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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

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 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 | | Room/suite | 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 | | | |
| G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> | | <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div> | |
| 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 | | C If exemption application is pending, check here <input type="checkbox"/> | |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 20,674,095 | | D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> | |
| J Accounting method <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.) | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> | |
| | | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> | |

| Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i> | | Revenue and expenses per (a) books | Net investment (b) income | Adjusted net (c) income | Disbursements for charitable purposes (d) (cash basis only) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue | 1 | Contributions, gifts, grants, etc , received (attach schedule) | 313,852 | | |
| | 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 | 544,882 | 544,882 | |
| | 5a | Gross rents | | | |
| | b | Net rental income or (loss) _____ | | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | 1,051,971 | | |
| | b | Gross sales price for all assets on line 6a 13,769,471 | | | |
| | 7 | Capital gain net income (from Part IV, line 2) . . . | | 1,051,971 | |
| | 8 | Net short-term capital gain | | | |
| | 9 | Income modifications | | | |
| | 10a | Gross sales less returns and allowances | | | |
| Operating and Administrative Expenses | 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 | 1,910,705 | 1,596,853 | 0 |
| | 13 | Compensation of officers, directors, trustees, etc | 0 | 0 | 0 |
| | 14 | Other employee salaries and wages | | | |
| | 15 | Pension plans, employee benefits | | | |
| | 16a | Legal fees (attach schedule). | 3,690 | 0 | 3,690 |
| | b | Accounting fees (attach schedule). | 15,226 | 5,329 | 9,897 |
| | c | Other professional fees (attach schedule) | 173,306 | 161,486 | 11,820 |
| | 17 | Interest | | | |
| | 18 | Taxes (attach schedule) (see instructions) . . . | 14,300 | 0 | 0 |
| | 19 | Depreciation (attach schedule) and depletion . . . | | | |
| | 20 | Occupancy | | | |
| | 21 | Travel, conferences, and meetings. | | | |
| | 22 | Printing and publications | | | |
| | 23 | Other expenses (attach schedule). | 15,570 | 0 | 15,570 |
| | 24 | Total operating and administrative expenses. Add lines 13 through 23 | 222,092 | 166,815 | 0 |
| | 25 | Contributions, gifts, grants paid | 980,522 | | 980,522 |
| | 26 | Total expenses and disbursements.Add lines 24 and 25 | 1,202,614 | 166,815 | 0 |
| | 27 | Subtract line 26 from line 12 | | | |
| | a | Excess of revenue over expenses and disbursements | 708,091 | | |
| | b | Net investment income (if negative, enter -0-) | | 1,430,038 | |
| | 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 | 75,835 | 27,189 | 27,189 |
| | 3 | Accounts receivable ▶ _____ | | | |
| | | Less allowance for doubtful accounts ▶ _____ | | | |
| | 4 | Pledges receivable ▶ _____ 10,042 | | | |
| | | Less allowance for doubtful accounts ▶ _____ 1,000 | 59,043 | 9,042 | 9,042 |
| | 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 | 6,935 | 6,935 |
| | 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) | 21,181,968 | 20,579,172 | 20,579,172 | |
| 14 | Land, buildings, and equipment basis ▶ _____ | | | | |
| | Less accumulated depreciation (attach schedule) ▶ _____ | | | | |
| 15 | Other assets (describe ▶ _____) | 64,190 | 51,757 | 51,757 | |
| 16 | Total assets(to be completed by all filers—see the instructions Also, see page 1, item I) | 21,393,155 | 20,674,095 | 20,674,095 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 42,039 | 43,333 | |
| | 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) | 42,039 | 43,333 | |
| 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 | 21,351,116 | 20,630,762 | |
| | 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) | 21,351,116 | 20,630,762 | |
| | 31 | Total liabilities and net assets/fund balances(see instructions) | 21,393,155 | 20,674,095 | |

| 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 | 21,351,116 |
| 2 | Enter amount from Part I, line 27a | 2 | 708,091 |
| 3 | Other increases not included in line 2 (itemize) ▶ _____ | 3 | 0 |
| 4 | Add lines 1, 2, and 3 | 4 | 22,059,207 |
| 5 | Decreases not included in line 2 (itemize) ▶ _____ | 5 | 1,428,445 |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 | 6 | 20,630,762 |

