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Form 990-PF

Department of the Treasury

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

Internal Revenue Service For calendar year 2009, or tax year beginning , and ending G Check all that apply: Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS label. MCM FOUNDATION 26-0018914 Otherwise, print Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number or type. 2000 FIFTH STREET 510-704-2823 See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions. BERKELEY, CA 94710 D 1. Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation Section 501(c)(3) exempt private foundation H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Union Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J | Accounting method: under section 507(b)(1)(A), check here Other (specify) (from Part II, col. (c), line 16) If the foundation is in a 60-month termination 1,893,460. (Part I, column (d) must be on cash basis) ▶\$ under section 507(b)(1)(B), check here Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books ıncome income (cash basis only) Contributions, gifts, grants, etc., received N/A2 Check X If the foundation is not required to attach Sch 8 Interest on savings and temporary cash investments 11 11 STATEMENT 42,663. 42,663 Dividends and interest from securities STATEMENT 5a Gross rents b Net rental income or (loss) <57,167. 6a Net gain or (loss) from sale of assets not on line 10 296,169. 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) <14,437. <14,437 STATEMENT 11 Other income <28,930. 28,237 Total. Add lines 1 through 11 5,931 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees RECEIVED **b** Accounting fees 275 11 0 275 Š STMT 4 0. c Other professional fees NOV **0 9** 2010 17 Interest 1,584 18 Taxes STMT 5 1,584 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 1,909 50 23 Other expenses STMT 6 1,859. 24 Total operating and administrative 9,699 expenses. Add lines 13 through 23 325 9,374. 64,500 64,500. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 74,199 325 73,874. 27 Subtract line 26 from line 12; <103,129 3 Excess of revenue over expenses and disbursements 27,912 b Net investment income (if negative, enter -0-) N/A c Adjusted_net income (if negative, enter -0-)

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orm 990-PF (2009) MCM FOUNDATION Attached scheduler and amounts in the description	Beginning of year		-0018914 Page : of year
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	(a) DOOK Value	(b) BOOK Value	(C) I all Walket Value
2 Savings and temporary cash investments	5,924.	5,502.	5,502
3 Accounts receivable ►	5,344.	5,302.	5,302
Less: allowance for doubtful accounts			
4 Pledges receivable			
Less: allowance for doubtful accounts			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons			i
7 Other notes and loans receivable			
Less: allowance for doubtful accounts			
			
8 Inventories for sale or use 9 Prepaid expenses and deferred charges Ada Investments ILIS and state government obligations.			
10a Investments - U.S. and state government obligations			
b Investments - corporate stock STMT 7	2,187,446.	2 045 176.	1,819,458
c Investments - corporate bonds	2/10//2101	2,043,1700	
11 Investments - land, buildings, and equipment basis			, , , , , , ,
Less accumulated depreciation			· · · · · · · · · · · · · · · · · · ·
12 Investments - mortgage loans			
13 Investments - other STMT 8	30,437.	70,000.	68,500.
14 Land, buildings, and equipment; basis	00/10/0	, , , , , , , , , , , , , , , , , , , ,	3073001
Less accumulated depreciation			
15 Other assets (describe ►)			
			
16 Total assets (to be completed by all filers)	2,223,807.	2,120,678.	_1,893,460.
17 Accounts payable and accrued expenses			72
18 Grants payable			
Lan Defended income			
20 Loans from officers, directors, trustees, and other disqualified persons			
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable			
22 Other liabilities (describe			
, , ,			_
23 Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow SFAS 117, check here			
and complete lines 24 through 26 and lines 30 and 31.			7
24 Unrestricted	2,223,807.	2,120,678.	
25 Temporarily restricted			
26 Permanently restricted			,
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.			
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances			
28 Paid-in or capital surplus, or land, bldg., and equipment fund			}
29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances	2,223,807.	2,120,678.	
31 Total liabilities and net assets/fund balances	2,223,807.	2,120,678.	
Part III Analysis of Changes in Net Assets or Fund Ba	alances		
Total net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
(must agree with end-of-year figure reported on prior year's return)	. .	1	2,223,807.
Enter amount from Part I, line 27a		2	<103,129.
Other increases not included in line 2 (itemize)		3	0
Add lines 1, 2, and 3		4	2,120,678

923511 02-02-10 2,120,678.

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5

0.

