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Form **990-PF**

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation PATTERSON FOUNDATION		A Employer identification number 74-3076772	
Number and street (or P O box number if mail is not delivered to street address) 1031 MENDOTA HEIGHTS ROAD		B Telephone number (see instructions) (651) 686-1725	
City or town, state or province, country, and ZIP or foreign postal code ST PAUL, MN 55120		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16)▶\$ 21,393,155		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	261,074			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities.	525,384	525,384		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	1,734,529			
	b Gross sales price for all assets on line 6a 13,556,155				
	7 Capital gain net income (from Part IV, line 2) . . .		1,738,447		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	2,520,987	2,263,831	0	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	14,822	5,188	0	9,634
	c Other professional fees (attach schedule)	168,400	157,400	0	11,335
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	21,012	0	0	0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	10,423	0	0	10,379
	24 Total operating and administrative expenses. Add lines 13 through 23	214,657	162,588	0	31,348
	25 Contributions, gifts, grants paid	910,038			910,038
	26 Total expenses and disbursements. Add lines 24 and 25	1,124,695	162,588	0	941,386
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	1,396,292			
	b Net investment income (if negative, enter -0-)		2,101,243		
	c Adjusted net income (if negative, enter -0-)			0	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	22,044	75,835	75,835
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ 60,043 Less allowance for doubtful accounts ▶ _____ 1,000	64,166	59,043	59,043
	5	Grants receivable			
	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 ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges		12,119	12,119
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule).			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	20,182,098	21,181,968	21,181,968
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)	40,657	64,190	64,190	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	20,308,965	21,393,155	21,393,155	
Liabilities	17	Accounts payable and accrued expenses	38,756	42,039	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	38,756	42,039	
	Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
24		Unrestricted	20,270,209	21,351,116	
25		Temporarily restricted			
26		Permanently restricted			
Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.					
27		Capital stock, trust principal, or current funds			
28		Paid-in or capital surplus, or land, bldg , and equipment fund			
29		Retained earnings, accumulated income, endowment, or other funds			
30		Total net assets or fund balances (see instructions)	20,270,209	21,351,116	
31		Total liabilities and net assets/fund balances (see instructions)	20,308,965	21,393,155	

Part 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 30 (must agree with end-of-year figure reported on prior year’s return)	1 20,270,209
2	Enter amount from Part I, line 27a	2 1,396,292
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3	4 21,666,501
5	Decreases not included in line 2 (itemize) ▶ _____	5 315,385
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6 21,351,116

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	WELLS FARGO INVESTMENTS	P		
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 13,556,155		11,817,708	1,738,447
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(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	
a			1,738,447
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	1,738,447
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	}	3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	748,138	18,520,271	0 040396
2012	838,692	16,660,879	0 050339
2011	649,065	16,088,909	0 040342
2010	651,928	14,310,066	0 045557
2009	571,296	12,571,637	0 045443

2	Total of line 1, column (d).	2	0 222077
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 044415
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	4	20,474,343
5	Multiply line 4 by line 3.	5	909,368
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	21,012
7	Add lines 5 and 6.	7	930,380
8	Enter qualifying distributions from Part XII, line 4.	8	941,386

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See
the Part VI instructions

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		121,012	
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.		21,012	
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		21,012	
6		Credits/Payments			
a		2014 estimated tax payments and 2013 overpayment credited to 2014	6a	41,052	
b		Exempt foreign organizations—tax withheld at source	6b		
c		Tax paid with application for extension of time to file (Form 8868)	6c		
d		Backup withholding erroneously withheld	6d		
7		Total credits and payments. Add lines 6a through 6d.		41,052	
8		Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		15	
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.		20,025	
11		Enter the amount of line 10 to be Credited to 2015 estimated tax 20,025 Refunded		0	