Part IV

Capital Gains and Losses for Tax on Investment Income

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

| | | | |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| (e) Gross sales price | Depreciation allowed (f) (or allowable) | Cost or other basis (g) plus expense of sale | Gain or (loss) (h) (e) plus (f) minus (g) |
| a 13,769,471 | | 12,717,500 | 1,051,971 |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

| | | | |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h)) |
| (i) F M V as of 12/31/69 | Adjusted basis (j) as of 12/31/69 | Excess of col (i) (k) over col (j), if any | |
| a | | | 1,051,971 |
| 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 | 1,051,971 |
| 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)) |
| 2014 | 920,374 | 20,474,343 | 0 044953 |
| 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 |

| | | | |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|
| 2 | Total of line 1, column (d). | 2 | 0 221587 |
| 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 044317 |
| 4 | Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. | 4 | 21,019,951 |
| 5 | Multiply line 4 by line 3. | 5 | 931,541 |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b). | 6 | 14,300 |
| 7 | Add lines 5 and 6. | 7 | 945,841 |
| 8 | Enter qualifying distributions from Part XII, line 4. | 8 | 1,021,499 |

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 ☐ 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 here ☒ and enter 1% of Part I, line 27b

c

All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

2

0

3

Add lines 1 and 2.

3

14,300

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

4

0

5

Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-

5

14,300

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

20,025

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.

7

20,025

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**.

9

10

Overpayment. If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**.

10

5,725

11

Enter the amount of line 10 to be **Credited to 2015 estimated tax** 5,725 **Refunded**

11

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

No

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?
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.

1b

No

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?
If "Yes," attach a detailed description of the activities.

2

No

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

Yes

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?
If "Yes," attach the statement required by General Instruction T.

5

No

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 2015 or the taxable year beginning in 2015 (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? Website address WWW PATTERSON FOUNDATION NET | 13 | Yes | |
| 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 and enter the amount of tax-exempt interest received or accrued during the year. | 15 | | |
| 16 | At any time during calendar year 2015, 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? 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 | 16 | Yes | No |

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)? Organizations relying on a current notice regarding disaster assistance check here. | 1b | | |
| 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 2015? | 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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? 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? | | | |
| b | If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.). | 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 2015? | 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))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

☐ Yes ☒ 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?

☐ Yes ☒ 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.

☐

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?

☐ Yes ☐ 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?

☐ Yes ☒ 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?

☐ Yes ☒ 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 | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) 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 | Title, and average hours per week (b) devoted to position | (c) Compensation | Contributions to employee benefit plans and deferred compensation (d) | Expense account, (e) 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 | 111,229 |
| 3300 IDS CENTER 80 SOUTH 8TH STREET MINNEAPOLIS, MN 55402 | | |
| WELLS FARGO | INVESTMENT MANAGEMENT | 50,257 |
| 608 2ND AVE S MAC N9303-088 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 | 21,188,236 |
| b | Average of monthly cash balances. | 1b | 84,082 |
| c | Fair market value of all other assets (see instructions). | 1c | 67,734 |
| d | Total (add lines 1a, b, and c). | 1d | 21,340,052 |
| 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 | 21,340,052 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). | 4 | 320,101 |
| 5 | Net value of noncharitable-use assets.Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 21,019,951 |
| 6 | Minimum investment return.Enter 5% of line 5. | 6 | 1,050,998 |

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 | 1,050,998 |
| 2a | Tax on investment income for 2015 from Part VI, line 5. | 2a | 14,300 |
| b | Income tax for 2015 (This does not include the tax from Part VI). | 2b | |
| c | Add lines 2a and 2b. | 2c | 14,300 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1. | 3 | 1,036,698 |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | 0 |
| 5 | Add lines 3 and 4. | 5 | 1,036,698 |
| 6 | Deduction from distributable amount (see instructions). | 6 | 0 |
| 7 | Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. | 7 | 1,036,698 |

