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SCANNED OCT 2 0 2016,

990-PF

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection

F	or ca	lendar year 2013 or tax year beginning		, 2013	, and ending		, 20
	Name	of foundation HUTCHINS FAMILY FOUR	NDATION, INC.			A Employer identi	fication number
	C/0	GLENN H. HUTCHINS				37-150178	35
Number and street (or P O box number if mail is not delivered			to street address)		Room/suite	B Telephone numi	per (see instructions)
						() –
	9 W	EST 57TH STREET, 32ND FLOOR					
_	City o	r town, state or province, country, and ZIP or foreign po	stal code	-	·		
						C If exemption applic	
	NEW	YORK, NY 10019				pending, check her	•
_		ck all that apply Initial return	Initial return	of a former	ublic charity	D 1 Foreign organiza	man about hom
_		Final return	Amended re	•		2 Foreign organiz	
		Address change	Name chang	e		85% test, check	
Н	Che	ck type of organization. X Section 501(
Ϊ	_	ection 4947(a)(1) nonexempt chantable trust	Other taxable pr		tion		on status was terminated b)(1)(A), check here
Ť			unting method X C				s in a 60-month termination
•			ther (specify)				b)(1)(B), check here
			column (d) must be on			- `	
		Analysis of Revenue and Expenses (The	(a) Revenue and			•	(d) Disbursements
		total of amounts in columns (b), (c), and (d)	expenses per	(b) Net inv	1	(c) Adjusted net	for charitable
		may not necessanly equal the amounts in column (a) (see instructions))	books	incon	16	income	purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach schedule)	8,637,057.				(SSS). SSS(SS)
	2	if the foundation is not required to	·	<u> </u>			
	3	Interest on savings and temporary cash investments	52.		52.		ATCH 1
	4	Dividends and interest from secunities	125,476.	12	5,476.		ATCH 2
	.	Gross rents	· · · · · · · · · · · · · · · · · · ·		,		
		Net rental income or (loss)					
a		Net gain or (loss) from sale of assets not on line 10	1,144,400.				
Revenue	b	Gross sales price for all 1.442.547					*
Š	-	assets on line 6a Capital gain net income (from Part IV, line 2)		1.14	4,400.	· · · · · · · · · · · · · · · · · · ·	
8	7 8	Net short-term capital gain				· · · ·	<u> </u>
	9	Income modifications · · · · · · · · · · · · · · · · · · ·	4	*			
	-	Gross sales less returns				 	
	h	and allowances • • • • Less Cost of goods sold					
		Gross profit or (loss) (attach schedule)					4
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	9,906,985.	1,26	9,928.		4 +
_	13	Compensation of officers, directors, trustees, etc	225,000.				225,000.
,,	14	Other employee salaries and wages	92,500.				92,500.
penses	15	Pension plans, employee benefits	57,068.	r	RECEIL	/ED _l	57,068.
oen Oen		Legal fees (attach schedule)		i	104	72	
	b	Accounting fees (attach schedule)ATCH 3	26,600.	0		2014	26,600.
¥.	С	Other professional fees (attach schedule)		윙	OCT 14		
rat	17	Interest		-			
ist	18	Taxes (attach schedule) (see instructions)			OGDEN	1, 01	
Ë	19	Depreciation (attach schedule) and depletion.					
Ą	20	Occupancy					
פ	21	Travel, conferences, and meetings					
ĕ	22	Printing and publications					
ing	23	Other expenses (attach schedule) ATCH .4	8,185.				8,185.
rat	24	Total operating and administrative expenses.					
Operating and Administrative Ex		Add lines 13 through 23	409,353.				409,353.
J	25	Contributions, gifts, grants paid	9,295,138.				9,295,138.
	26	Total expenses and disbursements Add lines 24 and 25	9,704,491.		0		9,704,491.
	27	Subtract line 26 from line 12					- 1
	а	Excess of revenue over expenses and disbursements	202,494.				
	b	Net investment income (if negative, enter -0-)		1,26	9,928.		
_	С	Adjusted net income (if negative, enter -0-)					
							5 000 DE

For	m 990	-PF (2013) HUTCHINS FAMILY FOUN	DATION, INC.		37-1501785 Page 2
	741	Attached schedules and amounts in the Balance Sheets description column should be for end-of-year	Beginning of year	En	d of year
۲	art II	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
ı	2	Savings and temporary cash investments	286,277.	244,897	244,897
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable	,		- 1
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
Ì	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use	l l		
Assets	9	Prepaid expenses and deferred charges			
Ÿ	10 a	Investments - U.S. and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule) ATCH 5	7,637,596.	6,732,270	9,533,763
	С	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis		- 4	
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and	·		
ı		equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item I)	7,923,873.	6,977,167	9,778,660
_	17	Accounts payable and accrued expenses			
	18	Grants payable			, ,
ģ	19	Deferred revenue			
itie	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
ב	22	Other liabilities (describe			· .
	23	Total liabilities (add lines 17 through 22)	0		<u>d</u> !
		Foundations that follow SFAS 117, check here . ▶			
S		and complete lines 24 through 26 and lines 30 and 31.			
ances	24	Unrestricted			
	25	Temporarily restricted			
Ã	26	Permanently restricted			
ŭ		Foundations that do not follow SFAS 117, ▶ 🗓			
Net Assets or Fund Ba		check here and complete lines 27 through 31.			1
S	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds	7,923,873.	6,977,167	
e	30	Total net assets or fund balances (see instructions)	7,923,873.	6,977,167	<u>'.</u>
Z	31	Total liabilities and net assets/fund balances (see			*1
		instructions)	7,923,873.	6,977,167	
P	art l	Analysis of Changes in Net Assets or Fund I	Balances		
		al net assets or fund balances at beginning of year - Part		must agree with	
		•		l .	7,923,873
2		• • •			202,494
				4	8,126,367
5	Dec	I lines 1, 2, and 3			1,149,200
		al net assets or fund balances at end of year (line 4 minus			6,977,167