Part 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 or intervene in any political campaign?		1a		Yes	No
b		Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?		1b			No
		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			No
d		Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ 0 (2) On foundation managers \$ 0					
e		Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0					
2		Has the foundation engaged in any activities that have not previously been reported to the IRS?		2			No
		If "Yes," attach a detailed description of the activities.					
3		Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3			No
4a		Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a			No
b		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			No
		If "Yes," attach the statement required by General Instruction T.					
6		Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
		• By language in the governing instrument, or					
		• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		6		Yes	
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		Yes	
8a		Enter the states to which the foundation reports or with which it is registered (see instructions) MN					
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		Yes	
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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		9			No
10		Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.		10			No

Part 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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address ▶ WWW PATTERSONFOUNDATION NET				
14	The books are in care of ▶ R STEPHEN ARMSTRONG Telephone no ▶ (651) 686-1600 Located at ▶ 1031 MENDOTA HEIGHTS ROAD ST PAUL MN ZIP +4 ▶ 55120			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶				

Part 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
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (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)?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>			
c	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 2014?. 1c			No
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))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 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 instructions). 2b			
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i>). 3b			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	5b		
	Organizations relying on a current notice regarding disaster assistance check here.	<input checked="" type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SIT INVESTMENTS	INVESTMENT MANAGEMENT	112,390
3300 IDS CENTER 80 SOUTH 8TH STREET MINNEAPOLIS, MN 55402		
Total number of others receiving over \$ 50,000 for professional services.		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	20,557,224
b	Average of monthly cash balances.	1b	93,559
c	Fair market value of all other assets (see instructions).	1c	135,352
d	Total (add lines 1a, b, and c).	1d	20,786,135
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	20,786,135
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	311,792
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	20,474,343
6	Minimum investment return. Enter 5% of line 5.	6	1,023,717

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	1,023,717
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	21,012
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	21,012
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	1,002,705
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	1,002,705
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	1,002,705

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	941,386
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	
3	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	941,386
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 instructions).	5	21,012
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	920,374
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				1,002,705
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			701,638	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009.				
b From 2010.				
c From 2011.				
d From 2012.				
e From 2013.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 941,386				
a Applied to 2013, but not more than line 2a			701,638	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2014 distributable amount.				239,748
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
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.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				762,957
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions). . . .	0			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2010. . . .				
b Excess from 2011. . . .				
c Excess from 2012. . . .				
d Excess from 2013. . . .				
e Excess from 2014. . . .				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
		(a) 2014	(b) 2013	(c) 2012	(d) 2011	
	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					
	e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment 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, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

MICHELLE MENNICKE FOUNDATION MANAGE
1031 MENDOTA HEIGHTS ROAD
ST PAUL, MN 55120
(651) 686-1929

b

The form in which applications should be submitted and information and materials they should include

APPLICATIONS SHOULD INCLUDE ALL ITEMS REQUESTED IN THE GRANT APPLICATION. GRANT APPLICATIONS CAN BE OBTAINED BY WRITING, EMAILING (INFORMATION@PATTERSONFOUNDATION.NET) OR CALLING (651) 686-1929. THE GRANT APPLICATION INCLUDES A BRIEF DESCRIPTION OF YOUR PROJECT AND STATEMENT OF NEED, SUMMARY OF THE ORGANIZATION, ITS MISSION AND GOALS, ORGANIZATION BUDGET, AND A PROJECT BUDGET.

c

Any submission deadlines

MOST APPLICATIONS THAT RECEIVE FUNDING REQUIRE 60 TO 140 DAYS FOR CONSIDERATION AND APPROVAL.

d

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

THE FOUNDATION FOCUSES ON PROVIDING GRANTS IN EDUCATION, HEALTH AND HUMAN SERVICES, AND EDUCATIONAL SCHOLARSHIPS. EDUCATION GRANTS ARE SUPPORT FOR EDUCATION IN THE FOUNDATION'S FOCUS AREAS OF ORAL HEALTH, ANIMAL HEALTH, AND OCCUPATIONAL AND PHYSICAL REHABILITATION. HEALTH AND HUMAN SERVICES GRANTS ASSIST PROGRAMS THAT BENEFIT ECONOMICALLY DISADVANTAGED PEOPLE OR YOUTH WITH SPECIAL NEEDS. EDUCATIONAL SCHOLARSHIPS ARE SUPPORT FOR DEPENDENTS OF PATTERSON COMPANIES, INC. EMPLOYEES.

