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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.

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation
PATTERSON FOUNDATION

Number and street (or P O box number if mail is not delivered to street address)
1031 MENDOTA HEIGHTS ROAD

City or town, state or province, country, and ZIP or foreign postal code
ST PAUL, MN 55120

G Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 24,521,975

J Accounting method

☐ Cash

☒ Accrual

☐ Other (specify) (Part I, column (d) must be on cash basis)

A Employer identification number
74-3076772

B Telephone number (see instructions)
(651) 686-1725

C If exemption application is pending, check here

D 1. Foreign organizations, check here

2 Foreign organizations meeting the 85% test, check here and attach computation

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

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)	185,477		
	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	599,767	599,767	
	5a Gross rents			
	b Net rental income or (loss)			
	6a Net gain or (loss) from sale of assets not on line 10	542,189		
	b Gross sales price for all assets on line 6a			
	7 Capital gain net income (from Part IV, line 2)		542,189	
	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	1,327,433	1,141,956		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc			
	14 Other employee salaries and wages			
	15 Pension plans, employee benefits			
	16a Legal fees (attach schedule)			
	b Accounting fees (attach schedule)	17,110	5,989	11,121
	c Other professional fees (attach schedule)	188,816	171,656	17,160
	17 Interest			
	18 Taxes (attach schedule) (see instructions)	9,657		
	19 Depreciation (attach schedule) and depletion			
	20 Occupancy			
	21 Travel, conferences, and meetings			
	22 Printing and publications			
	23 Other expenses (attach schedule)	18,731		18,731
	24 Total operating and administrative expenses. Add lines 13 through 23	234,314	177,645	47,012
	25 Contributions, gifts, grants paid	1,314,504		1,304,504
	26 Total expenses and disbursements. Add lines 24 and 25	1,548,818	177,645	1,351,516
	27 Subtract line 26 from line 12			
	a Excess of revenue over expenses and disbursements	-221,385		
	b Net investment income (if negative, enter -0-)		964,311	
c Adjusted net income (if negative, enter -0-)				

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2019)

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	33,020	48,115		48,115	
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4	Pledges receivable ▶ _____ 25,985 Less allowance for doubtful accounts ▶ _____ 500	15,427	25,485		25,485	
	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	11,080	7,840		7,840	
	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)	20,663,359	24,400,251		24,400,251	
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)	41,585	40,284		40,284		
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	20,764,471	24,521,975		24,521,975		
Liabilities	17	Accounts payable and accrued expenses	40,817	45,127			
	18	Grants payable		10,000			
	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)	40,817	55,127			
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.						
	24	Net assets without donor restrictions	20,723,654	24,466,848			
	25	Net assets with donor restrictions					
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.						
	26	Capital stock, trust principal, or current funds					
	27	Paid-in or capital surplus, or land, bldg , and equipment fund					
	28	Retained earnings, accumulated income, endowment, or other funds					
	29	Total net assets or fund balances (see instructions)	20,723,654	24,466,848			
30	Total liabilities and net assets/fund balances (see instructions) .	20,764,471	24,521,975				

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 29 (must agree with end-of-year figure reported on prior year's return)	1	20,723,654
2	Enter amount from Part I, line 27a	2	-221,385
3	Other increases not included in line 2 (itemize) ▶ _____	3	3,964,579
4	Add lines 1, 2, and 3	4	24,466,848
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	24,466,848

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 15,367,854		14,825,665	542,189
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			542,189
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) <div style="float: right; font-size: small;"> { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>	2	542,189
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))
2018	1,513,615	22,903,885	0 066086
2017	1,209,802	22,207,393	0 054477
2016	1,225,032	20,509,316	0 059731
2015	1,007,199	21,019,951	0 047916
2014	920,374	20,474,343	0 044953

2 Total of line 1, column (d)	2	0 273163
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 054633
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	22,818,429
5 Multiply line 4 by line 3	5	1,246,639
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	9,643
7 Add lines 5 and 6	7	1,256,282
8 Enter qualifying distributions from Part XII, line 4 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	8	1,351,516

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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	9,643
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	
3	Add lines 1 and 2.	3	9,643
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	9,643
6	Credits/Payments		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	12,000
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	12,000
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	2
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	2,355
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 2,355 Refunded ▶	11	

