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Department of the Treasury Internal Revenue Serwice

## **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

For	alen	dar year 2009, or tax year begi	nning		, and e	nding				_
G C	heck		return	Initial return of a fo	•	· —		l return		
		Amen	ided return	Address chan	ge		Name change			_
Use	the I	RS Name of foundation					A Employer identif	ication	number	
	abel.						12 2054	CEO		
	erwis	e, C/O GALVIN EI				Room/suite	13-3854			—
	print type			· ·	ET OOD	Roomisaite	B Telephone number 202-772		60	
	Spec	HOJO COMMUCIA		N.W IUIN	FLOOK	<u> </u>	_			T
Inst	uctio	ms. WASHINGTON, I		_4997			C if exemption applicate D 1. Foreign organi		_	Ť
H (	heck			cempt private foundation			Foreign organizat check here and a	ions me	eting the 85% test,	ī
	_	ction 4947(a)(1) nonexempt cha		Other taxable private founda	ation					_
I Fa		rket value of all assets at end of	1	<del></del>	Acci	ual	E If private foundat under section 50			
		Part II, col. (c), line 16)	ot 🗀 Ot	ther (specify)			ł		60-month termination	
	\$	3,911,63	10 . (Part I, colu	mn (d) must be on cash l	basis)	,	under section 50			<u>]</u>
Pa	rt I	Analysis of Revenue and Expe	enses	(a) Revenue and		vestment	(c) Adjusted ne	et	(d) Disbursements for charitable purposes	
		necessarily equal the amounts in columns (b),	lumn (a) )	expenses per books	inc	ome	income		(cash basis only)	
	1	Contributions, gifts, grants, etc.	, received	150,000.						!
	2	Check fithe foundation is not re	equired to attach Sch. B							_
	3	Interest on savings and temporary cash investments		25,762.		<u>5,754.</u>			STATEMENT 1	
	4	Dividends and interest from sec	urities	37,424.	2	3,708.			STATEMENT 2	
		Gross rents					, , , , , , , , , , , , , , , , , , , ,			
	_	Net rental income or (loss)		<346,892.			R	EC	EIVED	_
e	ba	Net gain or (loss) from sale of assets a Gross sales price for all	not on line 10	<340,032.	<u> </u>				· · · · · · · · · · · · · · · · · · ·	_
Revenue	7	assets on line 6a  Capital gain net income (from Part IV,	line 2)			0.	0 NO	)\/ 1	5 2010 0	_
æ	8	Net short-term capital gain	٠,					· • 1	3 2010 0	
	9	Income modifications					1		<u> </u>	_
	10a	Gross sales less returns and allowances							N, UT	
	b	Less Cost of goods sold								
	C	Gross profit or (loss)								
	11	Other income		<5,459.		<u>5,459.</u>	<u> </u>		STATEMENT 3	<u>;                                    </u>
	12	Total. Add lines 1 through 11		<139,165.	> 4	<u>4,003.</u>		0.		
	13	Compensation of officers, directors, t		0.		0.		0.	0	<u>.</u>
	14	Other employee salaries and wa	-							_
ses	15	Pension plans, employee benefit	STMT 4	335.		335.		0.		).
ense	l	Legal fees Accounting fees	SIMI 4	333.					•	•
ă	ı	Other professional fees								_
e E	l	Interest		10,131.	1	0,131.		0.	0	١.
اں Administrative Exp	18	Taxes	STMT 5	1,073.	_	1,073.		0.		).
nistr	19	Depreciation and depletion								
Ē	20	Occupancy								
<u>≥</u> ≥	21	Travel, conferences, and meetin	ngs	_					<u> </u>	
2010 and A	22	Printing and publications	-							
	23	Other expenses	STMT 6	65,879.	6	<u>5,196.</u>	-	0.	683	<u>.</u>
'V ≛ ⅓ perating	24	Total operating and administra			_			_		
န္က နို		expenses. Add lines 13 through		77,418.	7	6,735.		0.	683	
≥ å S	1	Contributions, gifts, grants paid		200,000.					200,000	<u>.</u>
<b>.</b>	26	Total expenses and disbursem	nents.	277 410	-	16 725		Λ	200 603	,
_ إِلَّا	97	Add lines 24 and 25 Subtract line 26 from line 12:		277,418.	<del>                                     </del>	6,735.	-	0.	200,683	, .
型	]		d dishurance t-	<416,583.	_					
₹	1	Excess of revenue over expenses and Net investment income (if negat		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>	0.	<del> </del>		<del> </del>	_
SCARREL		Adjusted net income (if negative					-	0.	<del>                                     </del>	_
	01 2-10	LHA For Privacy Act and Pa		Act Notice, see the instruc	tions				Form <b>990-PF</b> (200	9)

MPG FOUNDATION, INC.