5 Decreases not included in line 2 (itemize) ▶ _

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV Capital Gains	and Losses for Tax on	Investmen	t Income					
	ribe the kind(s) of property sold (arehouse; or common stock, 200			{ P-P(acquired urchase onation	(c) Date (mo., d	acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a CHARLES SCHWAB	61117350				P	VARI	OUS	VARIOUS
b CHARLES SCHWAB					P	VARI		VARIOUS
c CAPITAL GAINS	DIVIDENDS							
d								
е								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss s (f) minus	
a 34,650.			62,45	9.				<27,809.
ь 258,497.			290,87	7.				<32,380.
c 3,022.								3,022.
d								
e								
Complete only for assets shown	ng gain in column (h) and owned	by the foundation	on 12/31/69			(1) Gains (C	ol. (h) gain	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any		С	ol. (k), but i Losses	not less tha (from col. (
a								<27,809.
b								<32,380.
C								3,022.
d								
e								
2 Capital gain net income or (net ca	ipital loss) { If gain, also er	nter in Part I, line -0- in Part I, line	7 7	} 2				<57,167.
3 Net short-term capital gain or (los	•							
if gain, also enter in Part I, line 8,		, (0).		<i>)</i>				
If (loss), enter -0- in Part I, line 8				<u> </u>			N/A	<u> </u>
Part V Qualification U	nder Section 4940(e) f	or Reduced	Tax on Net	Inves	tment In	come		
If section 4940(d)(2) applies, leave the								Yes X No
Was the foundation liable for the sec If "Yes," the foundation does not qual 1. Enter the appropriate amount in	lify under section 4940(e). Do not	complete this pa	ırt.			 		Yes LA NO
(a) Base period years	(b)		The state of the s	(c)				(d) bution ratio
Base periód years Calendar year (or tax year beginni	المشاركة المستمل المستميل	distributions	Net value of nor		le-use asse	ts	Distrit (col. (b) de	bution ratio vided by col. (c))
2008		41,212.	- "-	1.9	88,58		(33.1 (3)	.071011
2007		96,062.			02,65			.041718
2006		57,542.			14,75			.071133
2005		11,880.			20,19			.052769
2004		09,104.			14,97			.054146
2007		.05/1010			<u> </u>			.031110
2 Total of line 1, column (d)						2		.290777
3 Average distribution ratio for the	5-year hase period - divide the tot	al on line 2 hy 5	or by the number.	of vears			-	.230711
the foundation has been in exister	-	ar on mic 2 by o,	or by the namber	or years		3		.058155
the logituation has been in existen	nice it loss than 5 years					<u>-</u>		.030133
4 Enter the net value of noncharitab	Nature access for 2000 from Part	Y line 5				4		1,674,902.
4 Enter the net value of nonchantal	116-036 433613 101 2003 110111 Fait	Λ, ιιιίο 3				-	<u> </u>	1,014,302.
5 Multiply line 4 by line 3						5		97,404.
5 Multiply line 4 by line 3						1 3	·	31,404.
6 Fator 19/ of not investment incom	na /1% of Dart L line 27h)					6		279.
6 Enter 1% of net investment incom	18 (176 Ut Fait 1, 11116 27 U)							
7 Add lines 5 and 6						-	l	07 602
7 Add lines 5 and 6						7		97,683.
P. Enter qualifiuma diatributions form	a Part VII. lina 4							73,874.
8 Enter qualifying distributions from						8		13,014.
If line 8 is equal to or greater than See the Part VI instructions.	i line 7, check the box in Part VI, I	ine 16, and comp	piete that part using	g a 1% ta	ıx rate.			
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	n 990-PF (2009) MCM FOUNDATION	26-	00189	114		Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), o	or 4948 ·	- see in	<u>stru</u>	ctior	<u>1S)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔛 and enter "N/A" on line 1.		İ			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		Ì		_	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	1			<u> 5 </u>	<u>58.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		İ			•
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	Add lines 1 and 2	3				58.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<u> </u>			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				<u>58.</u>
6	Credits/Payments:	2				
	a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 4,41	4	l			
	Exempt foreign organizations - tax withheld at source	 '				
	c Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld 6d	┤;	1		4,4	1 2
	Total credits and payments. Add lines 6a through 6d	8			+ , +	14.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	9				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	10	<u> </u>		3,8	51
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2010 estimated tax			<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	0.
	art VII-A Statements Regarding Activities		<u> </u>			<u> </u>
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inter	vene in			Yes	No
	any political campaign?			1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition	n)?	Ī	1b		X
•	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pub		Γ			
	distributed by the foundation in connection with the activities.		Ì			, - ·
C	Did the foundation file Form 1120-POL for this year?		Ļ	1c		X
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. ▶ \$	0.		. · .	,	-
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			-		ξ'·
	managers. > \$0 .		}	.	n'	,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities			ĺ	-	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporate	ion, or			- 1	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		-	3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		.,,	4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?	IN	I/A	4b		х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-	5	-,	
	If "Yes," attach the statement required by General Instruction T.			1	4	
6	• • • • • • • • • • • • • • • • • • • •			1		
	By language in the governing instrument, or By language in t	ctata law			, !	-
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the	State law		6	X	1
-	remain in the governing instrument? 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					
٥-	a Enter the states to which the foundation reports or with which it is registered (see instructions)		İ			1
oa	CA				:	1
h	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
U	of each state as required by General Instruction G? If "No," attach explanation		İ	8ь	х	1
9	10 10 10 10 10 10 10 10 10 10 10 10 10 1	r calendar				
•	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			_9	L	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10_		Х
			Гост	. aan	DE	(2000)