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	910,038
b Approved for future payment				
Total			3b	0

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2014)

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of				
(1) Cash.		1a(1)		No
(2) Other assets.		1a(2)		No
b Other transactions				
(1) Sales of assets to a noncharitable exempt organization.		1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)		No
(3) Rental of facilities, equipment, or other assets.		1b(3)		No
(4) Reimbursement arrangements.		1b(4)		No
(5) Loans or loan guarantees.		1b(5)		No
(6) Performance of services or membership or fundraising solicitations.		1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received				

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . ☐ Yes ☒ No

b If "Yes," complete the following schedule		
(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.


Sign Here	*****	2015-06-19	*****	May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

Paid Preparer Use Only	Print/Type preparer's name GEORGIA AKINS	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00950359
	Firm's name <input checked="" type="checkbox"/> AKINS HENKE AND COMPANY			Firm's EIN <input checked="" type="checkbox"/> 46-3220328	
	Firm's address <input checked="" type="checkbox"/> 600 INWOOD AVENUE NORTH SUITE 160 OAKDALE, MN 55128			Phone no (651) 636-3806	


Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
R STEPHEN ARMSTRONG	TREASURER 0 10	0	0	0
1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120				
RONALD E EZERSKI	DIRECTOR 0 10	0	0	0
1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120				
GEORGE L HENRIQUES	DIRECTOR 0 10	0	0	0
1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120				
JEFFREY B BAKER	DIRECTOR 0 10	0	0	0
1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120				
MATTHEW L LEVITT	SECRETARY 0 10	0	0	0
1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120				
ROBERT C CLIFFORD	VICE PRESIDENT 0 10	0	0	0
1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120				
SCOTT P ANDERSON	VICE PRESIDENT 0 10	0	0	0
1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120				
JAMES W WILTZ	DIRECTOR 0 10	0	0	0
1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120				
TODD W MUELLER	DIRECTOR 0 10	0	0	0
1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120				
GARY D JOHNSON	PRESIDENT 0 10	0	0	0
1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120				
PAMELA A HEMMEN	DIRECTOR 0 10	0	0	0
1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120				
RAYMOND DEAN GODSIL III	DIRECTOR 0 10	0	0	0
1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120				
DAVID G MISIAK	VICE PRESIDENT 0 10	0	0	0
1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120				