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 | 1,021,499 |
| 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 | 1,021,499 |
| 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 | 14,300 |
| 6 | Adjusted qualifying distributions.Subtract line 5 from line 4. | 6 | 1,007,199 |

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 2014 | (c) 2014 | (d) 2015 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2015 from Part XI, line 7 | | | | 1,036,698 |
| 2 Undistributed income, if any, as of the end of 2015 | | | | |
| a Enter amount for 2014 only. | | | 762,957 | |
| b Total for prior years 20____, 20____, 20____ | | 0 | | |
| 3 Excess distributions carryover, if any, to 2015 | | | | |
| a From 2010. | | | | |
| b From 2011. | | | | |
| c From 2012. | | | | |
| d From 2013. | | | | |
| e From 2014. | | | | |
| f Total of lines 3a through e. | 0 | | | |
| 4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 1,021,499 | | | | |
| a Applied to 2014, but not more than line 2a | | | 762,957 | |
| 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 2015 distributable amount. | | | | 258,542 |
| e Remaining amount distributed out of corpus | 0 | | | |
| 5 Excess distributions carryover applied to 2015 (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 2014 Subtract line 4a from line 2a Taxable amount—see instructions | | | 0 | |
| f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015. | | | | 778,156 |
| 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 2010 not applied on line 5 or line 7 (see instructions). . . . | 0 | | | |
| 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a. | 0 | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2011. | | | | |
| b Excess from 2012. | | | | |
| c Excess from 2013. | | | | |
| d Excess from 2014. | | | | |
| e Excess from 2015. | | | | |

Part XIV

a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, 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)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

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.)**

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 | 980,522 |
| 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** (2015)

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.

| | Yes | No |
|-------|-----|----|
| | | |
| | | |
| 1a(1) | | No |
| 1a(2) | | No |
| | | |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

[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.

* * * * *

2016-06-14

* * * * *

Signature of officer or trustee

Date

Title

May the IRS discuss this return with the preparer shown below
(see instr)? ☒ Yes ☐ No