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orm 990-PF (2009) MCM FOUNDATION			<u> 26-00189</u>	14	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contin	nued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	es 🗶 No		1
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir	ectly,			ļ
any voter registration drive?		Ye	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	7		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	·				
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Y6	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational ourposes, or t				1
the prevention of cruelty to children or animals?	,,,,,		es X No	-	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described			- , -	1 -
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	1
Organizations relying on a current notice regarding disaster assistance check h	•		▶ (-	-
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined	· —	.	7 -
expenditure responsibility for the grant?			es 🗀 No	, ,,	'.
If "Yes," attach the statement required by Regulations section 53.4945		I/A	28 L. 110		1.
	• •			_ - :	1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	Day premiums on	v	es X No	* \(\int_{\cdots}\)	
a personal benefit contract?		16	1.	CL	₩.
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal deneill contract?		-	6b	X
If "Yes" to 6b, file Form 8870	halta- tt0		es X No	F	1× ()
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6			<u> </u>
b If yes, did the foundation receive any proceeds or have any net income attribute		wassa Hisbb	,	7b	<u></u>
Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors	ees, Foundation Ma	inagers, riigni	y		
List all officers, directors, trustees, foundation managers and their	compensation				
Elst all Officers, directors, busices, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Ex	nense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Exp	, other
	to position	`enter'-0-)	compensation	allowa	inces
		F 021			•
SEE STATEMENT 9		5,931.	0.		0.
				1	
			<u> </u>		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	4.75	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ext	oense Lother
(a) Name and address of sach simples yet plus more than \$600,000	devoted to position	(c) componential	compensation	allowa	
NONE					
			_		
		l		<u> </u>	
		1			
Total number of other employees paid over \$50,000	·	<u> </u>		l	
ו סנמן וועוווטפו טו טווופן פווואוטאפפס אמוע טאפו אָטט,טטט			Earm	990-PF	<u>_</u>
			LOHIII		(2003)

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Part VIII Information About Officers, Directors, Trustees, Foundation Mana Paid Employees, and Contractors (continued)	gers, 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 Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 N/A	such as the	Expenses
2		
3		
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 lines 1 and 2. 1 N/A		Amount
		····
2		
All other program-related investments. See instructions. 3		
•		
Total, Add lines 1 through 3	<u> </u>	0 . Form 990-PF (2009)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	oundations,	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	1,690,278.
b	Average of monthly cash balances	1b	10,130.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,700,408.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,700,408.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	25,506.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,674,902.
6	Minimum investment return, Enter 5% of line 5	6	83,745.
Р	art XI. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations check here in and do not complete this part.)	and certain	
1	Minimum investment return from Part X, line 6	1	83,745.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.) 2b	7	
C	Add lines 2a and 2b	2c	558.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	83,187.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	83,187.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	83,187.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	- F	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	73,874.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	-	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<u> </u>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	73,874.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	73,874.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	n qualifies for	the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7		-		83,187.
2 Undistributed income, if any, as of the end of 2009		<u></u>		
a Enter amount for 2008 only			0.	-
b Total for prior years:				-
,,		0.		
3 Excess distributions carryover, if any, to 2009:			e' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
a From 2004				_
b From 2005				-
c From 2006			_	
d From 2007				
e From 200816,200.			,	
f Total of lines 3a through e	16,200.			
4 Qualifying distributions for 2009 from				en for the first of the first o
Part XII, line 4: ► \$ 73,874.				• •
a Applied to 2008, but not more than line 2a			0.	
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	0.			73,874.
e Remaining amount distributed out of corpus	9,313.			0 212
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount	9,313.		14	<u> </u>
must be shown in column (a).) 6 Enter the net total of each column as indicated below:	· ·			
2 Corpus Add lines 31, 4c, and 4e Subtract line 5	6,887.			7 "
b Prior years' undistributed income. Subtract	0,0011			
line 4b from line 2b		0.		·
c Enter the amount of prior years'				r
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				<u> </u>
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	6,887.			
F	0,00/.			
0 Analysis of line 9: a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008 6,887.				
e Excess from 2009			_	_
			<u></u> -	Form 990-PF (2000)