P	a	18	

_	m 990-PF (2013)	and Losses for Tax on Inve	estment Income	· -		Page 3
128		describe the kind(s) of property sold ((b) How	(c) Date	(d) Date sold
		rick warehouse, or common stock, 200		P - Purchase D - Donation		(mo, day, yr)
1a	SEE PART IV SCHEI	DULE		D - Donation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b						
c						
d						
_ <u>~</u>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
а						
b						
c						
d						
е						
	Complete only for assets	showing gain in column (h) and owne	d by the foundation on 12/31/69		Gains (Col (h) g	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less: Losses (from co	
а					····	
b						
С						
d				ļ		
е						
2	Capital gain not income ar		gain, also enter in Part I, line 7			
	Capital gain net income or	· · · · · · · · · · · · · · · · · · ·	(loss), enter -0- in Part I, line 7	2	1,	144,400.
3	Net short-term capital gain	or (loss) as defined in sections 12	22(5) and (6)	1		
	_	t I, line 8, column (c) (see insti				
		· · · · · · · · · · · · · · · · · · ·	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	3		0
			duced Tax on Net Investment I e section 4940(a) tax on net invest			
Wa		the section 4942 tax on the distrib	outable amount of any year in the b	ase pend	od?	Yes X No
		not qualify under section 4940(e)				
1	Enter the appropriate ame		, see the instructions before making	any enu	(d)	·······
	Base period years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution r	
_ <u>c</u>	atendar year (or tax year beginning in)	6,518,092.	7,631,394.		(col (b) divided by	0.854116
	2012	3,779,759.	11,275,306.	-		0.335225
	2011	3,998,833.	5,381,846.	 		0.743023
_	2010		198,801.	 	· · · · · · · · · · · · · · · · · · ·	7.750580
	2009	1,540,823. 498,048.	82,899.	 		6.007889
	2008	430,040.	02,000.	 - т-		0.007003
_	- 4 4 - 5 1 4 1 (-1)			2	1	15.690833
	lotal of line 1, column (d)		Abo total an imp 2 by 5 as by the	-		13.090033
3	_	for the 5-year base period - divide				2 120167
	number of years the found	dation has been in existence if less	s than 5 years	3	···· -	3.138167
						105 056
4	Enter the net value of nor	ncharitable-use assets for 2013 fro	m Part X, line 5	4	8,	125,256.
5	Multiply line 4 by line 3			5	25,	498,410.
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		12,699.
		•		T	-	
7	Add lines 5 and 6			7	25,	511,109.
8	Enter qualifying distribution If line 8 is equal to or great	ons from Part XII, line 4	n Part VI, line 1b, and complete	8 that part	9, using a 1% ta	704,491. x rate See the
	Part VI instructions					

Form	990-PF (2013) HUTCHINS FAMILY FOUNDATION, INC. 37-130			Page 4
Par		nstru	ıction	ıs)
• 1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		•	
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		25,	<u>399.</u>
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J			- r -
	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		25,	399.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			(
5	Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0		25,3	399.
6	Credits/Payments			
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 17,948.	1		
b	Exempt foreign organizations - tax withheld at source 6b		×	
С	Tax paid with application for extension of time to file (Form 8868) 6c 35,000.		* *	·
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		52,	948.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		27,	549.
11	Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ 27,549. Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
	or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the			
_	definition)?	1b		X
	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		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1	*	1
	(1) On the foundation >\$ (2) On foundation managers >\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			١,
	foundation managers > \$		×2~ .	
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		<i>'</i>	
3	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	_3_		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
-	If "Yes," attach the statement required by General Instruction T		,	İ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		<u> </u>	
-	By language in the governing instrument, or		ľ	İ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict		-14	
	with the state law remain in the governing instrument?	6	Х	<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	Х	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		**	
	NY,		~	1
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)	1.	Ĩ .	
-	of each state as required by General Instruction G? If "No," attach explanation.	8b	Х	<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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete			
	Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			
	addresses	10		Х
			_	-

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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 instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ NEIL SHAPIRO Telephone no ▶ 212-275	_155	6	
	Located at ►C/O TAG ASSOC 75 ROCKEFELLER PLAZA NEW YORK, NY ZIP+4 ► 10019			
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			
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of		* 、	-
	the foreign country	/	٠	•
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		 -	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	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 34 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	` ` .
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			5
	disqualified person? Yes X No	-	4	٠, ,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		, š ,*	4
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		- 	2.50
	(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)?		*	** *
	the benefit of about a disquestion personny		`سور	*`
	(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)		, ^ _	
_	7,7,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	· '		
t	off any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b		X
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1.0	:	
_	Organizations relying on a current notice regarding disaster assistance check here			* **
C	were not corrected before the first day of the tax year beginning in 2013?	1c		x '
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	-,-	~ _{2.5} ,	
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		l i	
	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and			
•	6e, Part XIII) for tax year(s) beginning before 2013?		-	
	If "Yes," list the years		, ,	
ŀ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		ľ	
-	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b		
	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		÷ 5	
	-		,	j
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			1
	at any time during the year?		ė.	
t	of "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or			٠.
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	1		1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	1	1	
	foundation had excess business holdings in 2013)	3b		
4 8	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		ŀ	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b	ليبا	X

(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 8		52,500.	7,253.	
				
		_		
Total number of other employees paid over \$50,000 .	<u></u>	<u> </u>	<u> ▶</u>	

Form 990-PF (2013)

Form 990-PF (2013)

0

3 NONE

Total. Add lines 1 through 3

All other program-related investments See instructions

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	gn foundations,	
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	7,753,673.
b	Average of monthly cash balances	1b	495,318.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	8,248,991.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	8,248,991.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
		4	123,735.
5	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	8,125,256.
6	Minimum investment return. Enter 5% of line 5	6	406,263.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ ☐ and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	406,263.
2 a	Tax on investment income for 2013 from Part VI, line 5 22,399.		
b	Income tax for 2013 (This does not include the tax from Part VI)	`.	
		2c	25,399.
3	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1	3	380,864.
4	Recoveries of amounts treated as qualifying distributions	4	300,001.
5	Add lines 3 and 4	5	380,864.
6	Add lines 3 and 4 Deduction from distributable amount (see instructions)	6	300,004.
7	Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		·-
•		_	200 064
	line 1,	7	380,864.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	9,704,491.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
		2	
3	purposes Amounts set aside for specific charitable projects that satisfy the.		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	9,704,491.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		2,,01,131.
5			(
e	Enter 1% of Part I, line 27b (see instructions) Adjusted qualifying distributions. Subtract line 5 from line 4	6	9,704,491.
6			
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when couplings for the section 4940(e) reduction of tax in those years	=	ei ille fouridatio

