this year?	1c		Х
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
	(1) On the foundation \$ (2) On foundation managers \$			
,	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	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			ļ
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A	<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	L	X
	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			1
	 By state legislation that effectively amends the governing instrument so that no mandatory directions 			
	that conflict with the state law remain in the governing instrument?	6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	<u> </u>
8	a Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) ► CA, DE			
	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	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)		L	

or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)?

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing

If "Yes," complete Part XIV

their names and addresses

10

Form	990-PF (2010) Patterson Family Foundation 94-32	68717	P	age 5
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address			
14	The books are in care of ► c/o Brandywine Trust Company Telephone no T	(302	234-	5750
	Located at ► 7234 Lancaster Pike, Suite 300-A Hockessin DE ZIP+4 ►		1	9707
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		•	• 🗆
	and enter the amount of tax-exempt interest received or accrued during the year . 15			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority	امدا	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	ــــــــــــــــــــــــــــــــــــــ	X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter			
Da	the name of the foreign country Tt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
га			Yes	No
4-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	\vdash	162	NO
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	ŀ		\$
	a disqualified person?			,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	1		
	(4, 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			:
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . Yes X No			1
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period]
	after termination of government service, if terminating within 90 days) . Yes X No		-	
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2010?	1		1
_	If "Yes," list the years 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 22 of the instructions.)	2b	N/A	اــــا
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	20	13//	
·				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
-	enterprise at any time during the year? Yes X No			
b	If "Yes," did it have excess business holdings in 2010 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)			1
	the lapse of the 10-, 15-, or 20-year first phase holding penod? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2010)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .	4a	ļ	Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	: -		
	numbers that had not been removed from jeonardy before the first day of the tay year beginning in 20102	I 4h	1	ιY

