efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491317010357

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

2016

Open to Public Inspection

For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 21,265,726

J Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

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)	368,972			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	595,088	595,088		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	652,830			
	b	Gross sales price for all assets on line 6a 15,919,526				
	7	Capital gain net income (from Part IV, line 2)		652,830		
	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	1,616,890	1,247,918	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)	15,671	5,485	0	10,186
	c	Other professional fees (attach schedule)	176,447	161,727	0	14,720
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	17,034	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)	26,135	0	0	26,135
	24	**Total operating and administrative expenses.** Add lines 13 through 23	235,287	167,212	0	51,041
	25	Contributions, gifts, grants paid	1,184,798			1,184,798
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,420,085	167,212	0	1,235,839
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	196,805			
	b	**Net investment income** (if negative, enter -0-)		1,080,706		
	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	27,189	49,964	49,964
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ 54,856			
	Less allowance for doubtful accounts ▶ 2,000	9,042	52,856	52,856
	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	6,935	3,503	3,503
	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)	20,579,172	21,113,288	21,113,288
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)	51,757	46,115	46,115
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	20,674,095	21,265,726	21,265,726
Liabilities	17 Accounts payable and accrued expenses	43,333	47,617	
	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)	43,333	47,617	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	20,630,762	21,218,109	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ 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)	20,630,762	21,218,109	
	31 **Total liabilities and net assets/fund balances** (see instructions)	20,674,095	21,265,726	

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	20,630,762
2	Enter amount from Part I, line 27a	2	196,805
3	Other increases not included in line 2 (itemize) ▶	3	390,542
4	Add lines 1, 2, and 3	4	21,218,109
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	21,218,109

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	15,919,526		15,266,696	652,830
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) 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				652,830
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	652,830
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))
2015	1,007,199	21,019,951	0 047916
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

2	**Total** of line 1, column (d)	2	0 223946
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 044789
4	Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	20,509,316
5	Multiply line 4 by line 3	5	918,592
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	10,807
7	Add lines 5 and 6	7	929,399
8	Enter qualifying distributions from Part XII, line 4	8	1,235,839

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 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	1	10,807
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	10,807
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	10,807
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016 — 6a: 10,725		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 11,000		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	21,725
8	Enter any **penalty** for underpayment of estimated tax Check here ☑ if Form 2220 is attached	8	1
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	10,917
11	Enter the amount of line 10 to be **Credited to 2017 estimated tax** ▶ 10,917 **Refunded** ▶	11	0

Part VII-A **Statements Regarding Activities**

			Yes	No
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)?	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? *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		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? *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 2016 or the taxable year beginning in 2016 (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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2016, 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		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.

1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		☐ Yes	☑ No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		☐ Yes	☑ No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		☐ Yes	☑ No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		☐ Yes	☑ 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)?		☐ Yes	☑ 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)		☐ Yes	☑ 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 ▶ ☐			
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 2016?	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?		☐ Yes	☑ 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?		☐ Yes	☑ No
b	If "Yes," did it have excess business holdings in 2016 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 2016).*	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 2016?	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	(d) Contributions to employee benefit plans and deferred compensation	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 3300 IDS CENTER 80 SOUTH 8TH STREET MINNEAPOLIS, MN 55402	INVESTMENT MANAGEMENT	116,064
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	20,636,085
b	Average of monthly cash balances	1b	83,082
c	Fair market value of all other assets (see instructions)	1c	102,474
d	**Total** (add lines 1a, b, and c)	1d	20,821,641
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	20,821,641
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	312,325
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	20,509,316
6	**Minimum investment return.** Enter 5% of line 5	6	1,025,466

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	1,025,466
2a	Tax on investment income for 2016 from Part VI, line 5	2a	10,807		
b	Income tax for 2016 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	10,807
3	Distributable amount before adjustments Subtract line 2c from line 1			3	1,014,659
4	Recoveries of amounts treated as qualifying distributions			4	5,203
5	Add lines 3 and 4			5	1,019,862
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	1,019,862