Part XIII Undistributed Income (see instructions) (b) (c) Corpus 2012 Years prior to 2012 2013 Distributable amount for 2013 from Part XI, 380,864. 2 Undistributed income, if any, as of the end of 2013 a Enter amount for 2012 only b Total for pnor years 20 11 ,20 10 ,20 09 3 Excess distributions carryover, if any, to 2013 a From 2008 493,903. 1,531,825. **b** From 2009 3,869,978. c From 2010 3,216,198. d From 2011 6,138,884. e From 2012 15,250,788 f Total of lines 3a through e Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ ___ 9,704,491. a Applied to 2012, but not more than line 2a . . . b Applied to undistributed income of prior years (Election required - see instructions)..... c Treated as distributions out of corpus (Election 380,864. d Applied to 2013 distributable amount 9,323,627. e Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 24,574,415. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c 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 d Subtract line 6c from line 6b Taxable 4a from line 2a Taxable amount - see f Undistributed income for 2013 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) . . . 8 Excess distributions carryover from 2008 not 493,903. applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2014. 24,080,512. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 1,531,825. a Excess from 2009 . . . 3,869,978. b Excess from 2010 . . . 3,216,198. c Excess from 2011 . . . 6,138,884. d Excess from 2012 . . . 9,323,627. e Excess from 2013 . . .

	1 990-FF (2013)		TAMILI TOUNDAT		37	1301703 Page 10
Pa	rt XIV Private Op	erating Foundations	s (see instructions a	nd Part VII-A, questic	on 9)	NOT APPLICABLE
٠1 a	If the foundation has				iting	
	foundation, and the ruling	g is effective for 2013, e	nter the date of the ruling		▶└	····
b	Check box to indicate wh	ether the foundation is a	private operating found	ation described in section	4942(j)(3) or 4942(j)(5)
	F-4 15- 1 of 15- od	Tax year		Prior 3 years		(-) T. (-)
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
	I or the minimum investment		(,	(0/2011	(-)	
	return from Part X for each					
	year listed					<u> </u>
b	85% of line 2a					
c	Qualifying distributions from Part					
·	XII, line 4 for each year listed					
d	Amounts included in line 2c not					
	used directly for active conduct					
	of exempt activities	ļ				
0	Qualifying distributions made	j				
	directly for active conduct of exempt activities Subtract line					
	2d from line 2c					1
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test - enter					1
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)					
b	"Endowment" atternative test-			1		
	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
_	line 6 for each year listed					
C	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,	İ				
	payments on securities					
	loans (section 512(a)(5)), or royalties)			i		
	(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					
	(4) Gross investment income					
Pa	rt XV Supplemei	ntary Information (Complete this par	t only if the found	ation had \$5,000	or more in assets
		e during the year - s		•	. ,	
1	Information Regardin			·		
	List any managers of	•		e than 2% of the tota	I contributions recei	ved by the foundation
_	before the close of any	v tax year (but only if th	ney have contributed r	nore than \$5,000) (Se	e section 507(d)(2))	ice of the realisation
			•	. , , ,	(/ (/ /	
	ATTACHME	<u>:NT 9 </u>				
þ	List any managers of					y large portion of the
	ownership of a partner	rship or other entity) of	t which the foundation	has a 10% or greater	interest	
	N/A					
2	Information Regardin	g Contribution, Grant	. Gift, Loan, Scholarsh	nip, etc., Programs:		
_	<u> </u>	-		-	table	
						and does not accept
				ants, etc. (see instruct	ions) to individuals (or organizations under
	other conditions, com					
а	The name, address, a	ind telephone number	or e-mail address of	the person to whom app	olications should be ad	ldressed
b	The form in which app	lications should be su	bmitted and information	on and materials they	should include:	
				·		
	N/A					
	Any submission deadl	ines		 	· · · · · · · · · · · · · · · · · · ·	
C	Any submission ucaul	IIICO				
	NI / 7					
	N/A Any restrictions or li	imitations on awards	such as by geogra	nhical areas charitat	ale fields kinds of	institutions or other
u	factors	iiiiiaiioiis oii awalus	, such as by geogra	ipinoai areas, Griafilat	JIE IIEIUS, KIIIUS UI	madudons, or other
	N/A					

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
SEE SCHEDULE ATTACHED			CHARITABLE	9,295,138
]			
				1
	1			
	}			
		1		
		1		
	•	1		
				<u> </u>
	İ			
		1		
Total			▶ 3a	9,295,138
b Approved for future payment	1			
				1
		Ì		
		ļ		
		l		
		į		
		-		
	l			
Total	<u> </u>		▶ 3b	

Part XVI-A Analysis of Income-Produ	cing Activ	vities		·	
Enter gross amounts unless otherwise indicated	Unrel	ated business income	Excluded by	y section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue					(See mandenons)
a			-		
b					
с		<u> </u>			
d			-	 	
e				 	
f			 		
g Fees and contracts from government agencies			 	<u> </u>	
2 Membership dues and assessments			14	52.	
3 Interest on savings and temporary cash investments			14	125,476.	
4 Dividends and interest from securities	,			125,470.	
5 Net rental income or (loss) from real estate		*	 	7 y y	· · · · · · · · · · · · · · · · · · ·
a Debt-financed property					
b Not debt-financed property			 		
6 Net rental income or (loss) from personal property .					
7 Other investment income	1		18	1,144,400.	
8 Gain or (loss) from sales of assets other than inventory	<u> </u>	-	10	1,144,400.	·
9 Net income or (loss) from special events			 		
10 Gross profit or (loss) from sales of inventory		<u> </u>	 		
11 Other revenue a				<u> </u>	
b					
c			 		
d	<u> </u>		 		· · · · · · · · · · · · · · · · · · ·
θ				1 260 020	
12 Subtotal Add columns (b), (d), and (e)				1,269,928.	1 260 020
13 Total. Add line 12, columns (b), (d), and (e)				13	1,269,928.
(See worksheet in line 13 instructions to verify calc		semplishment of E	vomet Durr	20000	
· · · · · · · · · · · · · · · · · · ·					
Line No. Explain below how each activi					
accomplishment of the foundation	on's exemp	ot purposes (other than	ı by providing	g funds for such purpose:	s). (See instructions.)
				 	