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). <i>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</i>	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 ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	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? <i>If "Yes," attach a conformed copy of the changes</i>	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? <i>If "Yes," attach the statement required by General Instruction T</i>	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? <i>If "Yes," complete Part II, col (c), and Part XV</i>	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? <i>If "No," attach explanation</i> .	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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	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.PATTERSONFOUNDATION.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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2019, 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 the instructions for exceptions and filing requirements for FinCEN Form 114. 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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(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. <input type="checkbox"/>	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 2019?	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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2019 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 2019).	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 2019?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
5a	During the year did the foundation pay or incur any amount to		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b No
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>	
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870		6b No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?		7b
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

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 MANA	131,342
3300 IDS CENTER 80 SOUTH 8TH STREET		
MINNEAPOLIS, MN 55402		
Total number of others receiving over \$50,000 for professional services. ▶		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant 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 N/A	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3 ▶	

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	22,976,552
b	Average of monthly cash balances.	1b	115,757
c	Fair market value of all other assets (see instructions).	1c	73,609
d	Total (add lines 1a, b, and c).	1d	23,165,918
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	23,165,918
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	347,489
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	22,818,429
6	Minimum investment return. Enter 5% of line 5.	6	1,140,921

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	1,140,921
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	9,643
b	Income tax for 2019 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	9,643
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,131,278
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	1,131,278
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	1,131,278

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	1,351,516
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 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	1,351,516
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	9,643
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,341,873

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				1,131,278
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only.			22,480	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2019				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ <u>1,351,516</u>				
a Applied to 2018, but not more than line 2a			22,480	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2019 distributable amount.				1,131,278
e Remaining amount distributed out of corpus	197,758			
5 Excess distributions carryover applied to 2019 (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	197,758			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				0
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).				
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	197,758			
10 Analysis of line 9				
a Excess from 2015.				
b Excess from 2016.				
c Excess from 2017.				
d Excess from 2018.				
e Excess from 2019.	197,758			

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 2019, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
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 foundation 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))
NONE

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
NONE

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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
LINDSAY STEWART FOUNDATION MANAGER
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 COMANIES, 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 <i>Paid during the year</i> See Additional Data Table				
Total			3a	1,304,504
b <i>Approved for future payment</i> GUIDE DOGS FOR THE BLIND INC PO BOX 151200 SAN RAFAEL, CA 949151200	NONE	PC	SEE GENERAL FOOTNOTE	10,000
Total			3b	10,000

Enter gross amounts unless otherwise indicated

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

[illegible]

Part XVII

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (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.
- (2)** Other assets.
- b** Other transactions
- (1)** Sales of assets to a noncharitable exempt organization.
- (2)** Purchases of assets from a noncharitable exempt organization.
- (3)** Rental of facilities, equipment, or other assets.
- (4)** Reimbursement arrangements.
- (5)** Loans or loan guarantees.
- (6)** Performance of services or membership or fundraising solicitations.
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
- d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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.		
	*****	2020-07-23	*****
	_____ 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 <input type="checkbox"/>	PTIN
	GEORGIA AKINS		2020-07-23		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	PRESIDENT 0 40	0	0	0
1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120				
LESLIE B KORSH	VP/SECRETARY 0 40	0	0	0
1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120				
ELIZABETH DYGERT	DIRECTOR 0 40	0	0	0
1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120				
MARK WALCHIRK	DIRECTOR 0 40	0	0	0
1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120				
DALE A SPANN	DIRECTOR 0 40	0	0	0
1031 MENDOTA HEIGHTS ROAD ST PAUL, MN 55120				
KEVIN POHLMAN	DIRECTOR 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 <i>Paid during the year</i>				
ADA JENKINS CENTERPO BOX 1842 DAVIDSON, NC 28036	NONE	PC	SEE GENERAL FOOTNOTE	10,000
AMERICA'S VET DOGS 371 E JERICHO TURNPIKE SMITHTOWN, NY 11720	NONE	PC	SEE GENERAL FOOTNOTE	53,219
ALOHA MEDICAL MISSION 810 NORTH VINEYARD BLVD HONOLULU, HI 96817	NONE	PC	SEE GENERAL FOOTNOTE	10,000
Total ▶ 3a				1,304,504