Print/Type preparer's name
GEORGIA AKINS

Preparer's Signature

Date _____

Check if self-employed ☐

PTIN

P00950359

Firm's name
AKINS HENKE AND COMPANY

Firm's EIN 46-3220328

Firm's address


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 | Title, and average hours per week (b) devoted to position | (c) Compensation(If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
|------------------------------------------------|-----------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| R STEPHEN ARMSTRONG | TREASURER 0 40 | 0 | 0 | 0 |
| 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120 | | | | |
| RONALD E EZERSKI | DIRECTOR 0 40 | 0 | 0 | 0 |
| 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120 | | | | |
| GEORGE L HENRIQUES | DIRECTOR 0 40 | 0 | 0 | 0 |
| 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120 | | | | |
| MATTHEW L LEVITT | SECRETARY 0 40 | 0 | 0 | 0 |
| 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120 | | | | |
| ROBERT C CLIFFORD | VICE PRESIDENT 0 40 | 0 | 0 | 0 |
| 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120 | | | | |
| SCOTT P ANDERSON | VICE PRESIDENT 0 40 | 0 | 0 | 0 |
| 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120 | | | | |
| JAMES W WILTZ | DIRECTOR 0 40 | 0 | 0 | 0 |
| 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120 | | | | |
| TODD W MUELLER | DIRECTOR 0 40 | 0 | 0 | 0 |
| 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120 | | | | |
| GARY D JOHNSON | PRESIDENT 0 40 | 0 | 0 | 0 |
| 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120 | | | | |
| PAMELA A HEMMEN | DIRECTOR 0 40 | 0 | 0 | 0 |
| 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120 | | | | |
| DAVID G MISIAK | VICE PRESIDENT 0 40 | 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 | | | | |
| AMERICA'S DENTIST CARE FOUNDATION 9110 E 35TH ST N WICHITA,KS 67226 | NONE | PUBLIC CHARITY | 45 UNIT MINI TRAILER | 60,000 |
| BASIC ANIMAL RESCUE TRAINING (BART) PO BOX 130967 ST PAUL,MN 55113 | NONE | PUBLIC CHARITY | EXPANSION OF FIRST RESPONDER TRAINING PROGRAM | 11,300 |
| CALIFORNIA CAREFORCE 950 RESERVE DRIVE SUITE 120 ROSEVILLE,CA 95678 | NONE | PUBLIC CHARITY | FREE DENTAL, MEDICAL AND VISION CLINICS IN COACHELLA AND SACRAMENTO | 10,000 |
| CALIFORNIA DENTAL ASSOCIATION FOUNDATION 1201 K STREET 15TH FLOOR SACRAMENTO,CA 95814 | NONE | PUBLIC CHARITY | MISSION OF MERCY EVENTS IN SACRAMENTO AND FRESNO | 10,000 |
| CARE CLINIC 1407 WEST 4TH STREET RED WING,MN 55066 | NONE | PUBLIC CHARITY | SUPPORT WORK OF DENTAL PROFESSIONAL VOLINTEERS | 8,000 |
| EVA'S VILLAGE INC 393 MAIN STREET PATTERSON,NJ 07501 | NONE | PUBLIC CHARITY | RECRUITMENT OF DENTAL VOLUNTEERS | 1,500 |
| CENTRAL ARIZONA DENTAL SOCIETY FOUNDATION 5300 N CENTRAL AVENUE PHOENIX,AZ 85013 | NONE | PUBLIC CHARITY | MISSION OF MERCY EVENT IN PHOENIX | 5,000 |
| GENESIS WORLD MISSION 215 W 35TH STREET GARDEN CITY,ID 83714 | NONE | PUBLIC CHARITY | GARDEN CITY COMMUNITY DENTAL CLINIC | 5,000 |
| COLORADO MISSION OF MERCY 430 COLORADO AVENUE PUEBLO,CO 81004 | NONE | PUBLIC CHARITY | MISSION OF MERCY EVENT IN CANON CITY | 2,500 |
| GEORGIA DENTAL ASSOCIATION FOR ORAL HEALTH 7000 PEACHTREE-DUNWOODY RD BLDG 17 STE 200 ATLANTA,GA 30328 | NONE | PUBLIC CHARITY | MISSION OF MERCY EVENT IN PERRY | 5,000 |
| GIGI'S PLAYHOUSE 2350 WEST HIGGINS ROAD HOFFMAN ESTATES,IL 60169 | NONE | PUBLIC CHARITY | PROGRAM METRICS AND VOLUNTEER TRAINING | 50,000 |
| COOK CHILDREN'S HEALTH FOUNDATION 801 SEVENTH AVENUE FORT WORTH,TX 76104 | NONE | PUBLIC CHARITY | SAVE A SMILE TRANSPORTATION ASSISTANCE PROGRAM | 7,500 |
| DENTAL LIFELINE NETWORK 1800 15TH STREET SUITE 100 DENVER,CO 80202 | NONE | PUBLIC CHARITY | E-DENTACHEQUES AND NATIONAL DONATED DENTAL SERVICES PROGRAM | 85,000 |
| GOLDIE'S PLACE 5705 N LINCOLN AVENUE CHICAGO,IL 60659 | NONE | PUBLIC CHARITY | SALARY EXPENSES FOR A DENTAL HYGIENIST TO WORK WITH VOLUNTEER DENTISTS | 5,000 |
| HIS HANDS DENTAL MISSION INC 121 WOODSIDE DR SOMERSET,KY 42503 | NONE | PUBLIC CHARITY | START-UP EXPENSES FOR MOBILE DENTAL CLINIC | 4,864 |
| Total  3a | | | | 980,522 |