For	m 99	00-PF (2009) C/O GALVIN ENTERPRISES			3854658 Page 2
Б	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		f year
드	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	<954.>		<u> </u>
	2	Savings and temporary cash investments	2,204.	260,811.	260,811.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ▶			,
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable		<u> </u>	
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			·
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ř	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment, basis		P	
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 8	3,616,227.	3,575,394.	3,650,799.
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
_	16	Total assets (to be completed by all filers)	3,617,477.	<u>3,836,205.</u>	3,911,610.
	17	Accounts payable and accrued expenses			·
	18	Grants payable			,
S	19	Deferred revenue			<u> </u>
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )	<u> </u>		
				_	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	1
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
Net Assets or Fund Balances	24	Unrestricted	3,617,477.	3,836,205.	
alar	25	Temporarily restricted			,
ä	26	·			
Š		Foundations that do not follow SFAS 117, check here			
ř		and complete lines 27 through 31			,
ţ	27	Capital stock, trust principal, or current funds			
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ϋ́	29	Retained earnings, accumulated income, endowment, or other funds	2 618 488	2 026 205	-
ž	30	Total net assets or fund balances	3,617,477.	3,836,205.	
			2 617 477	2 026 205	
_	31	Total liabilities and net assets/fund balances	3,617,477.	3,836,205.	
F	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	al net assets or fund balances at beginning of year - Part II, column (a), line	30		<u> </u>
•		st agree with end-of-year figure reported on prior year's return)		1	3,617,477.
2	•	er amount from Part I, line 27a		2	<416,583.>
3		er increases not included in line 2 (itemize)	SEE STA		635,311.
4		lines 1, 2, and 3		4	3,836,205.
5		reases 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

3,836,205. Form **990-PF** (2009) MPG FOUNDATION, INC. C/O GALVIN ENTERPRISES

Form 990-PF (2009) C/O GALVIN ENTERPRISES							13-38	54658	Page 3
Part IV Capital Gains a	and Losses for Tax on	Investment	Income	17					
(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.)		ite sold day, yr.)
1a	1a								
b SEE ATTACHED	STATEMENT								
<u> </u>	_ <del>_</del>			<u> </u>					
<u>d</u>				-					
<u>e</u>	(f) Depresenting allowed	(a) Coo	t or other basis	<u> </u>	-		(h) Coin or (loc	<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				(h) Gain or (los (e) plus (f) minus		
<u>a</u>	··	-		$\dashv$				<del></del>	
C									
d						•	<del></del>		
e								<346	,892.
Complete only for assets showing	g gain in column (h) and owned	by the foundation	on 12/31/69				Gains (Col. (h) gai	n minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any			col. (l	(), but not less th osses (from col.	an -0-) <b>or</b> (h))	
a									
b									
<u>C</u>			-						
<u>d</u>								246	- 000
<u>e</u>				$\overline{}$				<346	,892.
2 Capital gain net income or (net cap		nter in Part I, line r -0- in Part I, line		}	2			<346	,892.
3 Net short-term capital gain or (los		i) and (6):		٦					
If gain, also enter in Part I, line 8, of (loss), enter -0- in Part I, line 8	column (c).				,		N/	Δ.	
	nder Section 4940(e) 1	for Reduced	Tax on Net	Inv	estment	Inco		<u> </u>	
(For optional use by domestic private	, ,	— »							
					,				
If section 4940(d)(2) applies, leave th	ns part blank.								
Was the foundation liable for the sect	ion 4942 tax on the distributable	amount of any ye	ar in the base per	rıod?				Yes	X No
If "Yes," the foundation does not quali							-		
1 Enter the appropriate amount in e	each column for each year; see in	nstructions before	making any entri	es.			r -	(4)	
(a) Base period years	(b) Adjusted qualifying	distributions	Net value of no	(c)	utable use s	ccata	(d) Distribution ratio		
Calendar year (or tax year beginnin	· <del>2</del> ··· /		ivet value of flo				(COI. (D) 0	ivided by col	
2008		026,693. 804,115.			<u>,215,</u> ,482,				80763 24043
2007		477,392.			, 402, . , 410, .				08240
2005	•	50,290.			,161,0				12086
2004		43,365.			,936,				11017
	· · · · · · · · · · · · · · · · · · ·				7				
2 Total of line 1, column (d)							2	.7	36149
3 Average distribution ratio for the 5	5-year base period - divide the to	otal on line 2 by 5,	or by the number	of ye	ars				
the foundation has been in exister	nce if less than 5 years					-	3	.1	47230
4 Enter the net value of noncharitab	le-use assets for 2009 from Part	t X, line 5					4	<u>3,725</u>	,100.
5 Multiply line 4 by line 3			•				5	_548	,446.
									•
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)		-		-		6		0.
7 Add lines 5 and 6			-	-			7	548	3,446.
8 Enter qualifying distributions from	n Part XII, line 4						8	200	,683.
If line 8 is equal to or greater than	line 7, check the box in Part VI,	line 1b, and comp	lete that part usin	ig a 1'	% tax rate.				
See the Part VI instructions.	<del></del>								

MPG FOUNDATION, INC.