					
					·
					
					· · · · · · · · · · · · · · · · · · ·
				····	
					
				· · · · · · · · · · · · · · · · · · ·	
		 -			
		··-			
			· · ·		

Part)	(VII	Information Re Exempt Organ		ansfers To and Tra	ansactions	and Relations	ships With Non	chari	table)
in oi	secti ganız	on 501(c) of the Co ations?	de (other than	engage in any of the section 501(c)(3) orga	anızatıons) or	ın section 527, r			Yes	No
		•	-	a noncharitable exem				4 - (4)		v
								1a(1)		X
		er assets						1a(2)		
			ncharitable exe	mpt organization				16(1)		Х
				able exempt organization				1b(2)	1	Х
				assets				1b(3)		Х
								1b(4)		Х
(5	i) Loa	ins or loan guarantee	s					1b(5)		X
				nip or fundraising solicit				1b(6)		X
				sts, other assets, or par				1c		X
Vä	alue o	of the goods, other	assets, or servershammers	es," complete the folionices given by the repo gement, show in colui	orting foundat	ion If the found lue of the goods	ation received less, other assets, or s	than ervice	fair m	narket eived
(a) Line	no	(b) Amount involved	(c) Name of r	noncharitable exempt organiz		•	ers, transactions, and sha	nng arra	ngeme	nts
	_				N/	<u>A</u>				
	-									
					-		-		_	
							·			
				<u>-, </u>						
	_									
	-									
de	escrib		of the Code (o	filiated with, or relate ther than section 501(-	-		es X	No
		(a) Name of organization	n	(b) Type of orga	nization	(c) Description of relation	ship		
		<u>-</u>								
			<u> </u>		_					
						 				
	Under	penalties of penury I decia	nre thyat I have exami	ined this return, including acco	mpanying schedules	and statements, and to	o the best of my knowled	ge and I	pelief, it	ıs true
Sign	correct	t, and complete Declaration of	preparer (other than t	axpayer) is based on all informati	on of which preparer	has any knowledge		S discus		
Here	4	801	/		· · · <u> </u>	AHA CALAN	4.	eparer	shown	below
	Sign	ature of officer of trustee	,	Date	Title		(see instruction	is)?	Yes_	X No
	L	Print/Type preparer's na	me	Preparer's signature	••	Date	Check If	NIT		
Paid		WILLIAM ZATO		William	2.7.4.4	09/26/20		P008	4637	7
Prepa	rer			USECOOPERS LLP	genorate	33,23,20	Firm's EIN ▶13-4			-
Use C	nly	Firm's address > 30				-		=		
	•	NE	W YORK, N			10017	Phone no 646-4	71-3	000	

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

Schedule of Contributors

OMB No 1545-0047

2013

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

Department of the Treasury Internal Revenue Service Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number HUTCHINS FAMILY FOUNDATION, INC. 37-1501785 C/O GLENN H. HUTCHINS Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule Solution For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$_____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization HUTCHINS FAMILY FOUNDATION, INC.

C/O GLENN H. HUTCHINS

Employer identification number 37-1501785

art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.	Part I if additional space is needed.
--	---------------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _	GLENN H. HUTCHINS 9 W. 57TH ST. NEW YORK, NY 10019	\$820,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	GLENN H. HUTCHINS 9 W. 57TH ST. NEW YORK, NY 10019	\$ 15,769.	Person X Payroll X Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	GLENN H. HUTCHINS 9 W. 57TH ST. NEW YORK, NY 10019	\$4,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No.	Name, address, and ZIP + 4 GLENN H. HUTCHINS 9 W. 57TH ST. NEW YORK, NY 10019	* 175,000.	Person Payroll Noncash (Complete Part II for noncash contributions)
	GLENN H. HUTCHINS 9 W. 57TH ST.		Person X Payroll Noncash (Complete Part II for
4 _ _ (a)	GLENN H. HUTCHINS 9 W. 57TH ST. NEW YORK, NY 10019 (b)	\$175,000.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	GLENN H. HUTCHINS 9 W. 57TH ST. NEW YORK, NY 10019 (b) Name, address, and ZIP + 4 GLENN H. HUTCHINS C/O SILVER LAKE PARTNERS, 9 W 57TH ST	\$175,000. (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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

Employer identification number 37–1501785

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	· · · · · · · · · · · · · · · · · · ·		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	2,637 SHARES OF OREXIGEN THERAPEUTICS, INC.	\$ 15,769.	06/24/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	14,315 SHARES OF SOLARCITY CORP.	\$ 526,148.	09/23/2013
		Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization HUTCHINS FAMILY FOUNDATION, INC.

C/O GLENN H. HUTCHINS

Employer identification number

37-1501785

•					
Part	Exclusively religious	, charitable, etc.,	individual contributions to	section 501(c)(7), (8), or (10) organizations
	that total more than	n \$1,000 for the ye	ear. Complete columns (a)	through (e) and ti	he following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once See instructions.) ▶ \$

ı	contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	∍ year. (Enter this inform onal space is needed.	ation once So	ee instructions.) ▶ \$					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, ar	id ZIP + 4	Relation	nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held					
		(e) Transfer of (gift						
	Transferee's name, address, at	id ZIP + 4	Relatio	nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of giff	t	(d) Description of how gift is held					
		(e) Transfer of (gift						
	Transferee's name, address, at	id ZIP + 4	Relation	nship of transferor to transferee					
7-1 M-									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t 	(d) Description of how gift is held					
									
		(e) Transfer of (gift						
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee					
									

HUTCHINS FAMILY FOUNDATION, INC. 37-1501785
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of F		Description			P or D	Date acquired	Date sold	
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over	۲	Gain	
expenses of sale	allowable	basis	12/31/69	12/31/69	adı basıs	H	(loss)	
		28,855 SHARE PROPERTY TY			ES, LTD	D		01/03/2013
895,884.		144,275.					751,609.	
		2,637 SHARES			rics, i	D	06/24/2013	06/27/2013
15,620.		15,160.					460.	
		14,315 SHARE				D	09/23/2013	10/09/2013
531,043.		138,712.					392,331.	
TOTAL GAIN(L	oss)						1,144,400.	
								•
!								
!								
ISA		<u> </u>	· ··· ·····			1		

ATTACHMENT 1

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

NET INVESTMENT INCOME	52.	52.
REVENUE AND EXPENSES PER BOOKS	52.	52.
		TOTAL
DESCRIPTION	JPMORGAN CHASE BANK	

ATTACHMENT 2

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

	NET	INVESTMENT	INCOME	0,000	173,476.	125,476.
REVENUE	AND	EXPENSES	PER BOOKS	717	172,476.	125,476.
						TOTAL
			DESCRIPTION		NASDAQ OMX GROUP, INC.	