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 | | | | |
| INTERFAITH DENTAL CLINIC 1721 PATTERSON STREET NASHVILLE,TN 37203 | NONE | PUBLIC CHARITY | SALARY EXPENSES FOR TWO DENTAL ASSISTANTS TO SUPPORT THE WORK OF THE VOLUNTEER DENTISTS | 16,480 |
| IOWA DENTAL FOUNDATION 8797 NW 54TH AVENUE JOHNSTON,IA 50131 | NONE | PUBLIC CHARITY | MISSION OF MERCY EVENT IN COUNCIL BLUFFS | 5,000 |
| HOLLAND FREE HEALTH CLINIC 99 W 26TH STREET HOLLAND,MI 49423 | NONE | PUBLIC CHARITY | INCREASE DENTAL CLINIC CAPACITY | 13,500 |
| INDIANA DENTAL ASSOCIATION FOUNDATION FOR DENTAL HEALTH 1319 EAST STOP 10 RD INDIANAPOLIS,IN 46227 | NONE | PUBLIC CHARITY | MISSION OF MERCY EVENT IN INDIANAPOLIS | 7,500 |
| KSDS INC 120 WEST 7TH STREET WASHINGTON,KS 66968 | NONE | PUBLIC CHARITY | CLASS EXPANSION PROJECT | 25,000 |
| LOVE INC OF THE TRI-CITIES 326 N FERRY STREET GRAND HAVEN,MI 49417 | NONE | PUBLIC CHARITY | FREE DENTAL CLINIC STAFFED BY VOLUNTEERS | 6,000 |
| MERCY HEALTH CENTER PO BOX 6064 ATHENS,GA 30604 | NONE | PUBLIC CHARITY | VOLUNTEER DENTAL CLINIC SUPPORT | 9,750 |
| NATIONAL EDUCATION FOR ASSISTANCE DOG SERVICES INC PO BOX 1100 PRINCETON,MA 01541 | NONE | PUBLIC CHARITY | FOUNDATIONS FOR THE FUTURE CAPITAL CAMPAIGN | 35,000 |
| LOS ANGELES EDUCATION PARTNERSHIP 202 WEST FIRST STREET SUITE 6-0410 LOS ANGELES,CA 90012 | NONE | PUBLIC CHARITY | ORAL HEALTH PROGRAM FOR DISADVANTAGED FAMILIES | 5,000 |
| OREGON CHARITABLE ACTIVITIES FUND PO BOX 3710 WILSONVILLE,OR 97070 | NONE | PUBLIC CHARITY | MISSION OF MERCY EVENT IN PORTLAND | 5,000 |
| MINNESOTA DENTAL FOUNDATION 1335 INDUSTRIAL BLVD MINNEAPOLIS,MN 55413 | NONE | PUBLIC CHARITY | MISSION OF MERCY EVENT IN DULUTH | 5,000 |
| PHYSICIANS CARECONNECTION 1390 DUBLIN ROAD COLUMBUS,OH 43215 | NONE | PUBLIC CHARITY | VOLUNTEER DENTAL CLINC | 15,000 |
| PUGET SOUND CHRISTIAN CLINIC 2150 N 122ND ST SEATTLE,WA 98133 | NONE | PUBLIC CHARITY | NEW LOW-COST DENTAL CLINIC | 20,000 |
| ROUNDUP RIVER RANCH PO BOX 8589 AVON,CO 81620 | NONE | PUBLIC CHARITY | VOLUNTEER RECRUITMENT (SUMMER SESSIONS AND FAMILY CAMPS) | 8,600 |
| OPERATION GRACE MN 1769 LEXINGTON AVE N SUITE 204 ROSEVILLE,MN 55113 | NONE | PUBLIC CHARITY | FREE MOBILE DENTAL CLINICS STAFFED BY VOLUNTEERS | 53,795 |
| Total | | | 3a | 980,522 |