	990-PF (2009) C/O GALVIN ENTERPRISES		<u> 38546</u>			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948	- see in	stru	ctio	าร)
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%	1				0.
	of Part 1, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			_	0.
3	Add lines 1 and 2	3				0.
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	ļ			0.
6	Credits/Payments:		}			j
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 17,292.					,
b	Exempt foreign organizations - tax withheld at source 6b	1				
C	Tax paid with application for extension of time to file (Form 8868)	_				
đ	Backup withholding erroneously withheld 6d					
	Total credits and payments. Add lines 6a through 6d	7	<u> </u>	1	<u>7,2</u>	<u>92.</u>
	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached	8_				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		1	<u>7,2</u>	92.
	Enter the amount of line 10 to be: Credited to 2010 estimated tax   17, 292. Refunded	11	<u> </u>			0.
	rt VII-A   Statements Regarding Activities				Vaa	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	e in	-	-	Yes	
	any political campaign?		-	1a		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		-	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or				
	distributed by the foundation in connection with the activities.					
	Did the foundation file Form 1120-POL for this year?		}-	1c		X
a	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.	<del>'</del>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0.					
•	managers. > \$ 0 .  Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		х
2	If "Yes," attach a detailed description of the activities		<u> </u>	-		
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	٥r				
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	0.		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		F	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	1/A [	4b		<del></del>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		`	5		Х
-	If "Yes," attach the statement required by General Instruction T.		<u> </u>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ŀ			ŀ
	By language in the governing instrument, or		l			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	e law				
	remain in the governing instrument?		L	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV.		Γ			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	DC					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		-			1
	of each state as required by General Instruction G? If "No," attach explanation		L	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	endar	ļ			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		Ļ	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X

Pá	rt 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		<u>X</u>	
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before					
August 17, 2008?				<u>X</u>	
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?					
	Website address ► N/A  This has a CALVIN Telephone of 202 77	2 A	260		
14	The books are in care of ELIZABETH ANNE WYLIE GALVIN  Telephone no. > 202-77			97	
45	Located at ► 1050 CONNECTICUT AVE, N.W 10TH FLOOR, WASHINGTO ZIP+4 ► 20 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	030	<u>- 49</u>	<del>] /</del>	
19	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	ш	
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No	
1a	During the year did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?				
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			of succharac	
	a disqualified person?			Î	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X 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)?				
	(6) Agree to pay money or property to a government official? (Exception Check "No"			l	
	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 X 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			X	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		_	
	organizations relying on a current notice regarding disaster assistance shock note				
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	 1c		X	
•	before the first day of the tax year beginning in 2009?  Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	10			
Z	defined in section 4942(j)(3) or 4942(j)(5)):				
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning				
	before 2009? Yes X No				
	If "Yes," list the years >				
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.) N/A	2b		<u> </u>	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	<u> </u>				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time  during the year?  Yes X No			·	
	· ·		1		
Ď	of "Yes," did it have excess business holdings in 2009 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 2009)  N/A	26			
4-	Form 4720, to determine if the foundation had excess business holdings in 2009)  N/A  Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a		x	
	Did the foundation invest during the year any amount in a mainter that would jeopardize its charitable purposes?  Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	74			
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		×	
			)-PF	2009)	

MPG FOUNDATION, INC. Form 990-PF (2009) C/O GALVIN ENTERPRISES 13-3854658 Page 6 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: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations N/A 5b section 53.4945 or in a current notice regarding disaster assistance (see instructions)? 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 Yes No N/A expenditure responsibility for the grant? 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 Yes X No a personal benefit contract? 6b b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred (c) Compensation (b) Title, and average hours per week devoted to position (e) Expense account, other (If not paid, enter -0-) (a) Name and address compensation PRESIDENT MICHAEL P. GALVIN 4831 INDIAN LANE NW 0.00 0 0 0. WASHINGTON, DC 20016 VICE-PRESIDENT ELIZABETH ANNE WYLIE GALVIN 4831 INDIAN LANE NW 0. WASHINGTON, DC 20016 0.00 0 0 VICE-PRESIDENT CHRISTOPHER B. GALVIN 33 INDIAN HILL ROAD 0 0 0. 0.00 WINNETKA, IL 60093 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (b) Title, and average (c) Compensation (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position NONE

Form 990-PF (2009)

Total number of other employees paid over \$50,000

Part VIII Information About Officers, Directors, Trustees, Foundati Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<b>b</b> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers product.	al information such as the ced, etc.	Expenses
1 <u>N/A</u>		
2		
3		<del>-</del>
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.  3		
Total. Add lines 1 through 3		0.