Forr	n 990-PF (2010) Patterson Family Foundation	_		_	94-326	<u>871</u> 7	Pag	e 6
Pa	rt VII-B Statements Regarding Activiti	es for Which For	n 4720 May Be R	equired (continued))			
5a	During the year did the foundation pay or incur any	amount to						
	(1) Carry on propaganda, or otherwise attempt t	o influence legislation	(section 4945(e))?	Yes	X No			
	(2) Influence the outcome of any specific public	election (see section 4	955), or to carry					Ì
	on, directly or indirectly, any voter registratio	n drive?		Yes	X No			į
	(3) Provide a grant to an individual for travel, stu	idy, or other similar pui	poses?	Yes	X No			ĺ
	(4) Provide a grant to an organization other than			_				
	in section 509(a)(1), (2), or (3), or section 49	_		Yes	X No			
	(5) Provide for any purpose other than religious,	charitable, scientific, li	terary, or		_			i
	educational purposes, or for the prevention of		•	Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	ransactions fail to qual	ify under the exception	ns described in				
	Regulations section 53 4945 or in a current notice	regarding disaster ass	stance (see page 22	of the instructions)?		5b	N/A	
	Organizations relying on a current notice regarding	disaster assistance cl	neck here	•	• 🗌			
С	If the answer is "Yes" to question 5a(4), does the f	oundation claim exemp	tion from the					
	tax because it maintained expenditure responsibili	ty for the grant?		Yes	☐ No			
	If "Yes," attach the statement required by Regulati	ons section 53 4945–5	(d)	_				ĺ
6a	Did the foundation, during the year, receive any fu	nds, directly or indirect	ly, to pay				1	
	premiums on a personal benefit contract? .	•		Yes	X No	_~		
b	Did the foundation, during the year, pay premiums	, directly or indirectly, o	on a personal benefit o	contract?		6b		X_
	If "Yes" to 6b, file Form 8870			_	_			
7a	At any time during the tax year, was the foundation	a party to a prohibited	tax shelter transaction	on? Yes	X No			
b	If "Yes," did the foundation receive any proceeds of	or have any net income	attributable to the tra	nsaction?		7b	N/A	
Р	art VIII Information About Officers,	Directors, Truste	es, Foundation	Managers, Highly	Paid Em	ploy	ees,	
	and Contractors							
4				/	4L - : 4	:	- \	
_1	List all officers, directors, trustees, found	ation managers and		ion (see page 22 of	tne instru	cuon	<u>s).</u>	
		(b) Title, and average	(c) Compensation	(d) Contributions to	(e)	Expen	se accoun	t,
	List all officers, directors, trustees, found (a) Name and address				s (e)	Expen		t,
		(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plan	s (e)	Expen	se accoun	t,
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plan	s (e)	Expen	se accoun	t,
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plan	s (e)	Expen	se accoun	t,
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plan	s (e)	Expen	se accoun	t,
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plan	s (e)	Expen	se accoun	t,
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plan	s (e)	Expen	se accoun	t,
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plan	s (e)	Expen	se accoun	t,
SE	(a) Name and address E ATTACHMENT	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plan and deferred compensat	s (e)	Expenither all	se accoun owances	t,
SE	(a) Name and address E ATTACHMENT Compensation of five highest-paid employed	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plan and deferred compensat	s (e)	Expenither all	se accoun owances	t,
SE	(a) Name and address E ATTACHMENT	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plan and deferred compensations and deferred compensations are 1—see page 23 o	s (e)	Expenither all	se accoun owances	t,
	(a) Name and address E ATTACHMENT Compensation of five highest-paid employed none, enter "NONE."	(b) Title, and average hours per week devoted to position yees (other than the	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plan and deferred compensations and deferred compensations are 1—see page 23 or (d) Contributions employee benefit	s (e)	Expenither all	se accoun owances	
	(a) Name and address E ATTACHMENT Compensation of five highest-paid employed	(b) Title, and average hours per week devoted to position yees (other than the	(c) Compensation (If not paid, enter -0-) ose included on li	(d) Contributions to employee benefit plan and deferred compensations of the compensation of the contributions of	s (e)	Expenither all	se accoun owances	
\$E	(a) Name and address E ATTACHMENT Compensation of five highest-paid employer in the compensation of the second employer paid more than \$50 paid	(b) Title, and average hours per week devoted to position yees (other than the boundary of the company of the	(c) Compensation (If not paid, enter -0-) ose included on li	(d) Contributions to employee benefit plan and deferred compensations and deferred compensations are 1—see page 23 or (d) Contributions employee benefit	s (e)	Expenither all	ons).	
\$E	(a) Name and address E ATTACHMENT Compensation of five highest-paid employed none, enter "NONE."	(b) Title, and average hours per week devoted to position yees (other than the boundary of the company of the	(c) Compensation (If not paid, enter -0-) ose included on li	(d) Contributions to employee benefit plan and deferred compensations of the compensation of the contributions of	s (e)	Expenither all	ons).	
\$E	(a) Name and address E ATTACHMENT Compensation of five highest-paid employer in the compensation of the second employer paid more than \$50 paid	(b) Title, and average hours per week devoted to position yees (other than the boundary of the company of the	(c) Compensation (If not paid, enter -0-) ose included on li	(d) Contributions to employee benefit plan and deferred compensations of the compensation of the contributions of	s (e)	Expenither all	ons).	
\$E	(a) Name and address E ATTACHMENT Compensation of five highest-paid employer in the compensation of the second employer paid more than \$50 paid	(b) Title, and average hours per week devoted to position yees (other than the boundary of the company of the	(c) Compensation (If not paid, enter -0-) ose included on li	(d) Contributions to employee benefit plan and deferred compensations of the compensation of the contributions of	s (e)	Expenither all	ons).	
\$E	(a) Name and address E ATTACHMENT Compensation of five highest-paid employer in the compensation of the second employer paid more than \$50 paid	(b) Title, and average hours per week devoted to position yees (other than the boundary of the company of the	(c) Compensation (If not paid, enter -0-) ose included on li	(d) Contributions to employee benefit plan and deferred compensations of the compensation of the contributions of	s (e)	Expenither all	ons).	
\$E	(a) Name and address E ATTACHMENT Compensation of five highest-paid employer in the compensation of the second employer paid more than \$50 paid	(b) Title, and average hours per week devoted to position yees (other than the boundary of the company of the	(c) Compensation (If not paid, enter -0-) ose included on li	(d) Contributions to employee benefit plan and deferred compensations of the compensation of the contributions of	s (e)	Expenither all	ons).	
\$E	(a) Name and address E ATTACHMENT Compensation of five highest-paid employer in the compensation of the second employer paid more than \$50 paid	(b) Title, and average hours per week devoted to position yees (other than the boundary of the company of the	(c) Compensation (If not paid, enter -0-) ose included on li	(d) Contributions to employee benefit plan and deferred compensations of the compensation of the contributions of	s (e)	Expenither all	ons).	
\$E	(a) Name and address E ATTACHMENT Compensation of five highest-paid employer in the compensation of the second employer paid more than \$50 paid	(b) Title, and average hours per week devoted to position yees (other than the boundary of the content of the	(c) Compensation (If not paid, enter -0-) ose included on li	(d) Contributions to employee benefit plan and deferred compensations of the compensation of the contributions of	s (e)	Expenither all	ons).	
\$E	(a) Name and address E ATTACHMENT Compensation of five highest-paid employer in the compensation of the second employer paid more than \$50 paid	(b) Title, and average hours per week devoted to position yees (other than the boundary of the content of the	(c) Compensation (If not paid, enter -0-) ose included on li	(d) Contributions to employee benefit plan and deferred compensations of the compensation of the contributions of	s (e)	Expenither all	ons).	
\$E	(a) Name and address E ATTACHMENT Compensation of five highest-paid employer in the compensation of the second employer paid more than \$50 paid	(b) Title, and average hours per week devoted to position yees (other than the boundary of the content of the	(c) Compensation (If not paid, enter -0-) ose included on li	(d) Contributions to employee benefit plan and deferred compensations of the compensation of the contributions of	s (e)	Expenither all	ons).	