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>				
KANSAS DENTAL CHARITABLE FOUNDATION 5200 SW HUNTOON TOPEKA, KS 66604	NONE	PC	SEE GENERAL FOOTNOTE	5,000
OUR LADY OF MERCY COMMUNITY OUTREACH SERVICES INC 1684 BROWNSWOOD ROAD JOHNS ISLAND, SC 29455	NONE	PC	SEE GENERAL FOOTNOTE	10,000
MERCY HEALTH CENTER 700 OGLETHORPE AVE C7 ATHENS, GA 30606	NONE	PC	SEE GENERAL FOOTNOTE	5,000
Total ▶ 3a				1,304,504

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>				
NEW MEXICO FOUNDATION FOR DENTAL HEALTH RESEARCH AND EDUCATION PO BOX 16854 ALBUQUERQUE, NM 87191	NONE	PC	SEE GENERAL FOOTNOTE	5,000
FREEDOM SERVICE DOGS INC 7193 S DILLON CT ENGLEWOOD, CO 80112	NONE	PC	SEE GENERAL FOOTNOTE	19,760
CANINE PARTNERS FOR LIFE PO BOX 170 COCHRANVILLE, PA 19330	NONE	PC	SEE GENERAL FOOTNOTE	10,000
Total ▶ 3a				1,304,504

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>				
ARLINGTON FREE CLINIC 2921 11TH STREET SOUTH ARLINGTON, VA 22204	NONE	PC	SEE GENERAL FOOTNOTE	10,000
CARE CLINIC1407 W 4TH ST RED WING, MN 55066	NONE	PC	SEE GENERAL FOOTNOTE	5,700
RHODE ISLAND ORAL HEALTH FOUNDATION 201 A GRAVELLY HILL ROAD WAKEFIELD, RI 02879	NONE	PC	SEE GENERAL FOOTNOTE	5,000
Total ▶ 3a				1,304,504

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>				
TRINITY FREE CLINIC 1045 W 146TH STREET SUITE B CARMEL, IN 46032	NONE	PC	SEE GENERAL FOOTNOTE	10,000
OPERATION GRACE MN 1769 LEXINGTON AVE N 204 ROSEVILLE, MN 55113	NONE	PC	ADOPT A SMILE	100,600
KIDSMILES PEDIATRIC DENTAL CLINIC 770 BETHEL ROAD COLUMBUS, OH 43214	NONE	PC	SEE GENERAL FOOTNOTE	7,000
Total ▶ 3a				1,304,504

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>				
NEBRASKA MISSION OF MERCY 2727 S 144TH ST SUITE 235 OMAHA, NE 68132	NONE	PC	SEE GENERAL FOOTNOTE	5,000
ST PETERSBURG FREE CLINIC 863 3RD AVE N ST PETERSBURG, FL 33701	NONE	PC	SEE GENERAL FOOTNOTE	10,000
NORTH CAROLINA DENTAL SOCIETY FOUNDATION1600 EVANS ROAD CARY, NC 27513	NONE	PC	SEE GENERAL FOOTNOTE	5,000
Total ▶ 3a				1,304,504

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>				
LOVE IN ACTION OF THE TRI-CITIES 326 N FERRY STREET GRAND HAVEN, MI 49417	NONE	PC	SEE GENERAL FOOTNOTE	7,030
COLORADO MISSION OF MERCY 712 NINTH STREET PENROSE, CO 81240	NONE	PC	SEE GENERAL FOOTNOTE	5,000
CALIFORNIA DENTAL ASSOCIATION FOUNDATION1201 K STREET 15TH FLOOR SACRAMENTO, CA 95814	NONE	PC	SEE GENERAL FOOTNOTE	5,000
Total ▶ 3a				1,304,504

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>				
CATHOLIC CHARITIES OF THE ARCHDIOCE ESE OF WASHINGTON924 G STREET NE WASHINGTON, DC 20001	NONE	PC	SEE GENERAL FOOTNOTE	5,000
COMMUNITY DENTAL CLINIC 1008 WOODLAWN STREET CLEARWATER, FL 33756	NONE	PC	SEE GENERAL FOOTNOTE	7,500
EXALTA HEALTH2060 DIVISION SOUTH GRAND RAPIDS, MI 49507	NONE	PC	SEE GENERAL FOOTNOTE	10,000
Total ▶ 3a				1,304,504