Form 990-PF (2009)

P	art X Minimum Investment Return (All domestic foundations	must complete this par	t. Foreign foun	dations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charita	able, etc., purposes:			
а	Average monthly fair market value of securities			1a	0.
b	Average of monthly cash balances			1b	131,031.
C	Fair market value of all other assets			1c	3,650,796.
d	Total (add lines 1a, b, and c)		[	1d	3,781,827.
е	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	3,781,827.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amou	nt, see instructions)	[	4	56,727.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and	on Part V, line 4	[	5	3,725,100.
6	Minimum investment return. Enter 5% of line 5	•		6	186,255.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) foreign organizations check here  and do not complete this pa		foundations and	d certain	
1	Minimum investment return from Part X, line 6			1	186,255.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	:		
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b			2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1		į	3	186,255.
4	Recoveries of amounts treated as qualifying distributions		Ĺ	4	0.
5	Add lines 3 and 4		Ĺ	5	186,255.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa	art XIII, line 1		7	186,255.
_	art XII Qualifying Distributions (see instructions)			-	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pi	urposes:		٠. ا	200 602
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		-	1a	200,683.
	Program-related investments - total from Part IX-B	table ata aurageas	-	1b 2	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chari	table, etc., purposes	-	2	
3	Amounts set aside for specific charitable projects that satisfy the:			2	
	Suitability test (prior IRS approval required)		-	3a 3b	
	Cash distribution test (attach the required schedule)	and Doct VIII June 4	<u> </u>	4	200,683.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8,		-	4	200,003.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net in	ive2(iiieiit		_	0.
	Income. Enter 1% of Part I, line 27b		<del> </del>	_5 6	200,683
6	Adjusted qualifying distributions. Subtract line 5 from line 4  Note. The amount on line 6 will be used in Part V, column (b), in subsequent years	e when calculating whether	the foundation o		
	4940(e) reduction of tax in those years.	o when calculating whether	шо тоиниацоп ц	uannes IUI	the Section

Part XIII Undistributed Income (see instructions)

<u></u>				
•	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				196 255
line 7	•			186,255.
2 Undistributed income, if any, as of the end of 2009			0.	
a Enter amount for 2008 only b Total for prior years:		""		
b total for prior years.		0.		
3 Excess distributions carryover, if any, to 2009:		0.		
a From 2004				
b From 2005				
c From 2006 218, 416.				
d From 2007 500, 372.				'
e From 2008 1,816,528.				
f Total of lines 3a through e	2,535,316.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 200,683.				
a Applied to 2008, but not more than line 2a			0.	
<b>b</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 2009 distributable amount				186,255.
e Remaining amount distributed out of corpus	14,428.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))				0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,549,744.			
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 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	<u> </u>			
8 Excess distributions carryover from 2004	_	•		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.	0 540 541			
Subtract lines 7 and 8 from line 6a	2,549,744.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006 218, 416.				
c Excess from 2007 500, 372.				
d Excess from 2008 1,816,528. e Excess from 2009 14,428.				
e Excess from 2009 14,428.	<u> </u>	l <u> </u>	1	<u> </u>

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 of the person to whom applications should be addressed:
- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form 990-PF (2009) C/O GALVIN ENTERPRISES

Part XV Supplementary Information (continued)

- are real control of the control of	00/11/1000/			
3 Grants and Contributions Paid During the Ye	ar or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year REFUGEES INTERNATIONAL		PUBLIC CHARITY	CIVIC AND COMMUNITY	50,000.
PRINCETON UNIVERSITY		PUBLIC CHARITY	EDUCATION	150,000.
Tabel			<b>D</b> 20	200 000
Total b Approved for future payment			<b>▶</b> 3a	200,000.
o , pprotect to retain payment				
NONE				
				0
Total			<b>▶</b> 2h	ı