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ADA FOUNDATION 211 E CHICAGO AVENUE CHICAGO,IL 60611	NONE	PUBLIC CHARITY	MISSION OF MERCY EVENT IN SAN ANTONIO, TEXAS	20,000
AMERICA'S VETDOGS - THE VETERAN'S K-9 CORPS 371 E JERICHO TURNPIKE SMITHTOWN,NY 11720	NONE	PUBLIC CHARITY	WHEELCHAIR ACCESSIBLE VAN	30,000
CALIFORNIA DENTAL ASSOCIATION FOUNDATION 1201 K STREET 15TH FLOOR SACRAMENTO,CA 95814	NONE	PUBLIC CHARITY	MISSION OF MERCY EVENTS ON APRIL 25-26, 2014 IN VALLEJO AND ON NOVEMBER 21-22, 2014 IN POMONA	10,000
CARE CLINIC 1407 WEST 4TH STREET RED WING,MN 55066	NONE	PUBLIC CHARITY	SUPPORT DENTAL VOLUNTEERS	8,000
CENTRAL ARIZONA DENTAL SOCIETY FOUNDATION 3193 DRINKWATER BLVD SCOTTSDALE,AZ 85251	NONE	PUBLIC CHARITY	MISSION OF MERCY EVENT ON DECEMBER 11-12, 2014 IN PHOENIX	5,000
CALIFORNIA CAREFORCE 8950 RESERVE DRIVE SUITE 120 ROSEVILLE,CA 95678	NONE	PUBLIC CHARITY	SUPPORT DENTAL VOLUNTEERS FOR 2015	10,000
CATHOLIC CHARITIES OF WASHINGTON 924 G STREET NW WASHINGTON,DC 20001	NONE	PUBLIC CHARITY	MISSION OF MERCY EVENT ON SEPTEMBER 4-6, 2014 IN COLLEGE PARK, MARYLAND	2,500
COLORADO MISSION OF MERCY 430 COLORADO AVENUE PUEBLO,CO 81004	NONE	PUBLIC CHARITY	MISSION OF MERCY EVENT ON OCTOBER 3-4, 2014 IN HENDERSON	5,000
COOK CHILDREN'S HEALTH FOUNDATION 801 SEVENTH AVENUE FORT WORTH,TX 76104	NONE	PUBLIC CHARITY	PROVIDE TRANSPORTATION FOR CHILDREN AND THEIR FAMILIES TO VOLUNTEER DENTISTS' OFFCIES TO RECEIVE FREE CARE	7,500
DENTAL LIFELINE NETWORK 1800 15TH STREET SUITE 100 DENVER,CO 80202	NONE	PUBLIC CHARITY	EXPANSION OF THE NATIONAL DONATED DENTAL SERVICES PROGRAM	60,000
CHRISTINA'S SMILE INC 123 GOLF CREST COVESUITE 404 AUSTIN,TX 78734	NONE	PUBLIC CHARITY	MOBILE DENTAL CLINICS SERVING DISADVANTAGED CHILDREN	75,000
COMPASSION WITHOUT BORDERS PO BOX 14995 SANTA ROSA,CA 95402	NONE	PUBLIC CHARITY	MOBILE VETERINARY CLINIC	20,000
INTERFAITH DENTAL CLINIC 1721 PATTERSON STREET NASHVILLE,TN 37203	NONE	PUBLIC CHARITY	SUPPORT DENTAL VOLUNTEERS	16,000
IOWA DENTAL FOUNDATION 5530 WEST PARKWAY SUITE 100 JOHNSTON,IA 50131	NONE	PUBLIC CHARITY	MISSION OF MERCY EVENT IN WATERLOO ON SEPTEMBER 26-27, 2014	5,000
LOS ANGELES EDUCATION PARTNERSHIP 1055 WEST SEVENTH STREET SUITE 200 LOS ANGELES,CA 90017	NONE	PUBLIC CHARITY	ORAL HEALTH INITIATIVE FOR LOW-INCOME CHILDREN AND THEIR PARENTS	10,000