Patterson Family Foundation		14-3268/1/ Page 1
Part VIII Information About Officers, Directors, Trustees, Foundaries and Contractors (continued)	Indation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for professional services (see pa	ge 23 of the instructions). If none, enter	"NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	. •	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant state the number of organizations and other beneficianes served, conferences convened, research paper		Expenses
1		
2		
3		
		
4		
Part IX-B Summary of Program-Related Investments (see pag		
Describe the two largest program-related investments made by the foundation during the tax year or		Amount
1	Timos Fana 2	Timount
'		
2	"	
All other program-related investments See page 24 of the instructions		
3		
		0
Total Add lines 1 through 3	>	0

Form **990-PF** (2010)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fo see page 24 of the instructions.)	reign 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	1,165,568
b	Average of monthly cash balances	1b	1,733,482
С	Fair market value of all other assets (see page 25 of the instructions) .	1c	0
d	Total (add lines 1a, b, and c)	1d	2,899,050
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,899,050
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4	43,486
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,855,564
6	Minimum investment return. Enter 5% of line 5	6	142,778
Par	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) profoundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	142,778
2a	Tax on investment income for 2010 from Part VI, line 5	0	
b	Income tax for 2010 (This does not include the tax from Part VI)	0	
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	142,778
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	142,778
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,		<u></u>
	line 1	7	142,778
Par	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	R. B	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	545,533
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	_2	0
3	Amounts set aside for specific charitable projects that satisfy the	30 20	•
а	Suitability test (prior IRS approval required)	3a	
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	545,533
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	O
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	545,533
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the qualifies for the section 4940(e) reduction of tax in those years	ne foundation	