Form 990-PF (2009) MCM FOU	NDATION			26-00	018914 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	or 2009, enter the date of	the ruling	▶		
b Check box to indicate whether the found	dation is a private operatii	ng foundation described	in section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed	1		1		
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	}	1		1	
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:	<u> </u>				
(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,		1			
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				1	
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during t					
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	-	than 2% of the total con-	tributions received by the	foundation before the clo	ose of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)			•
STEVEN M. READ					
b List any managers of the foundation wh			(or an equally large porti	on of the ownership of a p	partnership or
other entity) of which the foundation ha	s a 10% or greater interes	st.			
NONE					
2 Information Regarding Contributi	ion, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here ► if the foundation of	only makes contributions t	to preselected charitable	organizations and does r	not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations i	inder other conditions, co	omplete items 2a, b, c, an	d d
a The name, address, and telephone num SEE STATEMENT A	ber of the person to whor	m applications should be	addressed;		
b The form in which applications should be	e submitted and informat	tion and materials they s	hould include:		
SEE STATEMENT A					
c Any submission deadlines:					
SEE STATEMENT A					
d Any restrictions or limitations on award	s, such as by geographica	al areas, charitable fields	kinds of institutions, or	other factors:	
SEE STATEMENT A					

Grants and Contributions Paid During the	Year or Approved for Future P	ayment		
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	Purpose of grant or contribution	Amount
<u>.</u>	or substantial contributor	recipient		
a Paid during the year				
•	`			
SEE STATEMENT 10				
Total	<u> </u>		▶ 3a	64,5
Approved for future payment				
NONE				
NONE				
			,	
		1		
		1		
	- 1	1		
			▶ 3b	

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	(a) Business	(b)	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	_		-		
b		-			<u></u> .
G					
d	-				
e	_				
f	_	 			
g Fees and contracts from government agencies					
2 Membership dues and assessments	<u> </u>				
3 Interest on savings and temporary cash					
investments			14	11.	
4 Dividends and interest from securities			14	42,663.	
5 Net rental income or (loss) from real estate:		····			evilonia i
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	<14,437.	>
8 Gain or (loss) from sales of assets other					
than inventory			18	<57,167.	>
9 Net income or (loss) from special events			\top	<u> </u>	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:				,	
a	_				
b	1 1				
С	1 1				
d	1				
e	-		1 1		1
		. 0		<28,930.	> 0.
e		. 0		<28,930.	<pre></pre>
e		. 0			<pre></pre>
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13 _	> 0. <28,930.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities	to the Accor	mplishment of E	xempt	13 _ Purposes	<28,930.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	to the Accor	mplishment of E	xempt	13 _ Purposes	<28,930.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities	to the Accor	mplishment of E	xempt	13 _ Purposes	<28,930.
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e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	to the Accor	mplishment of E	xempt	13 _ Purposes	<28,930.
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e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	to the Accor	mplishment of E	xempt	13 _ Purposes	<28,930.