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> | | | | |
| ORAL HEALTH AMERICA 180 NORTH MICHIGAN AVENUE SUITE 1150 CHICAGO,IL 60601 | NONE | PUBLIC CHARITY | SMILES ACROSS AMERICA PROGRAM | 32,500 |
| RUTH'S PLACE CLINIC 1411 CRAWFORD AVENUE GRANBURY,TX 76048 | NONE | PUBLIC CHARITY | PART-TIME DENTAL ASSISTANT | 4,500 |
| SCHOLARSHIP AMERICA ONE SCHOLARSHIP WAY PO BOX 297 ST PETER,MN 56082 | NONE | EXEMPT ORGANIZATION | SCHOLARSHIPS | 367,000 |
| SOUTH BAY CHILDREN'S HEALTH CENTER ASSOCIATION INC 410 CAMINO REAL REDONDO BEACH,CA 90277 | NONE | PUBLIC CHARITY | ENDODONTICS PROGRAM SERVING CHILDREN AND YOUNG ADULTS | 5,000 |
| THE CHILDREN'S DENTAL SOCIETY OF GREATER LOS ANGELES 300 E BUCKTHORN STREET INGLEWOOD,CA 90301 | NONE | PUBLIC CHARITY | DENTAL CLINIC STAFFED BY VOLUNTEERS | 25,000 |
| THE CINCINNATI DENTAL SOCIETY'S ORAL HEALTH FOUNDATION 9200 MONTGOMERY RD STE 21A CINCINNATI,OH 45242 | NONE | PUBLIC CHARITY | SALARY EXPENSE FOR DENTAL ASSISTANT WHO WORKS WITH VOLUNTEER DENTISTS | 4,313 |
| TRINITY FREE CLINIC 1045 WEST 146TH STREET SUITE B CARMEL,IN 46032 | NONE | PUBLIC CHARITY | DENTAL PROGRAM | 5,000 |
| WALTON FOUNDATION FOR INDEPENDENCE 523 13TH STREET AUGUSTA,GA 30901 | NONE | PUBLIC CHARITY | CAMP TO BE INDEPENDENT | 9,220 |
| SAN ANTONIO CHRISTIAN DENTAL CLINIC 1 HAVEN FOR HOPE WAY BLDG 1 STE 400 SAN ANTONIO,TX 78207 | NONE | PUBLIC CHARITY | VOLUNTEER DENTAL CLINIC | 5,000 |
| SEATTLE CENTER FOUNDATION 305 HARRISON STREET SEATTLE,WA 98109 | NONE | PUBLIC CHARITY | MISSION OF MERCY EVENT IN SEATTLE | 7,500 |
| ST VINCENT DE PAUL 3000 GRATIOT AVE DETROIT,MN 48207 | NONE | PUBLIC CHARITY | COVER PORTION OF SALARY EXPENSE FOR PART TIME DENTAL ASSISTANT | 5,000 |
| UNION GOSPEL MIISION ASSOCIATION OF ST PAUL 77 9TH ST E ST PAUL,MN 55101 | NONE | PUBLIC CHARITY | ORAL HEALTH OUTREACH PPROGRAMS | 5,000 |
| YORK COUNTY FREE CLINIC 410 OAKLAND AVENUE ROCK HILL,SC 29730 | NONE | PUBLIC CHARITY | SALARY EXPENSES FOR A PART TIME DENTAL COORDINATOR TO SUPPORT THE WORK OF THE VOLUNTEER DENTISTS | 4,200 |
| Total | | | 3a | 980,522 |

TY 2015 Accounting Fees Schedule

Name: PATTERSON FOUNDATION

EIN: 74-3076772

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------------|--------|--------------------------|------------------------|---------------------------------------------|
| ACCOUNTING AND AUDITING | 15,226 | 5,329 | 0 | 9,897 |

TY 2015 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 | 133,726 | 133,726 |
| EQUITIES | FMV | 12,916,316 | 12,916,316 |
| BONDS AND NOTES | FMV | 3,390,012 | 3,390,012 |
| POOLED, COMMON AND COLLECTIVE FUNDS | FMV | 4,139,118 | 4,139,118 |

TY 2015 Legal Fees Schedule

Name: PATTERSON FOUNDATION

EIN: 74-3076772

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|------------|--------|--------------------------|------------------------|---------------------------------------------|
| LEGAL FEES | 3,690 | 0 | 0 | 3,690 |

TY 2015 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 | 44,165 | 46,032 | 46,032 |
| EXCISE TAX REFUND | 20,025 | 5,725 | 5,725 |