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>				
CENTRAL ARIZONA DENTAL SOCIETY FOUNDATION5300 N CENTRAL AVE SUITE 200 PHOENIX, AZ 85012	NONE	PC	SEE GENERAL FOOTNOTE	5,800
PRINCE OF PEACE LUTHERAN CHURCH13901 FAIRVIEW DRIVE BURNSVILLE, MN 55337	NONE	PC	SEE GENERAL FOOTNOTE	5,000
MATTHEW 25 INC413 E JEFFERSON BLVD FORT WAYNE, IN 46802	NONE	PC	SEE GENERAL FOOTNOTE	5,000
Total ▶ 3a				1,304,504

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>				
SUMMIT ASSISTANCE DOGSPO BOX 699 ANACORTES, WA 98221	NONE	PC	SEE GENERAL FOOTNOTE	25,000
GOOD SAMARITAN HOSPITAL FOUNDATION 375 DIXMYTH AVENUE CINCINNATI, OH 45220	NONE	PC	SEE GENERAL FOOTNOTE	15,000
INTERNATIONAL GUIDING EYES INC 13445 GLENOAKS BLVD SYLMAR, CA 91342	NONE	PC	SEE GENERAL FOOTNOTE	10,000
Total ► 3a				1,304,504

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>				
SOUTH BAY CHILDREN'S HEALTH CENTER 410 CAMINO REAL REDONDO BEACH, CA 90277	NONE	PC	SEE GENERAL FOOTNOTE	10,000
SEATTLE CENTER FOUNDATION 305 HARRISON STREET SEATTLE, WA 98109	NONE	PC	SEE GENERAL FOOTNOTE	5,000
UNITED WAY OF CENTRAL MARYLAND 1800 WASHINGTON BLVD SUITE 340 BALTIMORE, MD 21230	NONE	PC	SEE GENERAL FOOTNOTE	10,000
Total ▶ 3a				1,304,504

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>				
MEMPHIS DENTAL SOCIETY CHARITABLE FUND6250 POPLAR AVE MEMPHIS, TN 38119	NONE	PC	SEE GENERAL FOOTNOTE	5,000
CENTRAL AR VOLUNTEERS IN MEDICINE CLINIC INC201 EAST ROOSEVELT ROAD LITTLE ROCK, AR 72206	NONE	PC	SEE GENERAL FOOTNOTE	10,000
PANCARE OF FLORIDA INC 403 EAST 11TH STREET PANAMA CITY, FL 32401	NONE	PC	SEE GENERAL FOOTNOTE	35,000
Total ▶ 3a				1,304,504

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>				
LONDON COMMUNITY DENTAL ALLIANCE 476 REGAL DRIVE LONDON N5Y 1J9 CA	NONE	PC	SEE GENERAL FOOTNOTE	12,000
NEW HORIZONS SERVICE DOGS INC 1590 LAUREL PARK COURT ORANGE CITY, FL 32763	NONE	PC	SEE GENERAL FOOTNOTE	16,000
SOUTHEASTERN GUIDE DOGS 4210 77TH STREET EAST PALMETTO, FL 34221	NONE	PC	SEE GENERAL FOOTNOTE	35,000
Total ▶ 3a				1,304,504

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>				
KIDS IN NEED OF DENTISTRY 2465 S DOWNING ST SUITE 210 DENVER, CO 80210	NONE	PC	SEE GENERAL FOOTNOTE	10,000
CAN DO CANINES 9440 SCIENCE CENTER DRIVE NEW HOPE, MN 55428	NONE	PC	SEE GENERAL FOOTNOTE	15,000
WAUKESHA COUNTY COMMUNITY DENTAL CLINIC 210 NW BARSTOW STREET SUITE 305 WAUKESHA, WI 53188	NONE	PC	SEE GENERAL FOOTNOTE	10,000
Total			▶ 3a	1,304,504

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>				
DENTAL LIFELINE NETWORK 1800 15TH STREET SUITE 100 DENVER, CO 80202	NONE	PC	SEE GENERAL FOOTNOTE	56,195
DOGS FOR OUR BRAVE INC 6244 CLAYTON AVE ST LOUIS, MO 63139	NONE	PC	SEE GENERAL FOOTNOTE	10,000
AMERICA'S DENTISTS CARE FOUNDATION 9110 E 35TH STREET N WICHITA, KS 67226	NONE	PC	SEE GENERAL FOOTNOTE	40,000
Total ▶ 3a				1,304,504