								age 13
P	art X			o and Transactions a	nd Relationships With Nonch	aritable	Э	
_	Did t				des lad and 504(s) of		V	I NI -
1					· •		Yes	IVO
		•		- · · · · · · · · · · · · · · · · · · ·	izations?		ł	
		• •	ation to a nonchantable exemp	t organization of.		12/11		v
				•		1a(1) 1a(2)	 	X
ı						19/51	-	-
Ī			able exempt organization			16(1)	,	Х
				П		1b(2)		X
	(3)	Rental of facilities, equipment,	or other assets			1b(3)		X
	(4) F	Reimbursement arrangements	;			1b(4)		Х
	(5) l	oans or loan guarantees				1b(5)		X
	(6) f	Performance of services or mi	embership or fundraising solicit	tations		1b(6)	<u> </u>	X
(•				1c_	L	<u> </u>
(sets,	
					e in any transaction or sharing arrangement	t, show in		
<u>/a\</u>		, 			(d) Description of transfers transactions as			
14/		(b) ranount arroived	 		(u) Description of dansiers, dansactions, an	no snaring ar	rangeme	THS .
_					 			
				- · · · · · · · · · · · · · · · · · · ·				
					<u> </u>			
								
					 			
		 	 		 			
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_				<u> </u>				
			 					
				•				
2 a	Is the	foundation directly or indirec	tly affiliated with, or related to,	one or more tax-exempt organiz	ations described			
	ın sec	tion 501(c) of the Code (othe	r than section 501(c)(3)) or in s	section 527?		Yes	X] No
b	If "Ye:				•			
			ganization	(b) Type of organization	(c) Description of relation	nsnip		
		N/A						
_								
-								
_								
٦						is true, corre	ct,	
	and con	nglete: Declaration of preparer (other	er than taxpayer or fiduciary) is based	11.7	has any knowledge			
	\ _	MMb		<u> ''/5/16</u>	SECRETARY			
	Information Regarding Transfers To and Transactions and Relationships With Nor Exempt Organizations							
Sign Here	σ.		0 11		Check if Self-	arer's identif	ying nun	iber
S	žeč Ž		u u. Kli					
	Pai epai Se C	Firm's name (or yours HOOD		, CPAS	EIN ►			
	žő		FIRST STREET,	14TH LOOR	5	c\	1 ^	700
		address, and ZIP code SAN	FRANCISCO, CA	94105	Phone no (41 !	<u> </u>	<u>1-0</u>	<u>193</u>

(415) 781-0793 Form **990-PF** (2009)

FORM 990-PF INTEREST ON SAVINGS	AND TE	MPORARY CA	SH I	INVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
WELLS FARGO BANK				-		11.
TOTAL TO FORM 990-PF, PART I, LIN	NE 3, C	OLUMN A		- -		11.
FORM 990-PF DIVIDENDS AN	ND INTE	REST FROM	SECU	JRITIES	STATEMENT	2
SOURCE	GROS	S AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT)
SCHWAB UBS		42,662. 3,023.		3,022.	42,6	62.
TOTAL TO FM 990-PF, PART I, LN 4		45,685.		3,022.	42,6	63.
FORM 990-PF	OTHER :	INCOME			STATEMENT	
DESCRIPTION		(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCOI	
PASSTHROUGH	<u></u>	<14,4	37.>	<14,437	.>	
TOTAL TO FORM 990-PF, PART I, LIN	NE 11 =	<14,4	37.>	<14,437	.>	
FORM 990-PF OTHER	R PROFES	SSIONAL FE	ES		STATEMENT	4
	(A) PENSES R BOOKS					
INVESTMENT FEES	275	•	275.			0.

FORM 990-PF	TAXES				STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTEI NET INCOI		ABLE		
PAYROLL TAXES RRF-1 FEE TAX & LICENCES FTB FILING FEE	299. 25. 1,250. 10.		0. 0. 0.		1,	299. 25. 250.		
TO FORM 990-PF, PG 1, LN 18	1,584. 0.			1,	1,584.			
FORM 990-PF	OTHER E	XPENSES			STATEMENT	. 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTEI NET INCON		ABLE		
BOARD EXPENSE BANK FEES WEBSITE MAINTENANCE POSTAGE MISCELLANOUES	1,484. 50. 120. 95. 160.		0. 50. 0. 0.		1,	484. 0. 120. 95. 160.		
TO FORM 990-PF, PG 1, LN 23	1,909.		50.		1,	859.		
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	7		
DESCRIPTION			вос	OK VALUE	FAIR MARK VALUE	ET		
CHARLES SCHWAB			2	2,045,176.	1,819,	458.		
TOTAL TO FORM 990-PF, PART II, LINE 10B			2,045,176. 1,83			458.		