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE <u>PURPOSES</u>	26,600.	26,600.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	26,600.	26,600.
		TOTALS
DESCRIPTION	PWC	

ATTACHMENT

- OTHER EXPENSES PART I FORM 990PF,

REVENUE AND EXPENSES	PER BOOKS 270.	1,000.	140.
	DESCRIPTION ALM MEDIA PAYROLL SERVICE FEES	DELAWARE SECRETARY OF STATE NYS DEPARTMENT OF LAW	MISCELLANEOUS EXPENSES

L C F	8,180.	
C + 6 E C E	TOTALS	

270. 4,775. 61. 1,000. 1,939. CHARITABLE PURPOSES

8,185.

PART II - CORPORATE STOCK

FORM 990PF,

ATTACHMENT 5

DESCRIPTION

241,300 SHARES OF NASDAQ

TOTALS

ENDING BOOK VALUE

ENDING FMV

9,533,763.

6,732,270.

9,533,763.

6,732,270.

ATTACHMENT 5

ATTACHMENT 6

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

DESCRIPTION

AMOUNT

UNREALIZED APPRECIATION ON CONTRIBUTED SECURITIES

1,149,200.

TOTAL

1,149,200.

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

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	0	20,955.	20,955.
COMPENSATION	0	0	225,000.	225,000.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CHAIRMAN/TREASURER	PRESIDENT/SECRETARY	EXECUTIVE DIRECTOR 22.00	GRAND TOTALS
NAME AND ADDRESS	GLENN H. HUTCHINS 9 WEST 57TH STREET, 32ND FLOOR NEW YORK, NY 10019	DEBORAH D. HUTCHINS 9 WEST 57TH STREET, 32ND FLOOR NEW YORK, NY 10019	SCOTT A. CARLSON 9 WEST 57TH STREET, 32ND FLOOR NEW YORK, NY 10019	

INC.
FOUNDATION,
FAMILY
HUTCHINS

990PF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

8			
ATTACHMENT 8	CONTRIBUTIONS TO EMPLOYEE BENEEIT PLANS	7,253.	7,253.
	COMPENSATION	52,500.	52,500.
TOTAL TALL CAND DESCRIPTION OF THE LAST CONTROL OF THE LAST CONTRO	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	40.00	TOTAL COMPENSATION
COM ENGLISH		32ND FLOOR	
111 THE TOTAL ATT	NAME AND ADDRESS	STELLA LEE 9 WEST 57TH STREET, NEW YORK, NY 10019	

0

ATTACHMENT 9

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

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

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.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

2013

OMB No 1545-0092

Employer identification number Name of estate or trust HUTCHINS FAMILY FOUNDATION, INC. C/O GLENN H. HUTCHINS 37-1501785 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (h) Gain or (loss) See instructions for how to figure the amounts to enter on (g) Adjustments Subtract column (e) the lines below (d) Proceeds (e) Cost to gain or loss from Form(s) 8949, Part I, line 2, column (g) from column (d) and combine the result with This form may be easier to complete if you round off cents (sales price) (or other basis) to whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 5 5 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2012 Capital Loss 6 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (h) Gain or (loss) (g) Adjustments to gain or loss from Subtract column (e) (d) the lines below from column (d) and Proceeds Form(s) 8949, Part II, combine the result with This form may be easier to complete if you round off cents (sales price) (or other basis) line 2. column (a) column (a) to whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 1,442,547. 298,147. 1,144,400. Totals for all transactions reported on Form(s) 8949 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts. 12 13 14 14 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2012 Capital Loss 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h) Enter here and on

1,144,400.

Schled	Idle D (Form 1041) 2013				r aye a
Par	t III Summary of Parts I and II		(1) Beneficianes'	(2) Estate's	(3) Total
	Caution: Read the instructions before completing this p	art	(see instr)	or trust's	(0) 10(0)
17	Net short-term gain or (loss)	17			
18	Net long-term gain or (loss):				
	Total for year	18a			1,144,400.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b			
	28% rate gain	18c			1 144 400
19	Total net gain or (loss). Combine lines 17 and 18a ▶	19		1 > 464 400 4	1,144,400.
Note	: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4, go to Part V, and do not complete Part IV. If line 19, column (3), is a	i (or Fo	rm 990-1, Part I, line i s. complete Part IV an	d the Capital Loss C	arryover Worksheet, as
neces	sary			•	
Par					
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T,	Part I, I	ne 4c, if a trust), the si	maller of	,
a Note	The loss on line 19, column (3) or D \$3,000	nage		0-T line 34) is a loss	complete the Capita
Loss	The loss on line 19, column (3) or b \$3,000	, page	7, 11110 22 (01 7 01111 00		, complete the apple
Par					
	1041 filers. Complete this part only if both lines 18a and 19 in co			imount is entered in	Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mo				
	ion: Skip this part and complete the Schedule D Tax Worksheet in the	instruc	ctions if		
	ther line 18b, col. (2) or line 18c, col. (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero n 990-T trusts. Complete this part only if both lines 18a and 19	are da	ins or qualified divi	dends are included	in income in Part
of Fo	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this par	t and c	omplete the Schedu	ile D Tax Workshe	et in the instructions
	her line 18b, col (2) or line 18c, col (2) is more than zero		•		
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line	34)	. 21		
22	Enter the smaller of line 18a or 19 in column (2)	,, .			
	but not less than zero		(
23	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 23				
24	Add lines 22 and 23		1.3		
25	If the estate or trust is filing Form 4952, enter the		-7 -6		
	amount from line 4g, otherwise, enter -0 ▶ 25			7,	
26	Subtract line 25 from line 24 If zero or less, enter -0		. 26		
27	Subtract line 26 from line 21 If zero or less, enter -0		. 27		
28	Enter the smaller of the amount on line 21 or \$2,450		. 28		
29	Enter the smaller of the amount on line 27 or line 28				
30	Subtract line 29 from line 28 If zero or less, enter -0- This amount is	s taxed	at 0%	▶ 30	
31	Enter the smaller of line 21 or line 26		T .		
32	Subtract line 30 from line 26				
33	Enter the smaller of line 21 or \$11,950				
34	Add lines 27 and 30				
35	Subtract line 34 from line 33 If zero or less, enter -0			 -	
36	Enter the smaller of line 32 or line 35				
37	Multiply line 36 by 15%			▶ 37	
38	Enter the amount from line 31			39.5	
39	Add lines 30 and 36			-,,\$	
40	Subtract line 39 from line 38 If zero or less, enter -0-				
41	Multiply line 40 by 20%			▶ 41	
42	Figure the tax on the amount on line 27 Use the 2013 Tax Rate Schedule for		1 1	•	
40	and Trusts (see the Schedule G instructions in the instructions for Form 1041		• — — — — — — — — — — — — — — — — — — —		
43	Add lines 37, 41, and 42				
44	•				
A E	and Trusts (see the Schedule G instructions in the instructions for Form 1041 Tax on all taxable income. Enter the smaller of line 43 or line 44		· ————	Schedule	
45	G line 1a (or Form 990-T line 36)	11010		► 45	