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	1,235,839
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	1,235,839
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	10,807
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,225,032

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				1,019,862
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			778,156	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				
e From 2015.				
f **Total** of lines 3a through e.	0			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ $ 1,235,839				
a Applied to 2015, but not more than line 2a			778,156	
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 2016 distributable amount.				457,683
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2016	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
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 2015 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 2017				562,179
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 2011 not applied on line 5 or line 7 (see instructions) . . .	0			
9 **Excess distributions carryover to 2017.** Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2012. . . .				
b Excess from 2013. . . .				
c Excess from 2014. . . .				
d Excess from 2015. . . .				
e Excess from 2016. . . .				

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 2016, 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)

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
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.)

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 Name and address (home or business)	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
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				1,184,798
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .			14	595,088	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	652,830	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		1,247,918	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	1,247,918

(See worksheet in line 13 instructions to verify calculations)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

			Yes	No
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?			
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

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

Sign Here

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

****** | 2017-11-07 | ******

Signature of officer or trustee | Date | Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
GEORGIA AKINS				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 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120	TREASURER 0 40	0	0	0
RONALD E EZERSKI 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120	DIRECTOR 0 40	0	0	0
GEORGE L HENRIQUES 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120	DIRECTOR 0 40	0	0	0
LESLIE B KORSH 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120	SECRETARY 0 40	0	0	0
KELLY A BAKER 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120	DIRECTOR 0 40	0	0	0
SCOTT P ANDERSON 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120	VICE PRESIDENT 0 40	0	0	0
JAMES W WILTZ 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120	DIRECTOR 0 40	0	0	0
TODD W MUELLER 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120	DIRECTOR 0 40	0	0	0
GARY D JOHNSON 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120	VICE PRESIDENT 0 40	0	0	0
PAMELA A HEMMEN 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120	DIRECTOR 0 40	0	0	0
DAVID G MISIAK 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120	PRESIDENT 0 40	0	0	0
DALE A SPANN 1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120	DIRECTOR 0 40	0	0	0

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
AMERICA'S DENTIST CARE FOUNDATION 9110 E 35TH ST N WICHITA, KS 67226	NONE	PUBLIC CHARITY	CRITICAL EQUIPMENT SUSTAINABLILTY	58,000
ALASKA DENTAL SOCIETY CHARITABLE ACTIVITIES FUND INC 9170 JEWEL LAKE ROAD SUITE 100 ANCHORAGE, AK 99502	NONE	PUBLIC CHARITY	ANCHORAGE MISSION OF MERCY EVENT	5,000
AMAUS HEALTH SERVICES AT CATHEDRAL PC 259 EAST ONONDAGA STREET SYRACUSE, NY 13202	NONE	PUBLIC CHARITY	AMAUS DENTAL SERVICES EXPANSION	25,000
CALIFORNIA DENTAL ASSOCIATION FOUNDATION 1201 K STREET 15TH FLOOR SACRAMENTO, CA 95814	NONE	PUBLIC CHARITY	CDC CARES	15,000
CARE CLINIC 1407 WEST 4TH STREET RED WING, MN 55066	NONE	PUBLIC CHARITY	ACCESS TO ORAL HEALTH CARE IN GOODHUE COUNTY	8,000
Total . . . . . ▶ 3a				1,184,798

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
AMERICAN ACADEMY OF COSMETIC DENTISTRY CHARITABLE FOUNDATION 402 WEST WILSON STREET MADISON, WI 53703	NONE	PUBLIC CHARITY	GIVE BACK A SMILE	2,000
COLORADO MISSION OF MERCY 430 COLORADO AVENUE PUEBLO, CO 81004	NONE	PUBLIC CHARITY	2016 BRUSH COMOM	5,000
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	NATIONAL DONATED DENTAL SERVICES PROGRAM	60,000
AMERICA'S VET DOGS - THE VETERAN'S K-9 CORPS 371 E JERICHO TURNPIKE SMITHTOWN, NY 11720	NONE	PUBLIC CHARITY	AMERICA'S VETDOGS FACILITY ACCESSIBILITY MODIFICATIONS	35,000
Total . . . . . ▶ 3a				1,184,798