FORM 990-PF	OTHER INVESTMENTS		STAT	EMENT 8	
VALUATI DESCRIPTION METHOI		BOOK VALU	FAIR MARKET VALUE		
UBS SELECT SEREIS III, LLC	COST	70,0	00.	68,500.	
TOTAL TO FORM 990-PF, PART	II, LINE 13	70,0	00.	68,500.	
	- LIST OF OFFICERS, I		STAT	EMENT 9	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
STEVEN M. READ 2000 FIFTH STREET BERKELEY, CA 94710	DIRECTOR 1.00	0.	0.	0.	
MARY ANN READ 2000 FIFTH STREET BERKELEY, CA 94710	DIRECTOR 1.00	0.	0.	0.	
STEVEN MACGREGOR READ, JR. 2000 FIFTH STREET BERKELEY, CA 94710	SECRETARY 1.00	0.	0.	0.	
COURTNEY BAMBERGER 2000 FIFTH STREET BERKELEY, CA 94710	DIRECTOR 1.00	0.	0.	0.	
MORGAN READ 2000 FIFTH STREET BERKELEY, CA 94710	TREASURER 1.00	0.	0.	0.	
BRENT BAMBERGER 2000 FIFTH STREET BERKELEY, CA 94710	DIRECTOR 1.00	0.	0.	0.	
MARY KATHARINE READ 2000 FIFTH STREET BERKELEY, CA 94710	PRESIDENT 10.00	5,931.	0.	0.	
TOTALS INCLUDED ON 990-PF, 1	PAGE 6, PART VIII	5,931.	0.	0.	

FORM 990-PF

10

STATEMENT

TAID DOKING THE TEAK					
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT		
SAN FRANCISCO ZOOLOGICAL SOCIETY 1 ZOO ROAD SAN FRANCISCO, CA 94132		PUBLIC CHARITY	11,500.		
TOWN SCHOOL FOR BOYS 2750 JACKSON STREET SAN FRANCISCO, CA 94115	NONE EDUCATION	SCHOOL	3,500.		
COYOTE POINT MUSEUM 1651 COYOTE POINT DR. SAN MATEO, CA 94401	NONE EDUCATION	PUBLIC CHARITY	1,000.		
TEACH FOR AMERICA 101 NEW MONTGOMERY, 5TH FLOOR SAN FRANCISCO, CA 94105	NONE EDUCATION	PUBLIC CHARITY	12,500.		
THE LEUKEMIA & LYMPHOMA SOCIETY 1390 MARKET STREET, STE 1200 SAN FRANCISCO, CA 94102		PUBLIC CHARITY	1,000.		
TEACH WITH AFRICA 809 MARINA BLVD SAN FRANCISCO, CA 94123	NONE EDUCATION	PUBLIC CHARITY	1,000.		
FIRST GRADUATE, THE PRESIDIO P.O BOX 29415 SAN FRANCISCO, CA 94129	NONE EDUCATION	PUBLIC CHARITY	3,500.		
COW HOLLOW SCHOOL 65 FUNSTON AVENUE SAN FRANCISCO, CA 94129	NONE EDUCATION	SCHOOL	5,000.		

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

MCM FOUNDATION			26-0018914
CHILDREN OF SHELTERS 2269 CHESTNUT STREET, BOX 439 SAN FRANCISCO, CA 94123	NONE CHILDREN'S SERVICES	PUBLIC CHARITY	1,000.
THE FIRST TEE OF SAN FRANCISCO 99 HARDING ROAD SAN FRANCISCO, CA 94123	NONE CHILDREN'S SERVICES	PUBLIC CHARITY	2,500.
JUMA VENTURES 131 STEUART STREET, STE 201 SAN FRANCISCO, CA 94105	NONE CHILDREN'S SERVICES	PUBLIC CHARITY	1,000.
KATHERINE DELMAR BURKE SCHOOL 7070 CALIFORNIA STREET SAN FRANCISCO, CA 94121	NONE EDUCATION	SCHOOL	20,000.
BAY AREA YOUTH CENTER 22248 MAIN STREET #200 HAYWARD, CA 94541	NONE EDUCATION	PUBLIC CHARITY	1,000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		64,500.



- MCM Foundation will consider grants to assist credible agencies and
 institutions serving children and youth, and projects benefiting general
 education endeavors. Grant requests from credible agencies or
 institutions will be entertained both for specific programs and for
 capital expenditures.
- Consideration will be given to the support of well conceived experimental or demonstration projects in program areas of grant focus that promise significant positive results and are likely to produce longterm multiplier effects.
- Grants are usually awarded for a limited period of time. Some grants
 may be paid over a multi-year period; however, the Foundation
 generally does not approve grants to any organization on a continuing
 annual basis. Final action on all grants will be determined by the
 Foundation Board of Directors.
- Grants are awarded to children and institutions located in the Bay Area including San Francisco, Marin, Alameda, Contra Costa, Sonoma, Solano, San Mateo, Napa and Santa Clara counties.