Form 990-PF (2009) C/O GALVIN ENTERPRISES

inter gross amounts unless otherwise indicated.	Unrelated t	ousiness income	Excluded	by section 512, 513, or 514	(a)
nter gross amounts unless otherwise indicated.	(a) Business	(b)	(C) Exclu-	(d)	(e) Related or exempt
Program service revenue:	code	Amount	code	Amount	function income
a					
b					
C					
d					
e					
f					_
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash				25 542	
investments			14	25,762.	
Dividends and interest from securities			14_	37,424.	
Net rental income or (loss) from real estate:			<u> </u>		
a Debt-financed property					
b Not debt-financed property			1		
Net rental income or (loss) from personal					
property			1 4	4E 4E0	
Other investment income			14	<5,459.	>
Gain or (loss) from sales of assets other			18	<346,892.	
than inventory Net income or (loss) from special events			10	<340,092.	<del></del>
Gross profit or (loss) from sales of inventory			+		
Other revenue:			+		
a	li l				
b					- <u> </u>
d		···			
e					
Subtotal. Add columns (b), (d), and (e)		0		<289,165.	>
Total. Add line 12, columns (b), (d), and (e)				13	
ee worksheet in line 13 instructions to verify calculations	.)				
Part XVI-B Relationship of Activitie	s to the Accon	nplishment of E	xempt P	urposes	
ine No. Explain below how each activity for which in			A contribute	d importantly to the accom	iplishment of
▼ the foundation's exempt purposes (other th	han by providing fund	s for such purposes).			<u>-</u>
-					
	<u> </u>				
	· · · · · · · · · · · · · · · · · · ·				
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					<del>-</del>
923821		_			Form <b>990-P</b>

orm 990-			ENTERPRIS				<u> 354658</u>		ige <b>13</b>
Part X			Transfers To a	and Transactions a	ind Relationsh	nips With Nonc	haritable	€	
. 5	Exempt Organ				<del></del>			V	NI.
	ne organization directly or indi					on 501(c) of		Yes	No
	ode (other than section 501(c		=		iizations?		ŀ		ĺ
	sfers from the reporting found	anon to a noi	ichaniable exempt on	ganization of,			1		<b>.</b>
(1) (							1a(1)		X
	Other assets transactions:						1a(2)		
	Gales of assets to a noncharita	abla ayamat a	raanization				1b(1)		X
	Purchases of assets from a no		=				1b(2)		X
	Rental of facilities, equipment,						1b(3)		X
	Reimbursement arrangements		,13				1b(4)		X
٠,	oans or loan guarantees	•					1b(5)		X
	Performance of services or me	embership or	fundraising solicitatio	ins			1b(6)		X
	ng of facilities, equipment, ma						1c		X
	answer to any of the above is				wavs show the fair m	arket value of the goo		ets.	
	rvices given by the reporting f							,	
	nn (d) the value of the goods,				•	0 0	•		
(a) Line no	(b) Amount involved	(c) l	Name of noncharitable	e exempt organization	(d) Description	of transfers, transactions,	and sharing ar	rangeme	ents
			N/A						
•			-						
					<u> </u>				
					<u> </u>				
				_					
				<del> </del>	ļ				
						······································			
						·			
	<u> </u>	<u> </u>			<u> </u>				
	foundation directly or indirec				zations described			(T	n
	ction 501(c) of the Code (othe		1 50 f(c)(3)) or in sect	.ION 52/ /			Yes	Δ	∐No
ם וו זפ	s," complete the following sch (a) Name of org			(b) Type of organization		c) Description of relati	nnshin		
	N/A	gameanon		(b) Typo or organization	\	of Bestription of Telati	опоттр		
	21/21	<u> </u>							
	-								
	<del></del>		<del></del>				-		
	<del></del>							-	
	penalties of perjury, I declare that					my knowledge and belief,	it is true, corre	ect,	
and co	nplete Declaration of preparer (sta	er than taxpaye	r or fiduciary) is based on		has any knowledge				
	Michael R. K	Johan	<u> </u>	# 11/06/10	▶ PRESID	ENT			
<b>e</b>	gnature of officer or trustee			Date	Title				
Sign Here d er's	Preparer's	$\sim$		[ C			eparer's identif	ying nun	nber
Sign Paid parer's e Only	signature 🚩		USYLL	1	1/02/10 set	ployed 🕨 🔲	<del>  28100  </del>	2 ၁	
Paic Par	Firm's name (or yours FGMK	, LLC				EIN ►			

847-374-0400 Form **990-PF** (2009)

Phone no.

ri seli-employed).

2801 LAKESIDE DRIVE, 3RD FLOOR BANNOCKBURN, IL 60015

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.