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
GENESIS WORLD MISSION 215 W 35TH STREET GARDEN CITY, ID 83714	NONE	PUBLIC CHARITY	INCREASING THE IMPACT OF THE GARDEN CITY COMMUNITY DENTAL CLINIC	4,664
ARKANSAS MISSION OF MERCY 7480 HIGHWAY 107 SHERWOOD, AR 72120	NONE	PUBLIC CHARITY	ARKANSAS MISSION OF MERCY EVENT	5,000
GIGI'S PLAYHOUSE 2350 WEST HIGGINS ROAD HOFFMAN ESTATES, IL 60169	NONE	PUBLIC CHARITY	"BEST OF ALL" VOLUNTEER DELIVERY OF FREE THERAPEUTIC PROGRAMS	25,000
AUSIN DOG ALLIANCE 1321 W NEW HOPE DRIVE CEDAR PARK, TX 78613	NONE	PUBLIC CHARITY	HOUNDS FOR HEROS - KENNEL AND EDUCATION CENTER	13,740
COMMUNITY FREE DENTAL CLINIC 2341 WHITESBURG DRIVE SUITE 3 HUNTSVILLE, AL 35801	NONE	PUBLIC CHARITY	UPGRADE AND OPERATE THE COMMUNITY FREE DENTAL CLINIC	10,000
Total 3a . . . . . ▶				1,184,798

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
HOLLAND FREE HEALTH CLINIC 99 W 26TH STREET HOLLAND, MI 49423	NONE	PUBLIC CHARITY	PROVIDING COMPREHENSIVE DENTAL CARE TO THE LOCAL UNDERSERVED	5,000
FRIENDS OF CRESTON CHILDREN'S DENTAL CLINIC 4701 SOUTHEAST BUSH STREET PORTLAND, OR 97206	NONE	PUBLIC CHARITY	EXPANDING SCHOOL BASED DENTAL HOME	5,000
INTERFAITH DENTAL CLINIC 1721 PATTERSON STREET NASHVILLE, TN 37203	NONE	PUBLIC CHARITY	AFFORDABLE DENTISTRY FOR THE WORKING POOR AND ELDERLY	17,140
IOWA DENTAL FOUNDATION 5530 W PARKWAY STE 100 JOHNSTON, IA 50131	NONE	PUBLIC CHARITY	IOWA MISSION OF MERCY EVENT	3,750
GOOD SAMARITAN CARE CLINIC 501 W US HWY 60 MOUNTAIN VIEW, MO 65548	NONE	PUBLIC CHARITY	PARTNERSHIP BETWEEN GOOD SAMARITAN CARE CLINIC AND OTC'S DENTAL ASSISTING PROGRAM	2,179
Total . . . . . ▶ 3a				1,184,798

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
HEART AND SOUL FREE CLINIC INC 202 PENN STREET PO BOX 478 WESTFIELD, IN 46074	NONE	PUBLIC CHARITY	HEART AND SOUL FREE DENTAL CLINIC	10,000
LOVE INC OF THE TRI-CITIES 326 N FERRY STREET GRAND HAVEN, MI 49417	NONE	PUBLIC CHARITY	FREE DENTAL CLINIC	4,000
MERCY HEALTH CENTER 700 OGLETHORPE AVE C7 ATHENS, GA 30606	NONE	PUBLIC CHARITY	SUPPORTING MERCY'S DENTAL CLINIC PART-TIME DENTAL COORDINATOR AND VOLUNTEER APPRECIATION	10,000
MINNESOTA DENTAL FOUNDATION 1335 INDUSTRIAL BLVD MINNEAPOLIS, MN 55413	NONE	PUBLIC CHARITY	MISSION OF MERCY EVENT IN MOORHEAD	5,000
ILLINOIS STATE DENTAL SOCIETY FOUNDATION PO BOX 217 SPRINGFIELD, IL 62705	NONE	PUBLIC CHARITY	MISSION OF MERCY EVENT IN COLLINSVILLE	5,000
Total . . . . . ▶ 3a				1,184,798