Schedule D (Form 1041) 2013

Name(s) shown on return (Name and SSN or taxpayer identification no not required if shown on other side)
HUTCHINS FAMILY FOUNDATION, INC.

Social security number or taxpayer identification number

37-1501785

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part II Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

nor	nore of the boxes, complete as many forms with the same box checked as you need						
	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)						
X	(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS						

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the	If you enter an a	any, to gain or loss. imount in column (g), de in column (f) rate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)	(Mo,daý,yт)	disposed (Mo , day, yr)	(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
28,855 SHARES OF AVAGO							
TECHNOLOGIES, LTD	12/31/2012	01/03/2013	895,884.	144,275.			751,609.
2,637 SHARES OF OREXIGEN THERAPEUTIC	06/24/2013	06/27/2013	15,620.	15,160.			460.
14,315 SHARES OF			· · · · · · · · · · · · · · · · · · ·				
SOLARCITY CORP.	09/23/2013	10/09/2013	531,043.	138,712.			392,331.
				•			
		<u> </u>					
2 Totals. Add the amounts in colu (subtract negative amounts) E include on your Schedule D, lin	nter each tota e 8b (if Box [al here and D above is					
checked), line 9 (if Box E above (if Box F above is checked) ▶	ıs checked),	or line 10	1,442,547.	298,147.			1,144,400

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

HUTCHINS FAMILY FOUNDATION INC. EIN: 37-1501785 ATTACHMENT TO 2013 FORM 990PF, PART XV-LINE 3, GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR.

	Relation to Substantial Contributor	Purpose of Grant	
Recipient Name & Address	And Status of Recipient	Or Contribution	Amount
Boston Celtics Shamrock Foundation 226 Causeway Street Boston, MA 02114	None Public Charity	To extend the reach of the Celtics championship legacy into the community, providing education and support to children	25,000
Boys and Girls Clubs P O Box 910 Hobe Sound, FL 33475	None Public Chanty	To enable young people to reach their full potential as responsible, caring and productive citizens	1,000
Brooklyn Academy of Music 30 Lafayette Ave Brooklyn, NY 11217	None Public Chanty	To support the charity's mission to be the home for adventurous artists, audiences, and ideas	90,000
Brookings Institution 1775 Massachusetts Avenue Washington, DC 20036	None Public Chanty	To improving the performance of American institutions and the quality of the policies they make	2,140,000
The Camegie Hall Society 881 Seventh Avenue New York, NY 10019	None Public Chanty	To collect and provide funds for the perpetuation, maintenance, and use of Camegie Hall's activities in music performance and education	1,000
Center for Amencan Progress 1333 H Street NW 10th Floor Washington, DC 20005	None Public Chanty	To support non-partisan research and education dedicated to advancing progressive policy ideas	1,000,000
Chronic Fatigue Initiative 9 West 57th Street, 32nd Floor New York, NY 10019	None Nonoperating Private Foundation (See ER Report)	To support research to determine the cause of chronic fatigue syndrome and to discover and facilitate science-based strategies for diagnosis and treatment of the disease	2,350,000
Council on Foreign Relations 58 East 68th Street New York, NY 10065	None Public Chanty	To help citizens better understand the world and the foreign policy choices facing the United States and other countries	50,000
Trustees For Harvard University 1033 Massachusetts Ave, Ste 3 Cambridge, MA 02138	None Public Chanty	To facilitate Harvard University's scientific, literary, and educational activities	3,145,234
Lawrenceville School 2500 Main St Lawrenceville , NJ 08648	None Public Chanty	To seek to inspire and educate young people of special promise for responsible leadership, personal fulfillment, and enthusiastic participation in an increasingly complex world with high standards of character and scholarship, we teach young people the value of honest work, respect for difference, and responsibility for the well-being of their community	250,000

HUTCHINS FAMILY FOUNDATION INC. EIN: 37-1501785 ATTACHMENT TO 2013 FORM 990PF, PART XV-LINE 3, GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR.

	Relation to Substantial Contributor	Purpose of Grant	
Recipient Name & Address	And Status of Recipient	Or Contribution	Amount
Mane Stream P O Box 305 Oldwck, NJ 08858	None Public Chanty	To improve the quality of life for individuals with physical, developmential, emotional and medical challenges through a diverse program of equine assisted activities, equine assisted therapy and education initiatives	9,000
Montain Valley Treatment Center P.O. Box 175 Haverhill, NH 03765	None Public Chanty	To provide the highest quality mental health treatment of anxiety and related disorders through a comprehensive and collaborative milieu within a structured environment	18,563
Montana Land Reliance P O Box 355 Helena, MT 59624	None Public Chanty	To partner with landowners to provide permanent protection for pnvate lands that are significant for agricultural production, forest resources, fish and widife habitat, and open space	25,000
New Visions for Public Schools 320 West 13th Street New York, NY 10014	None Public Chanty	To ensure that all New York City public school students, regardless of race or economic class, have access to a high-quality education that prepares them for the rigors of college and the workforce	25,000
Points of Light (GenerationOn) 600 Means St, Suite 210 Atlanta, GA 30318	None Public Chanty	To inspire, equip, and mobilize youth to take action that changes the world and themselves through service	5,000
Playwrights Honzons 416 W 42nd Street New York, NY 10036	None Public Chanty	To support the development of contemporary American playwrights, composers and lyncists, and to the prodocution of their new work	5,000
Rye Country Day School Cedar Street Rye, NY 10580	None Public Chanty	To support the educational objectives of the school	1,000
Rye Police Association Scholarship Fund P O Box 246 Rye, NY 10580	None Public Chanty	Scholarship fund raising	000's
Silk Road Project 175 North Harvard Street Alison, MA 02134	None Public Chanty	To promote innovation and learning through the arts, and to bring together artists and audiences around the globe	300

HUTCHINS FAMILY FOUNDATION INC. EIN: 37-1501785 ATTACHMENT TO 2013 FORM 990PF, PART XV-LINE 3, GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR.