OMB No 1545-0047

Name of the organization	Employer identification number	
M	12 2054650	
	O GALVIN ENTERPRISES	13-3854658
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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Observation and the second and the s		
, ,	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	al Rule See instructions.
General Rule		
For an organization contributor Comp	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more plete Parts I and II	(in money or property) from any one
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II.	-
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one outions of more than \$1,000 for use exclusively for religious, charitable, scientific, lite cruelty to children or animals Complete Parts I, II, and III.	
contributions for of this box is checonomic purpose.	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one use exclusively for religious, charitable, etc., purposes, but these contributions did liked, enter here the total contributions that were received during the year for an excomplete any of the parts unless the <b>General Rule</b> applies to this organization becalle, etc., contributions of \$5,000 or more during the year.	not aggregate to more than \$1,000 clusively religious, charitable, etc.
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Sche in Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or or ling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•
LHA For Privacy Act and	Paperwork Reduction Act Notice, see the Instructions Sche	edule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Schedule B (F	orm 990, 990-EZ, or 990-PF) (2009)		Page $oldsymbol{1}$ of $oldsymbol{1}$ of Part I
Name of or		Empl	oyer identification number
	OUNDATION, INC. ALVIN ENTERPRISES	1	.3-3854658
Part I	Contributors (see instructions)		.5 5054050
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	MICHAEL P. GALVIN		Person X Payroll
	1050 CONNECTICUT AVE, NW	<u> </u>	· —
	WASHINGTON, DC 20036		is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there Is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>.</u> :		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there

is a noncash contribution.)

Part IV   Capital Gains and L	osses for Tax on Investment Income	<u> </u>			
(a) List an • 2-story t	nd describe the kind(s) of property sol orick warehouse; or common stock, 2	ld, e.g., real estate, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a FROM K-1 - GOF	RE CREEK BONDS S1	TE LLC			
	RE CREEK BONDS S1	···			<del></del>
	RE CREEK STOCK FU		-		
	RE CREEK STOCK FU				
		FUND S1 TE			
		FUND S1 TE LLC			
		FUND S1B (TE) LLC	-	-	
		FUND S1B (TE) LLC		-	
			·	<del>                                     </del>	
			<del></del>		
	RE CREEK HEDGE FU	ND S1 (TE) LLC			
<u>k</u>				<del> </del>	
<u> </u>				<del></del>	<del></del>
m					
n				<u> </u>	
0	<del></del>	<u> </u>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) plus (f) minus (g)	
a					<1,191.
b					<312.
С					<21,061.
d				·	<98,623.
е					5,144.
f					<16,157.
	-				<433.
L			•		<2,351.
		-			16,891.
1	†				228,799.
<u> </u>	<u> </u>		•		220,133.
1	<del>                                     </del>	<del>                                     </del>			
<u> </u>	-	<del> </del>			
<u>m</u>	<del>                                     </del>	·		<u>-</u>	
<u>n</u>	+				
Complete each for exects show	una gara in actume (b) and award by	the foundation on 12/01/60			
Complete only for assets snow	ring gain in column (h) and owned by			sses (from col. (h)) of col. (h) gaın oveı	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i)		not less than "-0-")	coi. (k),
	as 01 12/3 1/09	over col. (j), if any		·	
<u>a</u>					<1,191.
<u>b</u>					<312.
c			_		<21,061.
d			_		<u>&lt;98,623.</u>
е					5,144.
1					<16,157.
g					<433.
h					<2,351.
1					16,891.
				<	228,799.
<u>k</u>					
1				<del></del>	
<u>'</u> m					
	<del>                                     </del>	<del> </del>		·	
<u>n</u>	<del>-</del>	<del>                                     </del>	-		
0		<u> </u>		<del></del>	
• Occupation of the state of th	( If gain, also ente	er in Part I, line 7			246 000
2 Capital gain net income or (net	Capital loss) ( If (loss), enter *-	er in Part I, line 7 0-* in Part I, line 7	2	<	<u>346,892.</u> :
	oss) as defined in sections 1222(5) a	nd (6):			
If gain, also enter in Part I, line	8, column (c).	<b>}</b>		_	
If (loss), enter "-0-" in Part I, line	<b>8</b>	ノー	3	N/A	