Total  3a				910,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CONCORD DENTAL SEALANT COALITION PO BOX 1062 CONCORD,NH 03301	NONE	PUBLIC CHARITY	SCHOOL BASED DENTAL SEALANT AND EDUCATION PROGRAM SERVING CHILDREN IN FIRST TO THIRD GRADE	5,000
MINNESOTA DENTAL FOUNDATION 1335 INDUSTRIAL BLVD MINNEAPOLIS,MN 55413	NONE	PUBLIC CHARITY	MISSION OF MERCY EVENT IN MANKAOT ON JUNE 15-16, 2014	2,500
MOM-N-PA 420 E ORANGE STREET SHIPPENSBURG,PA 17257	NONE	PUBLIC CHARITY	MISSION OF MERCY EVENT ON SEPTEMBER 12-13, 2014 IN ALLENTOWN	5,000
NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION 4108 PARK ROAD SUITE 300 CHARLOTTE,NC 28209	NONE	PUBLIC CHARITY	EXPANSION OF STUDENTS UNITED FOR AMERICA'S TOOTHPAIRY PROGRAM	5,000
ILLINOIS STATE DENTAL SOCIETY FOUNDATION PO BPX 376 SPRINGFIELD,IL 62705	NONE	PUBLIC CHARITY	MISSION OF MERCY EVENT ON JUNE 20-21, 2014	5,000
HEALTH INTERVENTION SERVICES 15 ANDRE STREET SE GRAND RAPIDS,MI 49507	NONE	PUBLIC CHARITY	HIRE A PART-TIME DENTAL ASSISTANT TO RECRUIT AND COORDINATE THE EFFORTS OF THE DENTAL VOLNTEERS	5,000
JEFFERSON COUNTY FOURTH STREET HEALTH CENTER 1 ROSS PARK SUITE 202 STEUBENVILLE,OH 43952	NONE	PUBLIC CHARITY	NON-DENTAL FURNITURE AND SALARY EXPENSES FOR A PART-TIME DENTAL ASSISTANT FOR NEW CLINIC	15,000
KANSAS DENTAL CHARITABLE FOUNDATION 5200 SW HUNTOON TOPEKA,KS 66604	NONE	PUBLIC CHARITY	MISSION OF MERCY EVENT ON FEBRUARY 13-14, 2015 IN SALINA	5,000
ORAL HEALTH AMERICA 180 NORTH MICHIGAN AVENUE SUITE 1150 CHICAGO,IL 60601	NONE	PUBLIC CHARITY	SMILES ACROSS AMERICA PROGRAM - EXPANSION OF THE ALEXANDRIA SITE AND LAUNCH THE PROGRAM IN FRESNO	60,000
KIDSSMILES PEDIATRIC DENTAL CLINIC PO BOX 647 DUBLIN,OH 43017	NONE	PUBLIC CHARITY	TO HIRE A PART-TIME DENTAL ASSISTANT TO WORK WITH DENTAL VOLUNTEERS AND TO DEVELOP A WEB BASED VOLUNTEER INFORMATION AND TIMEKEEPING SYSTEM	7,000
SCHOLARSHIP AMERICA ONE SCHOLARSHIP WAY PO BOX 297 ST PETER,MN 56082	NONE	EXEMPT ORGANIZATION	SCHOLARSHIPS	334,500
SOUTH BAY CHILDREN'S HEALTH CENTER ASSOCIATION INC 410 CAMINO REAL REDONDO BEACH,CA 90277	NONE	PUBLIC CHARITY	TO PROVIDE A PART-TIME DENTAL ASSISTANT AND DENTAL COORDINATION TO ASSIST THE VOLUNTEER DENTAL STUDENTS	3,500
LEADER DOGS FOR THE BLIND 1039 S ROCHESTER ROAD ROCHESTER HILLS,MI 48307	NONE	PUBLIC CHARITY	SUPPORT ACCELERATED ORIENTATION AND MOBILITY AND VOLUNTEER VET EXTERNSHIP PROGRAMS	25,000