TY 2015 Other Decreases Schedule

Name: PATTERSON FOUNDATION

EIN: 74-3076772

| Description | Amount |
|-----------------------|-----------|
| NET UNREALIZED LOSSES | 1,428,445 |

TY 2015 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 | 7,950 | 0 | 0 | 7,950 |
| FUNDRAISING | 2,436 | 0 | 0 | 2,436 |
| GRANTS MANAGEMENT SOFTWARE | 5,184 | 0 | 0 | 5,184 |

TY 2015 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 | 161,486 | 161,486 | 0 | 0 |
| SCHOLARSHIP FEES | 11,820 | 0 | 0 | 11,820 |

TY 2015 Taxes Schedule

Name: PATTERSON FOUNDATION

EIN: 74-3076772

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|--------------|--------|--------------------------|------------------------|---------------------------------------------|
| EXCISE TAXES | 14,300 | 0 | 0 | 0 |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <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>2015</div> |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|

| | |
|---------------------------------------------------------------------|-----------------------------------------------------------------|
| <div>Name of the organization</div> <div>PATTERSON FOUNDATION</div> | <div>Employer identification number</div> <div>74-3076772</div> |
|---------------------------------------------------------------------|-----------------------------------------------------------------|

Organization type (check one)

| | |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div> | <div>Section:</div> <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> <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).

| | |
|-----------------------------------------------------|-----------------------------------------------------|
| Name of organization PATTERSON FOUNDATION | Employer identification number 74-3076772 |
|-----------------------------------------------------|-----------------------------------------------------|

| 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 |
| — | See Additional Data Table | \$ | Person Payroll Noncash (Complete Part II for noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| — | | \$ | Person Payroll Noncash (Complete Part II for noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| — | | \$ | Person Payroll Noncash (Complete Part II for noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| — | | \$ | Person Payroll Noncash (Complete Part II for noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| — | | \$ | Person Payroll Noncash (Complete Part II for noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| — | | \$ | Person Payroll Noncash (Complete Part II for noncash contribution) |

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|-----------------------------------------------------|-----------------------------------------------------|
| Name of organization PATTERSON FOUNDATION | Employer identification number 74-3076772 |
|-----------------------------------------------------|-----------------------------------------------------|

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

[illegible]

| | |
|----------------------------------------------|----------------------------------------------|
| Name of organization PATTERSON FOUNDATION | Employer identification number 74-3076772 |
|----------------------------------------------|----------------------------------------------|

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 *exclusively* 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