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
OPERATION GRACE MN 1769 LEXINGTON AVE N SUITE 204 ROSEVILLE, MN 55113	NONE	PUBLIC CHARITY	FLOSSIE GOES T SCHOOL	180,000
KIDSMILES PEDIATRIC DENTAL CLINIC 770 BETHEL ROAD COLUMBUS, OH 43214	NONE	PUBLIC CHARITY	KIDSSMILES PEDIATRIC DENTAL CLINIC	7,000
LOUSIANA DENTAL ASSOCIATION FOUNDATION 7833 OFFICE PARK BLVD BATON ROUGE, LA 70809	NONE	PUBLIC CHARITY	MISSION OF MERCY EVENT NEW ORLEANS AREA	5,000
PHYSICIANS CARECONNECTION 1390 DUBLIN ROAD COLUMBUS, OH 43215	NONE	PUBLIC CHARITY	DENTIST CARECONNECTION	5,000
MEMPHIS DENTAL SOCIETY CHARITABLE FUND 6250 POPLAR AVENUE MEMPHIS, TN 38119	NONE	PUBLIC CHARITY	MISSION OF MERCY EVENTS IN MEMPHIS AND MID-SOUTH	12,500
Total . . . . . ▶ 3a				1,184,798

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
ROUNDUP RIVER RANCH PO BOX 8589 AVON, CO 81620	NONE	PUBLIC CHARITY	VOLUNTEER RECRUITMENT (SUMMER AND FAMILY CAMPS)	8,400
RUTH'S PLACE CLINIC 1411 CRAWFORD AVENUE GRANBURY, TX 76048	NONE	PUBLIC CHARITY	PART-TIME DENTAL ASSISTANT	4,500
SAN ANTONIO CHRISTIAN DENTAL CLINIC 1 HAVEN FOR HOPE WAY BLDG 1 STE 400 SAN ANTONIO, TX 78207	NONE	PUBLIC CHARITY	DENTAL ASSISTANT SALARY SUPPLEMENT AND DENTAL RECRUTIMENT MARKETING	7,500
SCHOLARSHIP AMERICA ONE SCHOLARSHIP WAY PO BOX 297 ST PETER, MN 56082	NONE	EXEMPT ORGANIZATION	SCHOLARSHIPS	487,750
SEATTLE CENTER FOUNDATION 305 HARRISON STREET SEATTLE, WA 98109	NONE	PUBLIC CHARITY	SEATTLE/KING COUNTY CLINIC	5,000
Total . . . . . ▶ **3a**				1,184,798

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
SOUTH BAY CHILDREN'S HEALTH CENTER ASSOCIATION INC 410 CAMINO REAL REDONDO BEACH, CA 90277	NONE	PUBLIC CHARITY	ENDODONTICS SPECIALTY CARE THROUGH COLLABORATION FOR UNDERSERVED YOUTH	5,000
ST VINCENT DE PAUL 3000 GRATIOT AVE DETROIT, MN 48207	NONE	PUBLIC CHARITY	ST VINCENT DE PAUL DENTAL CLINIC	5,000
MICHIGAN DENTAL ASSOCIATION FOUNDATION 3657 OKEMOS ROAD SUITE 200 OKEMOS, MI 48864	NONE	PUBLIC CHARITY	MISSION OF MERCY EVENT IN MACOMB	5,000
MSDA C&E FOUNDATION 6410 DOBBIN ROAD SUITE F COLUMBIA, MD 21045	NONE	PUBLIC CHARITY	A TRUCK TO TREAT MORE AT THE MISSION OF MERCY EVENT	8,000
TRINITY FREE CLINIC 1045 WEST 146TH STREET SUITE B CARMEL, IN 46032	NONE	PUBLIC CHARITY	ORAL HEALTH FOR THE WORKING POOR OF HAMILTON COUNTY, INDIANA	6,250
Total . . . . . ▶ 3a				1,184,798