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>				
SCHOLARSHIP AMERICA ONE SCHOLARSHIP WAY PO BOX 297 ST PETER, MN 56082	NONE	PC	SEE GENERAL FOOTNOTE	619,000
BIG BONES CANINE RESCUE 32614 COUNTY ROAD 23 WINDSOR, CO 80550	NONE	PC	SEE GENERAL FOOTNOTE	1,200
FEED MY STARVING CHILDREN 990 LONE OAK RD SUITE 136 EAGAN, MN 55121	NONE	PC	SEE GENERAL FOOTNOTE	3,400
Total ▶ 3a				1,304,504

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>				
GIVE KIDS A SMILE 10-A WORTHINGTONACCESS DR MARYLAND HEIGHTS, MO 63043	NONE	PC	SEE GENERAL FOOTNOTE	400
JUNIOR ACHIEVEMENT OF THE UPPER MIDWEST1745 UNIVERSITY AVE W ST PAUL, MN 55104	NONE	PC	SEE GENERAL FOOTNOTE	1,100
PRIMARY HEALTH SOLUTIONS 300 HIGH ST 4TH FLOOR HAMILTON, OH 45011	NONE	PC	SEE GENERAL FOOTNOTE	500
Total ▶ 3a				1,304,504

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>				
BEE 901 CO3105 SHADOW GREEN LANE LAKELAND, TN 38002	NONE	PC	SEE GENERAL FOOTNOTE	100
BRIDGING1730 TERRACE LANE ROSEVILLE, MN 55113	NONE	PC	SEE GENERAL FOOTNOTE	3,100
EASTVIEW HIGH SCHOOL 6200 140TH ST W APPLE VALLEY, MN 55124	NONE	PC	SEE GENERAL FOOTNOTE	400
Total ▶ 3a				1,304,504

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>				
MIDWEST AVIAN ADOPTION AND RESCUE 1360 UNIVERSITY AVE W SUITE 347 ST PAUL, MN 55104	NONE	PC	SEE GENERAL FOOTNOTE	400
NAMI TEMECULA VALLEY 29128 REDWOOD STREET MENIFEE, CA 92584	NONE	PC	SEE GENERAL FOOTNOTE	100
POWER CROSS1133 W FRONT STREET STATESVILLE, NC 28677	NONE	PC	SEE GENERAL FOOTNOTE	300
Total ▶ 3a				1,304,504

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>				
SIOUX COUNTY 4-H ENDOWMENT 392 15TH STREET NE SIOUX CENTER, IA 51250	NONE	PC	SEE GENERAL FOOTNOTE	400
UNIVERSITY OF TENNESSEE BAS 269 2506 RIVER DR KNOXVILLE, TN 37996	NONE	PC	SEE GENERAL FOOTNOTE	200
URBAN MINISTRY CENTER 8848 RED OAK BLVD SUITE F CHARLOTTE, NC 28217	NONE	PC	SEE GENERAL FOOTNOTE	1,400
Total ► 3a				1,304,504

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>				
MISSION ANIMAL HOSPITAL 10100 VIKING DR 150 EDEN PRAIRIE, MN 55344	NONE	PC	SEE GENERAL FOOTNOTE	900
SECOND HARVEST HEARTLAND 1140 GERVAIS AVE ST PAUL, MN 55109	NONE	PC	SEE GENERAL FOOTNOTE	800
Total ▶ 3a				1,304,504

TY 2019 Accounting Fees Schedule**Name:** PATTERSON FOUNDATION**EIN:** 74-3076772

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING EXPENSES	17,110	5,989		11,121

TY 2019 Investments - Other Schedule**Name:** PATTERSON FOUNDATION**EIN:** 74-3076772**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MONEY MARKET FUNDS	FMV	158,610	158,610
EQUITIES	FMV	17,733,053	17,733,053
BONDS AND NOTES	FMV	3,478,160	3,478,160
POOLED, COMMON AND COLLECTIVE FUNDS	FMV	3,030,428	3,030,428

TY 2019 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	41,585	37,929	37,929
EXCISE TAX REFUND		2,355	2,355

TY 2019 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
EXPENSES				
MISCELLANEOUS	12,880			12,880
GRANTS MANAGEMENT SOFTWARE	5,851			5,851

TY 2019 Other Increases Schedule

Name: PATTERSON FOUNDATION
EIN: 74-3076772

Description	Amount
NET UNREALIZED GAINS	3,964,579

TY 2019 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	171,656	171,656		
SCHOLARSHIP FEES	17,160			17,160