FORM 990-PF INTEREST ON SAVINGS AND	TEMPORARY CA	SH INVESTM	ENTS S	TATEMENT	1
SOURCE				AMOUNT	
K-1 GORE CREEK BOND S1 (TE)				2,9	25.
K-1 GORE CREEK HEDGE FUND S1 (TE) LLC	•			2,8	
K-1 GORE CREEK PRIVATE FUND S1 (TE) L				14,6	
K-1 GORE CREEK PRIVATE FUND S1B (TE) K-1 GORE CREEK STOCK FUND S1 (TE) LLC				4,2 1,1	
				25,7	
TOTAL TO FORM 990-PF, PART I, LINE 3,	COLOMN A			25,7	
FORM 990-PF DIVIDENDS AND IN	TEREST FROM	SECURITIES	S	TATEMENT	2
SOURCE GR	OSS AMOUNT	CAPITAL G		COLUMN (A AMOUNT	)
K-1 GORE CREEK BOND S1 (TE)	2,470.		0.	2,4	70.
K-1 GORE CREEK HEDGE FUND S1 (TE) LLC	1,121.		0.	1,1	21.
K-1 GORE CREEK PRIVATE FUND S1 (TE)LLC	19,665.		0.	19,6	65.
K-1 GORE CREEK PRIVATE FUND S1B (TE)LLC	1,216.		0.	1,2	16.
K-1 GORE CREEK STOCK FUND S1 (TE) LLC	12,677.		0.	12,6	77.
NORTHERN TRUST	275.		0.		75.
TOTAL TO FM 990-PF, PART I, LN 4	37,424.		0.	37,4	24.
FORM 990-PF OTHE	R INCOME		S	TATEMENT	3
FORM 990-PF OTHE		,_			3
DESCRIPTION	(A) REVENUE PER BOOKS			(C) ADJUSTE	D
DESCRIPTION  FROM K-1 - GORE CREEK BOND FUND S1 (TE)LLC	(A) REVENUE PER BOOKS	NET IN	VEST-	(C) ADJUSTE	D
DESCRIPTION  FROM K-1 - GORE CREEK BOND FUND S1 (TE)LLC FROM K-1 - GORE CREEK STOCK FUND S1 (TE) LLC	(A) REVENUE PER BOOKS	NET IN MENT I	VEST-	(C) ADJUSTE	D ME
DESCRIPTION  FROM K-1 - GORE CREEK BOND FUND S1 (TE)LLC FROM K-1 - GORE CREEK STOCK FUND S1 (TE) LLC FROM K-1 - GORE CREEK PRIVATE FUND S1 (TE) LLC	(A) REVENUE PER BOOKS <3 <2,9	NET IN MENT I	VEST- NCOME	(C) ADJUSTE	D ME
DESCRIPTION  FROM K-1 - GORE CREEK BOND FUND S1 (TE)LLC FROM K-1 - GORE CREEK STOCK FUND S1 (TE) LLC FROM K-1 - GORE CREEK PRIVATE FUND S1 (TE) LLC FROM K-1 - GORE CREEK PRIVATE FUND S1 (TE) LLC	(A) REVENUE PER BOOKS  <3 <2,9 11,2	NET IN MENT I	) VEST- NCOME 	(C) ADJUSTE	D ME 0.
DESCRIPTION  FROM K-1 - GORE CREEK BOND FUND S1 (TE)LLC FROM K-1 - GORE CREEK STOCK FUND S1 (TE) LLC FROM K-1 - GORE CREEK PRIVATE FUND S1 (TE) LLC FROM K-1 - GORE CREEK PRIVATE FUND	(A) REVENUE PER BOOKS  <3 <2,9 11,2	NET IN MENT I  12.> 40.> < 37. 1	) VEST- NCOME <312.> 2,940.>	(C) ADJUSTE	0. 0.

FORM 990-PF ·	LEGAL	FEES	Si	PATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
LEGAL FEES	335.	335.	0.	0.
TO FM 990-PF, PG 1, LN 16A	335.	335.	0.	0.
FORM 990-PF	TAX	ES	SI	PATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
FOREIGN TAXES PAID FROM PASSTHROUGH K-1	1,073.	1,073.	0.	0.
TO FORM 990-PF, PG 1, LN 18	1,073.	1,073.	0.	0.
FORM 990-PF	OTHER E	XPENSES	Sī	PATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ASSET MANAGEMENT FEES INVESTMENT EXPENSES FROM	433.	433.	0.	0.
PASS-THROUGH K-1 GENERAL TAXES	64,763. 683.		0.	0. 683.
TO FORM 990-PF, PG 1, LN 23	65,879.	65,196.	0.	683.

FORM 990-PF OTHER INCREAS	SES IN NET	ASSETS OR	FUND	BALANCES	STATEMENT	7
DESCRIPTION					AMOUNT	
BOOK TO TAX DIFFERENCE FROM	635,311.					
TOTAL TO FORM 990-PF, PART	III, LINE	3			635,3	11.
FORM 990-PF	OTHER	INVESTMENT	rs		STATEMENT	8
FORM 990-PF DESCRIPTION	OTHER	INVESTMENT  VALUATION  METHOD	ī	BOOK VALUE	STATEMENT FAIR MARKE VALUE	
		VALUATION	ī	3. 3,575,391.	FAIR MARKE	T 3.