| (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 |
|------------|-------------------------------------|-------------------------------|----------------------------------------------|
| 1 | SIT INVESTMENTS | | Person <input checked="" type="checkbox"/> |
| | 3300 IDS CENTER 80 SOUTH 8TH STREET | \$ 16,874 | Payroll <input type="checkbox"/> |
| | MINNEAPOLIS, MN 55402 | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contribution) |
| 2 | ACTEON NORTH AMERICA | | Person <input checked="" type="checkbox"/> |
| | 124 FAITHER DRIVE SUITE 140 | \$ 10,600 | Payroll <input type="checkbox"/> |
| | MOUNT LAUREL, NJ 08054 | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contribution) |
| 3 | SEPTODONT | | Person <input checked="" type="checkbox"/> |
| | 205 GRANITE RUN DRIVE SUITE 150 | \$ 10,100 | Payroll <input type="checkbox"/> |
| | LANCASTER, PA 17601 | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contribution) |
| 4 | PELTON & CRANE | | Person <input checked="" type="checkbox"/> |
| | 1515 S MANCHESTER AVENUE | \$ 5,000 | Payroll <input type="checkbox"/> |
| | ANAHEIM, CA 92805 | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contribution) |
| 5 | SEMPERMED USA INC | | Person <input checked="" type="checkbox"/> |
| | 13900 49TH STREET NORTH | \$ 79,287 | Payroll <input type="checkbox"/> |
| | CLEARWATER, FL 33762 | | Noncash <input type="checkbox"/> |
| | | | (Complete Part II for noncash contribution) |
| 6 | SIRONA DENTAL SYSTEMS INC | | Person <input checked="" type="checkbox"/> |
| | 4835 SIRONA DRIVE SUITE 100 | \$ 30,450 | Payroll <input type="checkbox"/> |
| | CHARLOTTE, NC 28273 | | 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 |
|---------------|-----------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <div>7</div> | <div>IVOCAR VIVADENT INC</div> <div>175 PINEVIEW DRIVE</div> <div>AMHERST, NY 14228</div> | <div>\$ 15,200</div> | <div>Person</div> <div>Payroll</div> <div>Noncash</div> <div>(Complete Part II for noncash contribution)</div> |
| <div>8</div> | <div>MIDMARK CORPORATION</div> <div>60 VISTA DRIVE PO BOX 286</div> <div>VERSAILLES, OH 45380</div> | <div>\$ 10,200</div> | <div>Person</div> <div>Payroll</div> <div>Noncash</div> <div>(Complete Part II for noncash contribution)</div> |
| <div>9</div> | <div>3M ESPE DENTAL PRODUCTS</div> <div>3M CENTER BUILDING 275-02-E-03</div> <div>ST PAUL, MN 55144</div> | <div>\$ 10,100</div> | <div>Person</div> <div>Payroll</div> <div>Noncash</div> <div>(Complete Part II for noncash contribution)</div> |
| <div>10</div> | <div>WELLS FARGO BANK NA</div> <div>2000 POWELL STREET 4TH FLOOR</div> <div>EMERYVILLE, CA 94608</div> | <div>\$ 10,225</div> | <div>Person</div> <div>Payroll</div> <div>Noncash</div> <div>(Complete Part II for noncash contribution)</div> |
| <div>11</div> | <div>SCICAN</div> <div>701 TECHNOLOGY DRIVE</div> <div>CANONSBURG, PA 15317</div> | <div>\$ 10,125</div> | <div>Person</div> <div>Payroll</div> <div>Noncash</div> <div>(Complete Part II for noncash contribution)</div> |
| <div>12</div> | <div>HU-FRIEDY</div> <div>3232 N ROCKWELL STREET</div> <div>CHICAGO, IL 60618</div> | <div>\$ 10,000</div> | <div>Person</div> <div>Payroll</div> <div>Noncash</div> <div>(Complete Part II for noncash contribution)</div> |

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 13 | DENTSPLY INTERNATIONAL INC | \$ 10,000 | <div>Person</div> <div>Payroll</div> <div>Noncash</div> <div>(Complete Part II for noncash contribution)</div> |
| | 570 W COLLEGE AVENUE | | |
| | YORK, PA 17401 | | |
| 14 | A-DEC INC | \$ 10,290 | <div>Person</div> <div>Payroll</div> <div>Noncash</div> <div>(Complete Part II for noncash contribution)</div> |
| | 2601 CRESTVIEW DRIVE | | |
| | NEWBERG, OR 97132 | | |
| 15 | BOEHRINGER INGELHEIM VETMEDICA INC | \$ 5,000 | <div>Person</div> <div>Payroll</div> <div>Noncash</div> <div>(Complete Part II for noncash contribution)</div> |
| | 528 BARRY DRIVE | | |
| | SPRINGFIELD, PA 19064 | | |
| 16 | PROFESSIONAL SALES ASSOCIATES INC | \$ 5,150 | <div>Person</div> <div>Payroll</div> <div>Noncash</div> <div>(Complete Part II for noncash contribution)</div> |
| | 5045 PARK AVE WEST SUITE 1B | | |
| | SEVILLE, OH 44273 | | |
| 17 | METREX | \$ 5,000 | <div>Person</div> <div>Payroll</div> <div>Noncash</div> <div>(Complete Part II for noncash contribution)</div> |
| | 11727 FRUEHAUF DRIVE | | |
| | CHARLOTTE, NC 28273 | | |
| 18 | AIR TECHNIQUES | \$ 5,150 | <div>Person</div> <div>Payroll</div> <div>Noncash</div> <div>(Complete Part II for noncash contribution)</div> |
| | 1295 WALT WHITMAN ROAD | | |
| | MELVILLE, NY 11747 | | |