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
UNION GOSPEL MIISION ASSOCIATION OF ST PAUL 77 9TH ST E ST PAUL, MN 55101	NONE	PUBLIC CHARITY	PROVIDING EMERGENCY & RESTORATIVE DENTAL SERVICES WITH THE AID OF VOLUNTEER DENTAL PROFESSIONALS	10,000
WALTON FOUNDATION FOR INDEPENDENCE 523 13TH STREET AUGUSTA, GA 30901	NONE	PUBLIC CHARITY	CAMP TO BE INDEPENDENT	9,075
NEW MEXICO FOUNDATION FOR DENTAL HEALTH PO BOX 16854 ALBUQUERQUE, NM 87191	NONE	PUBLIC CHARITY	SANTA FE MISSION OF MERCY EVENT	5,000
OASIS FREE CLINICS 66 BARIBEAU DRIVE SUITE 9/10 BRUNSWICK, ME 04011	NONE	PUBLIC CHARITY	OASIS DENTAL CLINIC	5,000
OCONEE MEMORIAL HOSPITAL FOUNDATION 298 MEMORIAL DRIVE SENECA, SC 29672	NONE	PUBLIC CHARITY	ACCESSHEALTH COMMUNITY DENTAL CLINIC	9,000
Total . . . . . ▶ 3a				1,184,798

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
PRINCE OF PEACE LUTHERAN CHURCH 13901 FAIRVIEW DRIVE BURNSVILLE, MN 55337	NONE	PUBLIC CHARITY	MISSION OUTPOST DENTAL CLINIC	5,000
SACRAMENTO DISTRICT DENTAL FOUNDATION 2035 HURLEY WAY SUITE 200 SACRAMENTO, CA 95825	NONE	PUBLIC CHARITY	SMILES FOR KIDS 2016	10,000
SOUTHERN MARYLAND MISSION OF MERCY INC 28095 THREE NOTCH RD MECHANICVILLE, MD 20659	NONE	PUBLIC CHARITY	SOUTHERN MARYLAND MISSION OF MERCY 2016	2,500
ST ELIZABETH'S HEALTH CENTER 140 W SPEEDWAY BLVD STE 100 TUCSON, AZ 85705	NONE	PUBLIC CHARITY	OPERATING SUPPORT FOR VOLUNTEER DENTISTS	5,000
TRI-COUNTY DENTAL 9 TRI-PARK WAY APPLETON, WI 54914	NONE	PUBLIC CHARITY	TRI-COUNTY DENTAL/MARQUETTE UNIVERSITY SCHOOL OF DENTISTRY COLLABORATION	18,000
Total . . . . . ▶ 3a				1,184,798

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
UNITED WAY OF CENTRAL MARYLAND 100 S CHARLES ST 5TH FLOOR BALTIMORE, MD 21201	NONE	PUBLIC CHARITY	BALTIMORE MISSION OF MERCY EVENT	5,000
UNIVERSITY OF CINCINNATI FOUNDATION PO BOX 19970 CINCINNATI, OH 45219	NONE	PUBLIC CHARITY	UNIVERSITY OF CINCINNATI BLUE ASH COMMUNITY DENTAL DAY	3,350
Total . . . . . ▶ 3a				1,184,798

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491317010357

TY 2016 Accounting Fees Schedule

Name: PATTERSON FOUNDATION

EIN: 74-3076772

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING AND AUDITING	15,671	5,485	0	10,186

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317010357

TY 2016 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	94,144	94,144
EQUITIES	FMV	13,323,019	13,323,019
BONDS AND NOTES	FMV	4,502,347	4,502,347
POOLED, COMMON AND COLLECTIVE FUNDS	FMV	3,193,778	3,193,778

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317010357

TY 2016 Other Assets Schedule

Name: PATTERSON FOUNDATION

EIN: 74-3076772

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INTEREST AND DIVIDENDS	46,032	46,115	46,115
EXCISE TAX REFUND	5,725		