Recipient Name & Address	Relation to Substantial Contributor And	Purpose of Grant Or	
	Status of Recipient	Contribution	Amount
UNC at Chapel Hill P O Box 309 Chapel Hill , NC 27514-0309	None Public Charty	To support the University of North Carolina at Chapel Hill	22,041
Vassar College 124 Raymond Avenue Box 12 Poughkeepsie, NY 12604	None Public charty	To provide an undergraduate education in a coeducational, residential experience	40,000
WNET Thirteen 825 Eighth Avenue New York, NY 10019-7435	None Public Charity	To deliver media experiences of lasting signficance for New York, Amenca, and the world	125,000
Wellness in the Schools P O Box 250832 New York, NY 10025	None Public Chanty	To develop and implement programs that provide healthy foods, healthy environments and opportunities for regular play to help kids learns and grow	1,000
YMCA of Martha's Vineyard, Inc 111 Edgartown-Vineyard Haven Road Vineyard Haven, MA 02568	None Public Charity	To improve the quality of life for children, individuals, families, and the Martha's Vineyard Island community by helping all people realize their potential through development of body, mind, and spirit	5,000

Total Contributions made:

9,295,138



EXPENDITURE RESPONSIBILITY ANNUAL REPORT FROM GRANT RECIPIENT

July 1, 2014

Re: Expenditure Responsibility Annual Report for 2013

Hutchins Family Foundation, Inc. 9 West 57th Street, 32nd Floor New York, New York 10019 Attention: Scott A. Carlson, Executive Director

Dear Mr. Hutchins:

The following constitutes the Expenditure Responsibility Annual Report for Chronic Fatigue Initiative, Inc. (the "Grant Recipient") for the period of January 1, 2013 to December 31, 2013 for grant amounts of \$1,350,000.00 and \$1,000,000 paid to Grant Recipient on May 13, 2013 and December 26, 2013 respectively.

During the Grant Recipient's most recent fiscal year, the Grant Recipient expended \$1,764,129.79 of the Grant proceeds and income earned thereon. This amount has been used solely for the purposes described in the Grant Recipient's grant request letter, including for: Program authorizations including grant payments and consultant fees, general administrative expenses, professional fees, travel, lodging and meals, filing fees and other miscellaneous expenses.

A specific accounting of expenditures made from the Grant funds is attached to this report.

Very truly yours,

CHRONIC FATIGUE INITIATIVE, INC.

By:

Name: Scott A. Carlson
Title: Executive Director



CHRONIC FATIGUE INITIATIVE, INC. 2013 CASH FLOW STATEMENT

	ACTUAL
	2013
REVENUE (Cash)	\$ 2,350,000 00
Cash Contributions Received JPM Interest	30 87
TOTAL REVENUE	\$ 2,350,030.87
TOTAL REVENUE	<u> </u>
EXPENSES	
Program Authorizations	
Grant Payments	\$ (1,428,196.92)
Consultants	(225,943.46)
Testing Costs	(24,896.20)
Total Program Authorizations	\$ (1,679,036.58)
General Administration	
Salaries, insurance & Employer Payroll Related Expenses	\$ (61.50)
Professional Fees	(24,700 37)
Other Miscellaneous Expenses	(4,201.29)
Total General Administration	\$ (28,963.16)
Travel/Lodging/Meals, etc.	\$ (55,396.16)
Miscellaneous Filing Fees	\$ (708.89)
Taxes	\$ (25.00)
	\$ (1,764,129.79)
TOTAL EXPENSES	\$ (1,764,129.79)
Investment Related	
Sales Proceeds from Contributed Stock	0
Total Investment Related	\$0
NET CASH FLOW	\$ 585,901.08
NLI CASITI LOVI	
BEGINNING CASH	\$ 264,754.27
Revenue (Cash)	2,350,030.87
Expenses	(1,764,129.79)
Investment Related	0
ENDING CASH	\$ 850,655.35

Non-operating Private Foundation Grantee Officer Out-of-Corpus Certification

Chronic Fatigue Initiative, Inc. ("CFI") is a non-operating private foundation, which received payments of \$2,350,000 from Hutchins Family Foundation, Inc. ("HFF"), EIN: 37-1501785, during CFI's tax period beginning January 1, 2013 and ending December 31, 2013.

During CFI's tax period beginning January 1, 2013 and ending December 31, 2013, CFI spent or distributed, including elective distributions pursuant to Treas. Reg. § 53.4942(a)-3(c)(2)(iv), \$1,942,760 of the \$2,350,000 received from HFF and such expenditures or distributions were qualifying distributions under section 4942 of the Internal Revenue Code. This amount will be treated "as a distribution out of corpus" within the meaning of Treas. Reg. 53.4942(a)-3(c) on CFI's tax return (Part XIII, Lines 4e and 7 of the 990-PF) for the period ended December 31, 2013 and will not be included as part of CFI's qualifying distributions used to satisfy CFI's distributable amount requirement (Part XIII, line 4d of the 990-PF) for that tax year.

It is CFI's intent to spend or distribute the funds received above and remaining unspent at the end of CFI's fiscal year during its next fiscal year.

CFI has provided a copy of this certification to the individuals responsible for preparing its 990-PF tax return.