TY 2019 Taxes Schedule**Name:** PATTERSON FOUNDATION**EIN:** 74-3076772

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	9,657			

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491252005050	
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 ▶ Go to www.irs.gov/Form990 for the latest information			OMB No 1545-0047 2019
Name of the organization PATTERSON FOUNDATION				Employer identification number 74-3076772	

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization PATTERSON FOUNDATION	Employer identification number 74-3076772
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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 <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization PATTERSON FOUNDATION	Employer identification number 74-3076772
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions) Use duplicate copies of Part II if additional space is needed</small>	(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
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization PATTERSON FOUNDATION	Employer identification number 74-3076772
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of 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
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

Additional Data

Software ID:
Software Version:
EIN: 74-3076772
Name: PATTERSON FOUNDATION

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	SIT INVESTMENTS	\$ 19,701	Person <input checked="" type="checkbox"/>
	3300 IDS CENTER		Payroll <input type="checkbox"/>
	80 SOUTH 8TH STREET		Noncash <input type="checkbox"/>
	MINNEAPOLIS, MN 55402		(Complete Part II for noncash contribution)
	SEPTODONT	\$ 10,000	Person <input checked="" type="checkbox"/>
	205 GRANITE RUN DR SUITE 150		Payroll <input type="checkbox"/>
	LANCASTER, PA 17601		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contribution)
	MARK WALCHIRK	\$ 5,500	Person <input checked="" type="checkbox"/>
	1031 MENODTA HEIGHTS ROAD		Payroll <input type="checkbox"/>
	ST PAUL, MN 55120		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contribution)
	IVOCLAR VIVADENT INC	\$ 15,000	Person <input checked="" type="checkbox"/>
	175 PINEVIEW DRIVE		Payroll <input type="checkbox"/>
	AMHERST, NY 14228		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contribution)
	KERR CORPORATION	\$ 10,000	Person <input checked="" type="checkbox"/>
	11729 FRUEHAUF DRIVE		Payroll <input type="checkbox"/>
	CHARLOTTE, NC 28273		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contribution)
	ZOETIS	\$ 5,000	Person <input checked="" type="checkbox"/>
	10 SYLVAN WAY		Payroll <input type="checkbox"/>
	PARSIPPANY, NJ 07054		Noncash <input type="checkbox"/>
<u>14</u>			(Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>	MIDMARK CORPORATION	\$ 10,050	Person <input checked="" type="checkbox"/>
	60 VISTA DRIVE		Payroll <input type="checkbox"/>
	PO BOX 286		Noncash <input type="checkbox"/>
	VERSAILLES, OH 45380		(Complete Part II for noncash contribution)
<u>9</u>	DENTSPLY INTERNATIONAL INC	\$ 10,000	Person <input checked="" type="checkbox"/>
	580 W COLLEGE AVENUE		Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
	YORK, PA 17401		(Complete Part II for noncash contribution)
<u>4</u>	A-DEC INC	\$ 10,000	Person <input checked="" type="checkbox"/>
	2601 CRESTVIEW DRIVE		Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
	NEWBERG, OR 97132		(Complete Part II for noncash contribution)
<u>10</u>	CH ROBINSON	\$ 10,000	Person <input checked="" type="checkbox"/>
	14701 CHARLSON ROAD		Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
	EDEN PRAIRIE, MN 55347		(Complete Part II for noncash contribution)
<u>5</u>	SCICAN	\$ 10,000	Person <input checked="" type="checkbox"/>
	701 TECHNOLOGY DRIVE		Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
	CANONSBURG, PA 15317		(Complete Part II for noncash contribution)
<u>11</u>	YOUNG INNOVATIONS	\$ 10,000	Person <input checked="" type="checkbox"/>
	2260 WENDT STREET		Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
	ALGONQUIN, IL 60102		(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
<u>6</u>	ACTEON NORTH AMERICAN	<u>\$ 10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	124 GAITHER DRIVE SUITE 140		
	MOUNT LAUREL, NJ 08054		
<u>12</u>	CROSSTEX	<u>\$ 10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	10 RANICK ROAD		
	HAUPPAUGE, NY 11788		