Send Request Letter

If, after reviewing the guidelines, there is sufficient reason to believe that the Foundation's funding priorities and interests are compatible with the needs of the organization seeking support, then a brief test letter should be addressed to the President of mcm Foundation.

All test letters will be given an in-depth screening to determine their relevance to the Foundation's funding priorities and interests. In most instances, written responses will be sent promptly to the applicant.

On the letterhead of the applicant organization or institution, the following information must be included in the Test letter:

- 1. Any of the following not included on the letterhead. organization's legal name, mailing address, city, state, zip, phone and fax numbers, email and web site address, if available.
- 2. A brief description of the organization.
- 3. A brief description of the project for which funding is sought.
- 4. The total cost of the project for which funding is sought.
- 5. The amount requested from the mcm Foundation. The Foundation expects all applicant organizations to show substantial support from internal sources as well as other outside sources.
- 6. First time applicants must include a copy of the IRS 501(c)(3) ruling for the organization or institution.
- 7. Optional one copy of any supporting data that the applicant selects may accompany the test letter.

Please limit the above information to not more that two pages; brevity and clarity are appreciated.

Click here to fill out the above in an online form or mail the above information to:

MCM Foundation

c/o MacGregor Read 2000 Fifth Street Berkeley, CA 94710 May 6, 2010



Portfolio Statement As of 12/31/2009

MCM Foundation (Fx Private Equity) Acet # 61117350 2000 5th Street Berkeley, CA 94710-1918

Description	Quantity	Symbol	Cash Invested	Cost Basis	Current Value	Dollar Gain
Mutual Funds DI A Em Mkts Small Cap DFA Large Cap Intl Port DFA Enhanced U S Large DFA I'm Mkts Port DFA US Targeted Value Portfolio DFA Interm Govt Fixed DFA One Year Fixed DFA One Year Fixed DFA U S Large Cap Value DFA Real Estate DFA U S Small Cap Port	2,382 936 7,440 355 46,092 904 2,397 83 3,288 087 40,736 152 14,686 514 7,839 353 11,562 185 7,086 545 8,115 955	DEMSX DFALX DFELX DFEMX DFFVX DFIGX DFIHX DFISX DFLVX DFREX DFXX	46,795 72 169,207 81 371,210 80 72,485 61 47,762 25 446,052 12 144,438 76 130,765 70 240,880 17 140,669 43 141,383 84	48.292 32 176 252 75 396,740 58 75 986 84 48,528 62 486,919 49 149,573 43 134,019 01 245,277 88 140,875 79 142,709 70 2,045,176 41	46,276 62 139,506 66 321,728 47 65,220 98 42,778 01 488,019 10 151,271 09 111,553 99 197,250 88 122,101 17 133,750 94	(\$19 10) (29 701 15) (49 482 33) (7 264 63) (4,984 24) 41,966 98 6.832 33 (19,211 71) (43 629 29) (18,568 26) (7 632 90)
Cash and Money Funds Schwab Govt Secs Fund		GSP	1,951,652 21	903 98 '	903 98	(132,194 30)

Form **8868**

(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

			
	rou are filing for an Automatic 3-Month Extension, complete only Part I and check this box		
Do n	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously t	iled Fo	rm 8868.
Pai	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A cor	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and cor	nplete	
Part I	only		
	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a income tax returns.	n exter	nsion of time
noted (not a you n	ronic 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 electron automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or concust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic forms, gov/efile and click on e-file for Chanties & Nonprofits.	ically r	f (1) you want the additional ated Form 990-T. Instead,
Туре	or Name of Exempt Organization	Emp	loyer identification number
print			
File by	MCM FOUNDATION	2	6-0018914
due da filing yo return	te for Number, street, and room or suite no. If a P.O. box, see instructions.		
instruc			
Chec	k type of return to be filed (file a separate application for each return):		
	Form 990 Form 990-T (corporation) Form 4	720	
一	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5		
	Form 990-EZ Form 990-T (trust other than above) Form 6	069	
X	Form 990-PF Form 1041-A Form 8	B70	
	WAGERROOD READ		
• Th	MACGREGOR READ e books are in the care of ► 2000 FIFTH STREET - BERKELEY, CA 94710		
	lephone No. ► 510-704-2823 FAX No. ►		
	he organization does not have an office or place of business in the United States, check this box		▶ □
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the		
	▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all		
			