Certified by:

Date: 9/10/2014

ELECTRONICALLY FILED ON YOUR BEHALF - DO NOT FILE

Form 8868

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

• If you are	filing for an Automatic 3-Month Extension, o	omplete c	only Part I and check th	ns box	▶ X	
• If you are	filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete only Pa	art II (on page 2 of this form)		
Do not comp	<i>lete Part il unless</i> you have already been gra	nted an au	tomatic 3-month extens	sion on a previously filed Form 886	8 .	
a corporation 8868 to req Return for I instructions)	ling (e-file). You can electronically file Form in required to file Form 990-T), or an addition uest an extension of time to file any of the Transfers Associated With Certain Personal For more details on the electronic filing of the control of th	nal (not aut forms liste il Benefit (nis form, vis	tomatic) 3-month extended in Part I or Part II w Contracts, which must sit www.irs.gov/efile.an	nsion of time You can electronical ith the exception of Form 8870, it be sent to the IRS in paper f d click on e-file for Charities & Nonj	lly file Form Information format (see	
	tomatic 3-Month Extension of Time. On					
•	n required to file Form 990-T and requesting				. \Box	
Part I only	<u> </u>			<u> </u>	▶∟	
	porations (including 1120-C filers), partnersh	ips, REMIC	s, and trusts must use i	·		
to file income		-4		Enter filer's identifying number, se		
Type or	Name of exempt organization or other filer, see in			Employer identification number (EIN) of)r	
print	HUTCHINS FAMILY FOUNDATION, I	NC.		27 1501705		
File by the	C/O GLENN H. HUTCHINS					
due date for			LUCIIS	Social security number (SSN)		
filing your return See	9 WEST 57TH STREET, 32ND FLOO		drace con instructions	<u> </u>		
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions					
	NEW YORK, NY 10019				0 4	
Enter the Re	turn code for the return that this application	is for (file a	separate application fo	or each return)	. [] []	
Application		Return	Application		Return	
		Code	Is For		Code	
				(IOD)	07	
Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A				08		
				09		
					10	
					11	
	Form 990-T (trust other than above) 06 Form 8870 12					
1 01111 000 1	(trade of the trial above)		1			
Telephone If the orga If this is for the whole	e No ► 212 275-1556 anization does not have an office or place of the group Return, enter the organization's for a group, check this box	business in ur digit Gro f it is for pa	oup Exemption Number (ck this box	IS IS	
	e names and EINs of all members the extensions and automatic 3-month (6 months for a core		enurad to file Form 000	T outonous of time		
until for the ► X	· · · · · · · · · · · · · · · · · · ·	exempt org	ganization return for the	e organization named above. The e	xtension is	
2 If the ta	ax year entered in line 1 is for less than 12 m	onths, ched	ck reason: 🔲 Initial re	eturn 🔲 Fınal return		
	hange 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		
	undable credits. See instructions			3a \$	52,948.	
	application is for Form 990-PF, 990-T,					
	ted tax payments made. Include any prior yea				17,948.	
	e due. Subtract line 3b from line 3a Include		ent with this form, if re			
	onic Federal Tax Payment System) See instru			3c \$	35,000.	
•	u are going to make an electronic funds withdrawa	I (direct deb	it) with this Form 8868, se	e Form 8453-EO and Form 8879-EO fo	or payment	
Instructions	et and Danonwork Poduction Act Notice and Inch	auctions.		50m 0060	(Rev 1-2014)	
FULLIANTA CA	ct and Paperwork Reduction Act Notice, see instr	ucuvi15.		Form 0000	(1.C4 1-2014)	

Form 8	868 (Rev	/ 1-2014)				Page 2	
• If v	ou are	filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part I	I and check this box	▶ X	
•		omplete Part II if you have already been grai					
	•	filing for an Automatic 3-Month Extension, o					
Part	11	Additional (Not Automatic) 3-Month Ex	tension c	of Time. Only file the ong	inal (no copies needed).		
				E	nter filer's identifying number, see	instructions	
		Name of exempt organization or other filer, see in	structions		Employer identification number (E	IN) or	
Туре	or	HUTCHINS FAMILY FOUNDATION, I	NC.				
print		C/O GLENN H. HUTCHINS			37-1501785		
•		Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions	Social security number (SSN)		
File by t		9 WEST 57TH STREET, 32ND FLOO	R				
filing yo	our	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions	<u> </u>		
retum S		NEW YORK, NY 10019					
Enter	the Re	turn code for the return that this application	s for (file a	separate application for ea	ach return)	. 04	
	ication		Return	Application		Return	
Is Fo			Code	ls For		Code	
		r Form 990-EZ	01		· · · · · · · · · · · · · · · · · · ·	 	
	990-B		02	Form 1041-A		08	
		(individual)	03	Form 4720 (other than in	idividual)	09	
	990-P	·	04	Form 5227		10	
		(sec 401(a) or 408(a) trust)	05	Form 6069	·	11	
Form 990-T (trust other than above) 06 Form 8870					12		
		ot complete Part II if you were not already			sion on a previously filed For		
		s are in the care of ▶NEIL SHAPIRO. C/					
		No ► 212 275-1556		Fax No. ▶ 212 275-		10019	
		anization does not have an office or place of t					
	_	or a Group Return, enter the organization's for				is is	
		e group, check this box					
		names and EINs of all members the extension		are or the group, check this	Jox	acii a	
		st an additional 3-month extension of time ur		1	.1/17 , 20 14	*****	
	•	endar year 2013 , or other tax year beginning				20	
		ax year entered in line 5 is for less than 12 m					
•		hange in accounting period	Ontrio, Chec	initial re	Time rotati		
7 5		n detail why you need the extension NEED	MORE TI	ME TO FILE AN ACCU	RATE AND COMPLETE		
		ETURN.		10 1111			
=	11111 10	210					
-			· · · · · · · ·	· · · · · · · · · · · · ·			
8a	lf this	application is for Forms 990-BL, 990-PF, 9	90-T 4720	or 6069, enter the ten	tative tax less any		
		undable credits See instructions.	., .,	,	8a \$	52,948.	
-		application is for Forms 990-PF, 990-T,	4720 o	r 6069, enter any refun		027 3101	
		ted tax payments made include any pri					
		t paid previously with Form 8868	o. , o o		86 \$	52,948.	
		e Due. Subtract line 8b from line 8a Include	voiit pavm	ent with this form if requir		32,340.	
		onic Federal Tax Payment System) See instru		one with this form, in requi	8c \$	0	
	(1000)	Signature and Verifica		st he completed for P			
		es of perjury, I declare that I have examined the delief, it is true, correct, and complete, and that I	his form, in	cluding accompanying sched	_	best of my	
Signatu	ıra 🕨	allow C. Hulcala		Title ▶	Date ▶ 8-	11-14	
Jigiralu						(Rev 1-2014)	

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