1	Distributed Incomposition 2010 for 2010 from 2		(a) Corpus	(b) Years pnor to 2009	(c) 2009	(d) 2010
•	line 7 .	om rait Al,				142,778
2	Undistributed income, if any, as	of the end of 2010			~~~~	
а	Enter amount for 2009 only				0	
b	Total for prior years 20,	20, 20		0		
3	Excess distributions carryover,	if any, to 2010.			1	
а	From 2005	122,107			ĺ	
b	From 2006	849				,
C	From 2007	3,762,137				
d	From 2008	452,452				
е	From 2009	1,038,979	51			
f	Total of lines 3a through e		5,376,524			
4	Qualifying distributions for 2010					
	· ————	<u>545,533</u>				
	Applied to 2009, but not more the				0	
þ	Applied to undistributed income	· · ·				
_	(Election required—see page 2	· -		0		
С	Treated as distributions out of c	· · ·	1	1		
	required—see page 26 of the in					142,778
d	Applied to 2010 distributable an		402,755			142,110
e	•		402,755			0
5	Excess distributions carryover a (If an amount appears in colum same amount must be shown in	n (d), the				
6	Enter the net total of each co-					
а	Corpus Add lines 3f, 4c, and 4c	e Subtract line 5	5,779,279		_	
	Prior years' undistributed incom					
	line 4b from line 2b			0		
С	Enter the amount of prior years	' undistributed				
	income for which a notice of de	ficiency has				
	been issued, or on which the se	ection 4942(a)				
	tax has been previously assess					
d	Subtract line 6c from line 6b Ta	axable				
	amount-see page 27 of the in:	structions		0		
е	Undistributed income for 2009	Subtract line				
	4a from line 2a Taxable amour	nt—see page 27 of the				
	instructions			· · · · · · · · · · · · · · · · · · ·	0	
f	Undistributed income for 2010	Subtract				
	lines 4d and 5 from line 1. This	amount must				
	be distributed in 2011	Ļ				0
7	Amounts treated as distribution	s out of		-		
	corpus to satisfy requirements	mposed by				
	section 170(b)(1)(F) or 4942(g)	(3) (see page 27 of				
	the instructions)	·				
8	Excess distributions carryover f					
	not applied on line 5 or line 7 (s	see page 27 of the				
	instructions)	<u> </u>	122,107			
9	Excess distributions carryov					
	Subtract lines 7 and 8 from line	- 6a	5,657,172			
10	Analysis of line 9					
	Excess from 2006	849				
þ	Excess from 2007	3,762,137				
C	Excess from 2008	452,452				
d		1,038,979			}	
е	Excess from 2010	402,755		1	1	

	990-PF (2010) Patterson Family Foundation	1	··, ·· · · · · · · · · · · · · · · · ·	150 (110)	94-3268	
	t XIV Private Operating Foundations (s			nd Part VII-A, qu	estion 9)	N/A
1 a	If the foundation has received a ruling or determine foundation, and the ruling is effective for 2010, ent			. •		
	Check box to indicate whether the foundation is a	private operating foun	dation described in	section	4942(j)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
	year listed	0				0
b	85% of line 2a	0	0	0	0	0
C	Qualifying distributions from Part XII,					_
	line 4 for each year listed	0				0
	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	0	0	0	0	0
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter (1) Value of all assets					0
		 				
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	0				0
С	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa	rt XV Supplementary Information (Co	mplete this part	only if the fou	ndation had \$5	,000 or more in	
	assets at any time during the ye					
1	Information Regarding Foundation Manag	jers:				
а	List any managers of the foundation who have con	ntributed more than 29	% of the total contr	butions received by	the foundation	
	before the close of any tax year (but only if they have		than \$5,000) (See	section 507(d)(2))		
	hur C Patterson Louise M I					
þ	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which	or more of the stock	of a corporation (c	or an equally large p terest	ortion of the	
NC		Tale louridation had t	2 10 70 or grouter in	10.001		
2	Information Regarding Contribution, Grar Check here X if the foundation only makes unsolicited requests for funds. If the foundation may under other conditions, complete items 2a, b, c, at The name, address, and telephone number of the	contributions to presakes gifts, grants, etc and d.	elected chantable (see page 28 of th	organizations and d ne instructions) to in		tions
•		,				
b	The form in which applications should be submitted	d and information and	d materials they sh	ould include		
	Any submission deadlines				-	
	Any restrictions or limitations on awards, such as factors	by geographical areas	s, charitable fields,	kinds of institutions	, or other	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During th	e Year or Approved	for Future	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	reapient		
a Paid during the year ANN MARTIN CHILDRENS CENTER 1250 GRAND AVE	N/A	509(a)(2)	The "Heart of Gold" Sponsorship	5,000
PIEDMONT CA 94610 ASPIRE PUBLIC SCHOOLS 1001 22ND AVE STE 100	N/A	509(a)(1)	General & Unrestricted	100,000
OAKLAND CA 94606 BIG SUR HEALTH CENTER 46896 HWY 1	N/A	509(a)(1)	General & Unrestricted	1,000
BIG SUR CA 93920 BIG SUR LAND TRUST 509 HARTNELL ST	N/A	509(a)(1)	General & Unrestricted	10,000
MONTEREY CA 93940 BIG SUR VOLUNTEER FIRE BRIGADE PO BOX 520	N/A	509(a)(1)	General & Unrestricted	1,000
BIG SUR CA 93920 CALIFORNIA ACADEMY OF SCIENCES 55 MUSIC CONCOURSE DR	N/A	509(a)(1)	2010 Annual Fund	25,000
SAN FRANCISCO CA 94118 CURE ALZHEIMER'S FUND 34 WASHINGTON ST, STE 300	N/A	509(a)(1)	General & Unrestricted	10,000
WELLESLEY HILLS MA 02481 DOCTORS OUTREACH CLINICS INC 2100 WEBSTER ST, STE 302	N/A	509(a)(1)	General & Unrestricted	2,000
SAN FRANCISCO CA 94115 FISHERS ISLAND CONSERVANCY INC P.O. BOX 553	N/A	509(a)(1)	General & Unrestricted	1,000
FISHERS ISLAND NY 06390 GARDEN CONSERVANCY INC PO BOX 219	N/A	509(a)(1)	Charitable Event	1,000
COLD SPRING NY 10516 GOLDEN GATE NAT'L PARKS CONSERVANCY BLDG 201 FORT MASON SAN FRANCISCO CA 94123	N/A	509(a)(2)	The William Kent Society	5,000
Total See Attached Statement	<u> </u>	<u> </u>	▶ 3a	527,000
b Approved for future payment				
Total	•		. ▶ 3b	0 Form 990-PF (2010)