THE CINCINNATI DENTAL SOCIETY'S ORAL HEALTH FOUNDATION 9200 MONTGOMERY RD STE 21A CINCINNATI,OH 45242	NONE	PUBLIC CHARITY	SALARY EXPENSES FOR A PART-TIME DENTAL ASSISTANT TO SUPPORT THE WORK OF THE DENTAL VOLUNTEERS AND VOLUNTEER APPRECIATION EVENT AT THE END OF THE YEAR	5,000
TRINITY FREE CLINIC 1045 WEST 146TH STREET SUITE B CARMEL,IN 46032	NONE	PUBLIC CHARITY	PART-TIME DENTAL ASSISTANT TO WORK WITH VOLUNTEER DENTISTS	5,000
Total  3a				910,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LOUISIANA DENTAL ASSOCIATION FOUNDATION 7833 OFFICE PARK BLVD BATON ROUGE,LA 70809	NONE	PUBLIC CHARITY	MISSION OF MERCY EVENT ON FEBRUARY 27-28, 2015 IN BATON ROUGE	5,000
LIGHTHOUSE CHRISTIAN MINISTRIES 800 GRAND AVENUE BACLIFF,TX 77518	NONE	PUBLIC CHARITY	TO REPAIR ROOF ON NEW DENTAL CLINIC	7,700
WALTON FOUNDATION FOR INDEPENDENCE INC 1355 INDEPENDENCE DRIVE AUGUSTA,GA 30901	NONE	PUBLIC CHARITY	SUPPORT OCCUPATIONAL THERAPY STUDENTS WHO WILL VOLUNTEER AT CAMP TO BE INDEPENDENT	8,043
MISSION OUTPOST DENTAL CLINC 13901 FAIRVIEWDRIVE BURNSVILLE,MN 55337	NONE	PUBLIC CHARITY	TO SUPPORT EFFORTS TO RECRUIT ADDITIONAL DENTAL VOLUNTEERS AND INITIATE ORAL HYGIENE CLINICS	10,000
OPERATION GRACE MN 1769 LEXINGTON AVE N SUITE 204 ROSEVILLE,MN 55113	NONE	PUBLIC CHARITY	START-UP EXPENSES FOR MOBILE DENTAL CLINIC	53,795
SACRAMENTO DISTRICT DENTAL FOUNDATION 2035 HURLEY WAY SUITE 200 SACRAMENTO,CA 95825	NONE	PUBLIC CHARITY	SMILES FOR KIDS PROGRAM	13,400
THE CHILDREN'S DENTAL SOCIETY OF GREATER LOS ANGELES 300 E BUCKTHORN STREET INGLEWOOD,CA 90301	NONE	PUBLIC CHARITY	TO SUPPORT DENTAL VOLUNTEERS	25,000
WASHINGTON COUNTY CHILDREN'S PROGRAM PO BOX 311 14 STEVES LANE MACHIAS,ME 04654	NONE	PUBLIC CHARITY	ADVERTISING COSTS AND COORDINATION EXPENSES FOR 5 DAY CLINIC IN APRIL WHERE UNDERSERVED CHILDREN AND ADULTS WILL RECEIVE FREE COMPREHENSIVE CARE	6,400
YORK COUNTY FREE CLINIC 1410 OAKLAND AVENUE ROCK HILL,SC 29730	NONE	PUBLIC CHARITY	HIRE A PART-TIME DENTAL ASSISTANT TO RECRUIT AND COORDINATE THE EFFORTS OF THE DENTAL VOLUNTEERS	4,200
IRVING INTERFAITH CLINIC 1302 LANE STREET SUITE 100 IRVING,TX 75061	NONE	PUBLIC CHARITY	SALARY EXPENSE FOR A PART-TIME DENTAL ASSISTANT	5,000
Total  3a				910,038