TY 2016 Other Expenses Schedule

Name: PATTERSON FOUNDATION

EIN: 74-3076772

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS	14,156	0	0	14,156
FUNDRAISING	8,547	0	0	8,547
GRANTS MANAGEMENT SOFTWARE	3,432	0	0	3,432

TY 2016 Other Increases Schedule

Name: PATTERSON FOUNDATION

EIN: 74-3076772

Description	Amount
NET UNREALIZED GAINS	385,339
PRIOR YEAR GRANT RECOVERIES	5,203

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491317010357

TY 2016 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	161,727	161,727	0	0
SCHOLARSHIP FEES	14,720	0	0	14,720

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317010357

TY 2016 Taxes Schedule

Name: PATTERSON FOUNDATION

EIN: 74-3076772

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	17,034	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491317010357

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Name of the organization
PATTERSON FOUNDATION

Employer identification number
74-3076772

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☑ 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 33 1/3% 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)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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

(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	**Employer identification number**
PATTERSON FOUNDATION	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 3300 IDS CENTER 80 SOUTH 8TH STREET MINNEAPOLIS, MN55402	$ 17,438	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
2	ACTEON NORTH AMERICA 124 GAITHER DRIVE SUITE 140 MOUNT LAUREL, NJ08054	$ 10,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
3	SEPTODONT 205 GRANITE RUN DRIVE SUITE 150 LANCASTER, PA17601	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
4	VEDCON 5503 CORPORATE DRIVE ST JOSEPH, MO64507	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
5	SEMPERMED USA INC 13900 49TH STREET NORTH CLEARWATER, FL33762	$ 81,430	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
6	SIRONA DENTAL SYSTEMS INC 4835 SIRONA DRIVE SUITE 100 CHARLOTTE, NC28273	$ 30,850	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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
7	IVOCLAR VIVADENT INC 175 PINEVIEW DRIVE AMHERST, NY14228	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
8	MIDMARK CORPORATION 60 VISTA DRIVE PO BOX 286 VERSAILLES, OH45380	$ 10,125	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
9	3M ESPE DENTAL PRODUCTS 3M CENTER BUILDING 275-02-E-03 ST PAUL, MN55144	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
10	NICK ABRUZZO 4626 CROOKED STICK CT EAGAN, MN55123	$ 15,125	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
11	SCICAN 701 TECHNOLOGY DRIVE CANONSBURG, PA15317	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
12	HU-FRIEDY 3232 N ROCKWELL STREET CHICAGO, IL60618	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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
13	DENTSPLY INTERNATIONAL INC 570 W COLLEGE AVENUE YORK, PA17401	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
14	A-DEC INC 2601 CRESTVIEW DRIVE NEWBERG, OR97132	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
15	JOHN ADENT 3762 TAYSIDE CT TIMNATH, CO80547	$ 5,650	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
16	PROFESSIONAL SALES ASSOCIATES INC 5045 PARK AVE WEST SUITE 1B SEVILLE, OH44273	$ 5,100	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
17	METREX 11727 FRUEHAUF DRIVE CHARLOTTE, NC28273	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
18	AIR TECHNIQUES 1295 WALT WHITMAN ROAD MELVILLE, NY11747	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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
19	KEVIN POHLMAN 35160 MORNING STAR CT WINDSOR, CO80550	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
20	WESLEY FIELD 23145 WOODLAND RIDGE DRIVE LAKEVILLE, MN55044	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
21	PAM HEMMEN 71 RHINE PL TEUTPOLIS, IL62467	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
22	SUSAN GRELLING 318 OAK RIDGE DR VADNAIS HEIGHTS, MN55127	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
23	CECILE AND ROBERT SCHAUER 797 TROTTERS RIDGE EAGAN, MN55123	$ 5,125	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
24	NEIL AND ISABEL MCFADDEN 215 CHANCELLORS PARK CT SIMPSONVILLE, SC29681	$ 9,225	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)