Part XV	I-A Analysis of Income-Producing Acti	vities				
Enter gro	ss amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	on 512, 513, or 514	(e)
J		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See page 28 of
1 Progra	am service revenue			<u> </u>		the instructions)
а						
b						
C						
d						
е						
f				1		
a Fe	es and contracts from government agencies		-			
_	ership dues and assessments	-				
	st on savings and temporary cash investments .					
	nds and interest from securities			14	364	
	ntal income or (loss) from real estate				_	
	bt-financed property .			 		1
	t debt-financed property			-		†
	ntal income or (loss) from personal property			 		
	investment income			·		
		· · · · · · · · · · · · · · · · · · ·		 		
	or (loss) from sales of assets other than inventory .			 		
	come or (loss) from special events profit or (loss) from sales of inventory					
	• • • • • • • • • • • • • • • • • • • •			01	2 500	
	revenue a <u>Federal Tax Refund</u>			01	2,500	
b						-
		 				
					<u> </u>	
e				0	2.864	
	tal Add columns (b), (d), and (e)		·		2,864	2,864
	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calci	ulations \	•	•	13	2,00
			of Example	Purposos		
Line No.	Explain below how each activities to the Activities to the Activity for which incom				mnortanthy to	
Tine No. ▼	the accomplishment of the foundation's exempt page 29 of the instructions)					
			··			
			 -			
		_				
			_			
			<u></u>			
	 					
	l .					

Form	990-PF (²⁰¹⁰⁾ Patterson F	amily Foundat	tion		_	94-32687		Pag	e 13
Part	XVII	Information Reg	arding Trans	sfers To and Transaction	ons and Rel	ationships Wi	th Noncharita	ble		
		Exempt Organiz								
1	n secti			ngage in any of the followin ection 501(c)(3) organization					Yes	No
а	Transfe	ers from the reporting	foundation to	a noncharitable exempt org	ganization of					
	1) Ca							1a(1)		X
	•	ner assets						1a(2)		X
		ransactions						41: (4)		
		les of assets to a non			•			1b(1)		X
		rcnases of assets from ntal of facilities, equip		able exempt organization				1b(2) 1b(3)		x
		imbursement arrange		1 035015				1b(4)		X
		ans or loan guarantee						1b(5)		Х
		_		np or fundraising solicitation	าร	•		1b(6)		Х
c S	Sharing	g of facilities, equipme	ent, mailing lis	ts, other assets, or paid em	ployees			1c		<u> </u>
١	/alue o	of the goods, other as	sets, or service	complete the following sch es given by the reporting fo ement, show in column (d)	undation If th	e foundation red	eived less than	fair m	arket	<u></u>
(a) L	ne no	(b) Amount involved	(c) Name	of noncharitable exempt organization	on (d) Des	scription of transfers,	transactions, and sh	arıng ar	rangen	nents
			 	· · · · · · · · · · · · · · · · · · ·						
			 							