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.</div>	<div>OMB No 1545-0047</div> <div>2014</div>
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<div>Name of the organization</div> <div>PATTERSON FOUNDATION</div>	<div>Employer identification number</div> <div>74-3076772</div>
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div>
Form 990-PF	<div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>

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

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number
74-3076772

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	See Additional Data Table _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization PATTERSON FOUNDATION	Employer identification number 74-3076772
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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
_____	_____ _____ _____ _____	_____ \$	_____
(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
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____

Name of organization PATTERSON FOUNDATION	Employer identification number 74-3076772
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed.
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

Additional Data

Software ID:

Software Version:

EIN: 74-3076772

Name: PATTERSON FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<div>SIT INVESTMENTS</div> <div>3300 IDS CENTER 80 SOUTH 8TH STREET</div> <div>MINNEAPOLIS, MN 55402</div>	\$ <u>12,492</u>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>2</u>	<div>ACTEON NORTH AMERICA</div> <div>124 FAITHER DRIVE SUITE 140</div> <div>MOUNT LAUREL, NJ 08054</div>	\$ <u>10,000</u>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>3</u>	<div>SEPTODONT</div> <div>205 GRANITE RUN DRIVE SUITE 150</div> <div>LANCASTER, PA 17601</div>	\$ <u>10,075</u>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>4</u>	<div>DJO GLOBAL</div> <div>1430 DECISION STREET</div> <div>VISTA, CA 92081</div>	\$ <u>10,000</u>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>5</u>	<div>SEMPERMED USA INC</div> <div>13900 49TH STREET NORTH</div> <div>CLEARWATER, FL 33762</div>	\$ <u>25,143</u>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>6</u>	<div>SIRONA DENTAL SYSTEMS INC</div> <div>4835 SIRONA DRIVE SUITE 100</div> <div>CHARLOTTE, NC 28273</div>	\$ <u>20,000</u>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	<div>IVOCAR VIVADENT INC</div> <div>175 PINEVIEW DRIVE</div> <div>AMHERST, NY 14228</div>	\$ <div>15,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>8</u>	<div>VOCO AMERICA INC</div> <div>1245 ROSEMONT DRIVE SUITE 140</div> <div>INDIAN LAND, SC 29707</div>	\$ <div>10,100</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>9</u>	<div>MIDMARK CORPORATION</div> <div>60 VISTA DRIVE PO BOX 286</div> <div>VERSAILLES, OH 45380</div>	\$ <div>10,100</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>10</u>	<div>3M ESPE DENTAL PRODUCTS</div> <div>13M CENTER BUILDING 275-02-E-03</div> <div>ST PAUL, MN 54144</div>	\$ <div>10,100</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>11</u>	<div>WELL FARGO BANK NA</div> <div>MAC A0279-040 2000 POWELL STREET 4T</div> <div>EMERYVILLE, CA 94608</div>	\$ <div>10,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>12</u>	<div>SCICAN</div> <div>701 TECHNOLOGY DRIVE</div> <div>CANONSBURG, PA 15317</div>	\$ <div>10,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>13</div>	<div>HU-FRIEDY</div> <div>3232 N ROCKWELL STREET</div> <div>CHICAGO, IL60618</div>	<div>\$ 10,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>14</div>	<div>DENTSPLY INTERNATIONAL INC</div> <div>SUSQUEHANNA COMMERCE CENTER SUITE 6</div> <div>YORK, PA17401</div>	<div>\$ 10,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>15</div>	<div>A-DEC INC</div> <div>2601 CRESTVIEW DRIVE</div> <div>NEWBERG, OR97132</div>	<div>\$ 10,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>16</div>	<div>KAVO DENTAL TECHNOLOGIES</div> <div>11727 FRUEHAUF DRIVE</div> <div>CHARLOTTE, NC28273</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>17</div>	<div>PROFESSIONAL SALES ASSOCIATES INC</div> <div>5045 PARK AVE WEST SUITE 1B</div> <div>SEVILLE, OH44273</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>18</div>	<div>KERR CORPORATION</div> <div>11729 FRUEHAUF DRIVE</div> <div>CHARLOTTE, NC28273</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>19</div>	<div>AIR TECHNIQUES</div> <div>1295 WALT WHITMAN ROAD</div> <div>MELVILLE, NY 11747</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

TY 2014 Accounting Fees Schedule**Name:** PATTERSON FOUNDATION**EIN:** 74-3076772

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING AND AUDITING	14,822	5,188	0	9,634

TY 2014 Investments - Other Schedule**Name:** PATTERSON FOUNDATION**EIN:** 74-3076772

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MONEY MARKET FUNDS	FMV	156,574	156,574
EQUITIES	FMV	13,503,524	13,503,524
BONDS AND NOTES	FMV	3,268,329	3,268,329
POOLED, COMMON AND COLLECTIVE FUNDS	FMV	4,253,541	4,253,541

TY 2014 Other Assets Schedule

Name: PATTERSON FOUNDATION

EIN: 74-3076772

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INTEREST AND DIVIDENDS	40,657	44,165	44,165
EXCISE TAX REFUND		20,025	20,025

TY 2014 Other Decreases Schedule

Name: PATTERSON FOUNDATION

EIN: 74-3076772

Description	Amount
NET UNREALIZED LOSSES	315,385

TY 2014 Other Expenses Schedule

Name: PATTERSON FOUNDATION

EIN: 74-3076772

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS	4,808	0	0	4,764
FUNDRAISING	5,615	0	0	5,615

TY 2014 Other Professional Fees Schedule**Name:** PATTERSON FOUNDATION**EIN:** 74-3076772

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	157,400	157,400	0	0
SCHOLARSHIP FEES	11,000	0	0	11,000
GRANTS CONSULTING	0	0	0	335

TY 2014 Taxes Schedule

Name: PATTERSON FOUNDATION

EIN: 74-3076772

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	21,012	0	0	0