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un		
	AUGUST 15, 2010 , to file the exempt organization return for the organization named a	above.	The extension
	is for the organization's return for: ▶ X calendar year 2009 or		
	► tax year beginning , and ending		
	, and chang		- ·
2	If this tax year is for less than 12 months, check reason: Initial return Final return		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		
	nonrefundable credits. See instructions	3a	\$ 0.
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		s 4,412.
	tax payments made Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	3b	\$ 4,412.
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		
	See instructions	3c	\$ 0.
Cauti	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

Form	8868 (Rev. 4-200)						Page 2	
• If	vou are filing for	n Additional (Not Automatic) 3	-Month Extension, complet	e only Part II and	check this bo	X .		> X	
	-	Part II if you have already been o		=			8868	•	
	•	n Automatic 3-Month Extension		•	•				
Pa	rt II Addi	ional (Not Automatic) 3-	Month Extension of Ti	me. Only file the o	onginal (no co	pies i	needed)		
Туре	Name of	xempt Organization			·	Emp	loyer identi	fication number	
print	MCM FOUNDATION					2	6-0018	914	
File by extend due da filing ti	Number, street, and room or suite no. If a P.O. box, see instructions.					For II	For IRS use only		
return	See City, towi	or post office, state, and ZIP co EY, CA 94710	de. For a foreign address, se	e instructions.			· · · · · · · · · · · · · · · · · · ·	·. ·	
Chec	k type of return Form 990 Form 990-BL		cation for each return) [.] n 990-T (sec. 401(a) or 408(a) n 990-T (trust other than abo	· · · · · · = · · ·	1041-A [4720 [===	orm 5227 orm 6069	Form 8870	
STO	P! Do not compl	te Part II if you were not alrea	dy granted an automatic 3-r	nonth extension o	n a previous	sly file	d Form 886	8.	
Te ● If	elephone No the organization	MACGREGOR e care of ► 2000 FIFT 510-704-2823 loes not have an office or place	H STREET - BERN FAX of business in the United Star	No. ► tes, check this box				> □	
• If	this is for a Group	Return, enter the organization's	four digit Group Exemption I	Number (GEN)	If the	s is foi	the whole g	roup, check this	
box	▶ If it is f	r part of the group, check this b		with the names and	d EINs of all i	nemb	ers the exter	nsion is for.	
4		tional 3-month extension of time		<u> 15, 2010</u> .					
5	For calendar year	r 2009 , or other tax year beg	inning	, ar	nd ending			<u> </u>	
6	If this tax year is	for less than 12 months, check i	reason Initial return	Final r	eturn		Change in a	ccounting period	
7	State in detail w	y you need the extension							
	THE TAXP	AYER'S FINANCIAL	MATTERS ARE QU	JITE COMPL	EX. A	<u>DDI'</u>	<u> TIONAL</u>	TIME IS	
	REQUIRED	TO FILE A COMPL	ETE AND ACCURAT	E RETURN.	. ,			·····	
8a	If this applicatio	is for Form 990-BL, 990-PF, 990)-T, 4720, or 6069, enter the t	entative tax, less a	ny	Ì			
	nonrefundable o	edits. See instructions.				8a	\$	0.	
b	If this application	ıs for Form 990-PF, 990-T, 4720	, or 6069, enter any refundat	ole credits and estir	mated				
	tax payments m	de. Include any prior year overp	ayment allowed as a credit a	nd any amount pak	d				
	previously with	orm 8868		ē		8b	\$	<u>4,412.</u>	
С	Balance Due, S	btract line 8b from line 8a. Inclu	de your payment with this for	m, or, if required, d	leposit				
	with FTD coupor	or, if required, by using EFTPS	Electronic Federal Tax Paym	ent System) See ir	structions.	8c	\$	O.	
			Signature and Verif	ication					
		I declare that I have examined this f plete, and that I am authorized to pre		hedules and statemer	nts, and to the	best of	my knowledg	e and belief,	
Signat	ure 🕨 lu	m 4- Herry	Title > CPA FOR CL	IENT		Date	<u> </u>	16/10	
							Form 8	868 (Rev. 4-2009)	