							· - ·····			
						·				
				<u>.</u>						
			ļ							
			 							
			 							
			-							
				**						
			<u> </u>							
(describ		of the Code (o	ated with, or related to, one ther than section 501(c)(3)			tions D	res 🛚] No	
		(a) Name of organization	n	(b) Type of organiza	ation	(c)	Description of relation	nship		
						 				
				l			· · · · · · · · · · · · · · · · · · ·			
				-						
Sig	lbat.	der penalties of perjury, I de ef, it is true, correct, and co	edare that I have e	examined this return, including account of preparer (other than taxpayer	mpanying schedu or fiduciary) is bas	les and statements, a sed on all information	and to the best of my of which preparer h	/ knowle as any k	dge an	ıd dge
He		1 Bores +	1015cm		4/27/	,, \ \	Kerident	<u> </u>		
. 101	I ₽ .	Signature of officer or trusti	TUWKh_		Date	Ti	reriali) le			
		Print/Type preparer's	name	Preparer's signature		Date	<u> </u>	PTIN		
Pai	d			'			Check I If			
Pre	pare	Jeffrey D Haskell		Jeffrey D. Haskell		4/13/2011	self-employed	L	_	
	Only	Firm's name F	OUNDATION				Firm's EIN	(800)	. 020	475
		Firm's address > 5	WALLS DRIV	VE, FAIRFIELD, CT 06824			Phone no	(600) 839-	1/54

Patterson Family Foundation

Form 990-PF, Part I, Line 11 - Other Income

	TOTAL:	2,500	
		(a)	(Q)
		Revenue per Books	Net Investment Income
Federal Tax Refund		2,500	

Form 990-PF, Part I, Line 16c - Other Professional Fees

		TOTAL: 18,484	951	0	17,533
		(8)	(g)	(0)	(
		Expenses per N	et Investment	djusted Net	Charitable
		Books	Income	Income	Purpose
<u>ا</u>	Investment Management Services / Administrative Services	18,484	951		17,533
7					
က					
4					
လ					
ဖ					
7					
æ					
6					
9					

Patterson Family Foundation

Form 990-PF, Part I, Line 23 - Other Expenses

Administrative Fees (a) (b) (c) (d) (d) Expenses per Books Income Incom			TOTAL:	1,000)	0	
Administrative Fees Administr				(a)	(q)	(c)	
Administrative Fees 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				Expenses per Books	Income	Income	
	_	Administrative Fees		1,000		0	
	_						
	_						
	_						

Form 990-PF, Part II, Line 10b - Investments: Corporate Stock

		TOTAL:	2,700,560	1,570,000
			(q)	(0)
	Description/Symbol/CUSIP Number	Shares	Book Value	Fair Market Value
-	ACTUATE CORPORATION (ACTU)	40,000	814,138	228,000
7	2 EPIX PHARMACEUTICALS, INC (EPIX)	13,333	201,383	
က	3 METROPCS COMM INC (PCS)	100,000	1,588,550	1,263,000
4	4 REALNETWORKS INC. (RNWK)	18,800	96,489	78,960
2				
9				
_				
8				
6				
10				
١				

Patterson Family Foundation

Form 990-PF, Part VIII, Line 1 - Compensation of Officers, Directors, Trustees and Foundation Managers

								0	°	0
	Name	Street	Cıty	State	Zip Code	Title	Avg	Comp	Benefits	Expense Account
-	Arthur C P.	Brandywine Trust Company 7234 Lancaster Pike, Suite 300-A	Hockessin	DE .	19707	Chairman / Director / Treasurer	1	0		0
8	Louise M Patterson	Brandywine Trust Company 7234 Lancaster Pike, Suite 300-A	Hockessin	B	19707	President / Director	-	0	0	0
	3 Hume R Steyer	Brandywine Trust Company 7234 Lancaster Pike, Suite 300-A	Hockessin	DE	19707	Secretary	-	0	0	0
4										
5										
9										
7										
8					-					
6										
10										