TY 2019 Gen Dep

Name: PATTERSON FOUNDATION
EIN: 74-3076772

Business Name or Person Name:
Taxpayer Identification Number:
Form, Line or Instruction
Reference:
Regulations Reference:

Description: GENERAL FOOTNOTE

General Dependency Attachment Information PART XV - SUPPLEMENTAL INFORMATION - PURPOSES NAME OF RECIPIENT - ALOHA MEDICAL MISSION - THE HONOLULU DENTAL CLINIC. NAME OF RECIPIENT - KANSAS DENTAL CHARITABLE FOUNDATION - KANSAS MISSION OF MERCY (KMOM). NAME OF RECIPIENT - OUR LADY OF MERCY COMMUNITY OUTREACH SERVICES, INC - IMPROVING ACCESS TO ORAL HEALTH CARE FOR THE UNDERSERVED. NAME OF RECIPIENT - MERCY HEALTH CENTER - VOLUNTEER- DRIVEN COMPREHENSIVE DENTAL CARE FOR LOW INCOME, UNINSURED PATIENTS. NAME OF RECIPIENT - NEW MEXICO FOUNDATION FOR DENTAL HEALTH, RESEARCH AND EDUCATION - NEW MEXICO MISSION OF MERCY. NAME OF RECIPIENT - FREEDOM SERVICE DOGS, INC - FREEDOM SERVICE DOGS: ACCESSIBILITY AND PLAY-YARD IMPROVEMENTS. NAME OF RECIPIENT - CANINE PARTNERS FOR LIFE - CANINE PARTNERS FOR LIFE KENNEL AND PLAY YARD IMPROVEMENTS PROJECT. NAME OF RECIPIENT - ARLINGTON FREE CLINIC - INTEGRATING AND ADVANCING ARLINGTON FREE CLINIC'S (AFC) DENTAL VOLUNTEER PROGRAM. NAME OF RECIPIENT - CARE CLINIC - INCREASING ACCESS TO HOLISTIC DENTAL CARE FOR VULNERABLE POPULATIONS IN RURAL MINNESOTA. NAME OF RECIPIENT - RHODE ISLAND ORAL HEALTH FOUNDATION - RHODE ISLAND MISSION OF MERCY FREE DENTAL CLINIC. NAME OF RECIPIENT - TRINITY FREE CLINIC - ORAL HEALTH FOR THE WORKING POOR OF HAMILTON COUNTY. NAME OF RECIPIENT - OPERATION GRACE MN - ADOPT A SMILE. NAME OF RECIPIENT - KIDSMILES PEDIATRIC DENTAL CLINIC - KIDSMILES DENTAL ASSISTANT AND ELECTRONIC PATIENT RECORD SOFTWARE SUPPORT. NAME OF RECIPIENT - NEBRASKA MISSION OF MERCY - NEBRASKA MISSION OF MERCY. NAME OF RECIPIENT - ST. PETERSBURG FREE CLINIC - DENTAL CLINIC BUILD OUT. NAME OF RECIPIENT - NORTH CAROLINA DENTAL SOCIETY FOUNDATION - NORTH CAROLOINA DENTAL SOCIETY FOUNDATION MISSIONS OF MERCY CLINIC. NAME OF RECIPIENT - LOVE IN ACTION OF THE TRI-CITIES - SERVING THE UNDERSERVED IN NORTHERN OTTAWA COUNTY. NAME OF RECIPIENT - COLORADO MISSIONS OF MERCY - 2019 WESTERN SLOPE COLORADO MISSIONS OF MERCY. NAME OF RECIPIENT - CALIFORNIA DENTAL ASSOCIATION FOUNDATION - CDA CARES SAN