### Form **3868**

~ (Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

• If yo	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box		<b>▶</b> X
<ul><li>If yo</li></ul>	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).	
Do not	complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed For	m 8868.
Part	Automatic 3-Month Extension of Time. Only submit onginal (no copies needed)		
А сого	pration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete	
Part I o			▶ □
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	avtan	oun of time
	ncome tax returns	extern	sion of time
noted ( (not au you mi	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or corpust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, gov/efile and click on e-file for Charities & Nonprofits.	cally if	(1) you want the additional ted Form 990-T Instead,
Туре с		Empl	oyer identification number
print	MPG, FOUNDATION, INC.	•	•
,	C/O GALVIN ENTERPRISES	1	3-3854658
File by the	6 Number street and soom availte no 16 a B.O. how and instructions		
filing you return S	1 1050 CONNECTICUT AVE. N.W 10TH FLOOR		
instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	WASHINGTON, DC 20036-4997		
Check	type of return to be filed (file a separate application for each return).		
	Form 990 Form 990-T (corporation) Form 47	20	
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52		
=	Form 990-EZ Form 990-T (trust other than above) Form 60		
	Form 990-PF Form 1041-A Form 88		
الما	-0m 990-PF F0m 1041-A F0m 8		
Teld  If the	ELIZABETH ANNE WYLIE GALVIN - 1050 CONN books are in the care of - 10TH FLOOR - WASHINGTON, DC 20036-499 sphone No 202-772-4260 FAX No - 10 organization does not have an office or place of business in the United States, check this box a list is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the list is for part of the group, check this box and attach a list with the names and EINs of all	7  s is for	The whole group, check this
	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt  AUGUST 15, 2010 , to file the exempt organization return for the organization named a s for the organization's return for:  X calendar year 2009 or tax year beginning, and ending		The extension
2	If this tax year is for less than 12 months, check reason:		Change in accounting period
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		- 15
	nonrefundable credits. See instructions.	3a	\$ 547.
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		4 = 466
	tax payments made. Include any prior year overpayment allowed as a credit.	3b	<b>s</b> 17,292.
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	1	
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)		
	See instructions.	3c	\$ 0.
O	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8870	FO for payment instructions
Cauti	on. If you are going to make an electronic fund without was with this Form 6000, see Form 6435-EO and Form	3013	
1110	For Drivery Act and Pananyork Reduction Act Notice see Instructions		Form 8868 (Rev. 4-2009)

Form 8868 (Rev. 4-2009)	· -	- Paga 2
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part'II and check this box</li> <li>Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed F</li> <li>If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).</li> </ul>	orm 8868	
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no cop	pies needed)	
print C/O GALVIN ENTERPRISES	Employer ide	entification number 54658
due date for 1050 CONNECTICUT AVE. N.W 10TH FLOOR	For IRS use o	only
return See City, town or post office, state, and ZIP code. For a foreign address, see instructions.  WASHINGTON, DC 20036-4997	<u>-</u>	
Check type of return to be filed (File a separate application for each return)  Form 990  Form 990-EZ  Form 990-T (sec. 401(a) or 408(a) trust)  Form 1041-A  Form 990-BL  The form 990-FC  Form 990-T (trust other than above)  Form 4720	Form 5227	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previousl	ly filed Form	8868.
ELIZABETH ANNE WYLIE GALVIN - 1050 CONNE  The books are in the care of   - 10TH FLOOR - WASHINGTON, DC 20036-4997		AVE, N.W.
Telephone No ▶ <u>202-772-4260</u> FAX No. ▶		
If the organization does not have an office or place of business in the United States, check this box		. ▶ □
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	is for the wh	ole group, check this
box 🕨 🔛 . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and EINs of all m	nembers the e	extension is for.
4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.		
5 For calendar year 2009, or other tax year beginning, and ending		·
6 If this tax year is for less than 12 months, check reason.	Change	in accounting period
7 State in detail why you need the extension		···
	NEEDED	TO FILE
A COMPLETE AND ACCURATE RETURN	<del></del>	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
nonrefundable credits. See instructions.	8a \$	547.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	` .	
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid		
previously with Form 8868.	8b \$	17,292.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit		_
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0.
Signature and Verification		
Under penalties of perjury, I declare that thave examined this form, including accompanying schedules and statements, and to the bit is true, correct, and complete, and that am authorized to prepare this form.	best of my knov	wledge and belief,
Signature ► (	Date >	8-13-15