**General Dependency Attachment
Information**

BERNARDINO. NAME OF RECIPIENT - CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WASHINGTON - 2019 MID-MARYLAND MISSION OF MERCY AND HEALTH EQUITY FAIR. NAME OF RECIPIENT - GUIDE DOGS FOR THE BLIND, INC. - COMPUTER-ASSISTED SEMEN ANALYSIS FOR GUIDE DOGS FOR THE BLIND'S BREEDING DEPARTMENT. NAME OF RECIPIENT - COMMUNITY DENTAL CLINIC - DENTAL ASSISTANT FOR ADDITIONAL URGENT CARE. NAME OF RECIPIENT - EXALTA HEALTH - STAFFING FOR PEDIATRIC DENTAL INITIATIVE: NEXT STEP. NAME OF RECIPIENT - CENTRAL ARIZONA DENTAL SOCIETY FOUNDATION - ARIZONA DENTAL MISSION OF MERCY - PHOENIX. NAME OF RECIPIENT - PRINCE OF PEACE LUTHERAN CHURCH - MISSION OUTPOST DENTAL CLINIC. NAME OF RECIPIENT - MATTHEW 25, INC. - FREE DENTAL CARE FOR THE UNDERSERVED. NAME OF RECIPIENT - SUMMIT ASSISTANCE DOGS - UNLEASHING POTENTIAL: BUILDING SUMMIT ASSISTANCE DOGS TRAINING CAMPUS. NAME OF RECIPIENT - GOOD SAMARITAN HOSPITAL FOUNDATION - STUDENT VOLUNTEER PROJECT AT THE GOOD SAMARITAN FREE HEALTH CENTER. NAME OF RECIPIENT - INTERNATIONAL GUIDING EYES, INC. - AUDIBLE LIFE SAFETY SYSTEM TO SUPPORT CAPACITY EXPANSION OF GUIDE DOG TEAM TRAINING PROGRAM. NAME OF RECIPIENT - SOUTH BAY CHILDREN'S HEALTH CENTER - EXPANDING CAPACITY BY EMPOWERING THE FUTURE DENTAL WORKFORCE. NAME OF RECIPIENT - SEATTLE CENTER FOUNDATION - SEATTLE/KING COUNTY CLINIC. NAME OF RECIPIENT - AMERICA'S VETDOGS - THE VETERAN'S K-9 CORPS - CAPITAL IMPROVEMENT PROJECT, RENOVATION AND RESTRUCTURING OF OUR ON-CAMPUS TRAINING CENTER. NAME OF RECIPIENT - UNITED WAY OF CENTRAL MARYLAND - 2020 HARFORD COUNTY PROJECT HOMELESS CONNECT AND 2020 BALTIMORE MISSION OF MERCY. NAME OF RECIPIENT - MEMPHIS DENTAL SOCIETY CHARITABLE FUND - MID-SOUTH MISSION OF MERCY. NAME OF RECIPIENT - CENTRAL AR VOLUNTEERS IN MEDICINE CLINIC, INC. - DENTAL ASSISTANTS AND HYGIENISTS TO SUPPORT VOLUNTEER DENTISTS. NAME OF RECIPIENT - PANCARE OF FLORIDA, INC. - MOBILE DENTAL OPERATIONS. NAME OF RECIPIENT - LONDON COMMUNITY DENTAL ALLIANCE - ESTABLISHING A PERMANENT OUTREACH DENTAL CLINIC. NAME OF RECIPIENT - NEW HORIZONS SERVICE DOGS, INC. - SAFETY FIRST. NAME OF RECIPIENT - SOUTHEASTERN GUIDE DOGS - SOUTHEASTERN GUIDE DOGS VETERANS PROGRAM TRAINERS PROJECT. NAME OF RECIPIENT - KIDS IN NEED OF DENTISTRY - CHOPPER TOPPER AND ORAL HEALTH OUTREACH. NAME OF RECIPIENT - ADA JENKINS CENTER - MOBILE COMMUNITY DENTAL CLINIC. NAME OF RECIPIENT - CAN DO CANINES - ROCHESTER PRISON PUPPY TRAINING PROGRAM. NAME OF RECIPIENT - WAUKESHA COUNTY COMMUNITY DENTAL CLINIC - EXPANDING HEALTHY SMILES FOR TOTS AND TEENS IN GREATER MILWAUKEE IN 2020. NAME OF RECIPIENT - DENTAL LIFELINE NETWORK - NATIONAL DONATED DENTAL SERVICES (DDS). NAME OF RECIPIENT - DOGS FOR OUR BRAVE, INC. - DOGS FOR OUR BRAVE TRAINING FACILITY. NAME OF RECIPIENT - AMERICA'S DENTISTS CARE FOUNDATION - NON-DENTAL SUPPLIES FOR ADDITIONAL ADCF TRAILER. NAME OF RECIPIENT - BIG BONES CANINE RESCUE - GENERAL OPERATIONS. NAME OF RECIPIENT - FEED MY STARVING CHILDREN - GENERAL OPERATIONS. NAME OF RECIPIENT - GIVE KIDS A