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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

2009 **Treated as a Private Foundation** Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. 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 ROBERT GALVIN FOUNDATION 36-6065560 Otherwise, Number and street (or P O box number if mail is not delivered to street address) Room/suite print B Telephone number or type. 1301 EAST ALGONOUIN ROAD 847-576-5300 See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions. SCHAUMBURG, IL 60196 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation H Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J Accounting method: Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col (c), line 16) F If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis.) **S** 43,599,836. under section 507(b)(1)(B), check here Part | Analysis of Revenue and Expenses (d) Disbursements or charitable purposes (b) Net investment (a) Revenue and (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 income income (cash basis only) 14,281,444 Contributions, gifts, grants, etc., received Check fithe foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 187,500. 187,085 STATEMENT 294,594. 136,872 STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) <34,543. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, tine 2) 0. 7 Net short-term capital gain Income modifications 10a Gross sales less rettre EQEIVED b Less Cost of goods sold c Gross protte or (loss) V 22 2010 11 Other income 94,304 94,304 O.STATEMENT Total. Add lines-1-through 1 14,823,299 418,261 0 12 Compensation of office Gliecters, truste 0. 13 0 0 Other employee salaries and wages 15 Pension plans, employee benefits 10 0. STMT 4 10. 0 16a Legal fees STMT 5 **b** Accounting fees 5,760 2,880. 0 2,880. c Other professional fees 44,891 44,891 0 0. 17 Interest 7,322 7,322. 18 Taxes STMT 6 0. 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 7 23 Other expenses 206,897. 206,897 0 0. 24 Total operating and administrative 2,880. 0 expenses. Add lines 13 through 23 264,880 262,000 256,000 25 Contributions, gifts, grants paid <u> 256,000.</u> 26 Total expenses and disbursements. Add lines 24 and 25 520,880 262,000 0 258,880. Subtract line 26 from line 12: 14,302,419 3 Excess of revenue over expenses and disbursements 156,261 b Net investment income (if negative, enter -0-) 0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

C Adjusted net income (if negative, enter -0-)

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	End of year			
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing						
	2	Savings and temporary cash investments	1,038,325.	5,219,847.	5,219,847.			
		Accounts receivable >						
		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						
	١.	disqualified persons						
	'	Other notes and loans receivable	-					
		Less: allowance for doubtful accounts		<u> </u>				
Assets		Inventories for sale or use						
SS		Prepaid expenses and deferred charges						
٩	10a	Investments - U.S. and state government obligations						
	b	Investments - corporate stock STMT 9	3,588,462.	3,588,462.	2,551,431.			
	C	Investments - corporate bonds						
	11	Investments - land, buildings, and equipment basis						
		Less accumulated depreciation						
	12	Investments - mortgage loans			_			
	13	Investments - other STMT 10	17,126,060.	30,307,262.	35,828,558.			
	14	Land, buildings, and equipment; basis ►						
		Less accumulated depreciation						
	15	Other assets (describe ►						
	16	Total assets (to be completed by all filers)	21,752,847.	39,115,571.	43,599,836.			
		Accounts payable and accrued expenses		- · · · · · · · · · · · · · · · · · · ·				
	18	Grants payable			!			
ģ	19	Deferred revenue]			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		· -]			
abi	21	Mortgages and other notes payable			1			
=	22	Other liabilities (describe STATEMENT 11)	1,600,190.	1,583,245.	<u>'</u>			
_	23	Total liabilities (add lines 17 through 22)	1,600,190.	1,583,245.	<u>'</u>			
		Foundations that follow SFAS 117, check here						
		and complete lines 24 through 26 and lines 30 and 31.						
ces	24	Unrestricted		<u>. </u>				
lan	25	Temporarily restricted						
B	26	Permanently restricted						
Ĕ		Foundations that do not follow SFAS 117, check here						
Ē		and complete lines 27 through 31.			'			
S	27	Capital stock, trust principal, or current funds	0.	0.	<u> </u>			
Set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.				
As	29	Retained earnings, accumulated income, endowment, or other funds	20,152,657.	37,532,326.				
Net Assets or Fund Balance	30	Total net assets or fund balances	20,152,657.	37,532,326.				
_								
	31	Total liabilities and net assets/fund balances	21,752,847.	39,115,571.	<u></u>			
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances					
\equiv								
1		I net assets or fund balances at beginning of year - Part II, column (a), line 3	30		20 150 655			
_	•	st agree with end-of-year figure reported on prior year's return)		1	20,152,657.			
		r amount from Part I, line 27a		2	14,302,419.			
		r increases not included in line 2 (itemize)	SEE STA	ATEMENT 8 3	3,077,250.			
		lines 1, 2, and 3		4	37,532,326.			
		eases not included in line 2 (itemize)			0.			
<u>6</u>	ı ota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30		37,532,326.			
					Form 990-PF (2009)			

(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.)			P - Purchase D - Donation		(c) Date (mo., d	acquired lay, yr.)	(d) Date sold (mo., day, yr.)		
1a									
	ACHED ST	ATEMENTS		·	-				
					<u> </u>				-
е									
(e) Gross sales p	rice (f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss) s (f) minus (
<u>a</u>		_							
b c									
d						·			-
е									<34,543.
Complete only for as	sets showing gain	in column (h) and owned by t				C.	(I) Gains (C	Col. (h) gain not less thai	minus
(i) F.M.V. as of 12/	31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1)			Losses	(from col. (h))
<u>a</u>						-			
b c									
d									
e								•	<34,543.
2 Capital gain net incom	ne or (net capital lo	ss) { If gain, also enter ss)	ın Part I, line - ın Part I, line	7 7	}	2			<34,543.
3 Net short-term capital If gain, also enter in P	·	efined in sections 1222(5) an			٦				
If (loss), enter -0- in F	art I, line 8	• ,			<i>}</i>	3		N/A	
		Section 4940(e) for ations subject to the section 4				stment In	come		
If "Yes," the foundation de	for the section 49- oes not qualify und	blank. 42 tax on the distributable am er section 4940(e). Do not co blumn for each year; see instri	mplete this pa	rt					Yes X No
(a) Base period Calendar year (or tax y	l years Year beginning in)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) ncharita	ble-use asset	s	Distrib (col. (b) div	(d) oution ratio ided by col. (c))
2008		2,67	1,495.		22,	911,93	0.		.116598
2007			5,327.			686,39			.038057
2006			2,405.			770,91			.012841
2005			5,066. 9,839.			888,9 <u>2</u> 422,52			.194333 .061406
		1,00	<u> </u>		<u> </u>	<u> </u>	-		*001400
2 Total of line 1, colum	n (d)						2		.423235
3 Average distribution r the foundation has be	-	base period - divide the total ones than 5 years	on line 2 by 5,	or by the number	of years	5	3		.084647
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5				4	3	1,859,404.			
5 Multiply line 4 by line 3				5		2,696,803.			
6 Enter 1% of net investment income (1% of Part I, line 27b)				6		1,563.			
7 Add lines 5 and 6					7		2,698,366.		
8 Enter qualifying distril	hutions from Part X	(II. line 4					8		258,880.
	greater than line 7,	check the box in Part VI, line	1b, and comp	elete that part usin	g a 1%	tax rate.			

_	1990-PF (2009) ROBERT GALVIN FOUNDATION		<u>-6065</u>			Page 4
Pέ	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	<u> 4948</u>	<u>- see i</u>	nstru	ctio	ns)
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			3,1	25.
	of Part I, line 27b					
C	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	1				
	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			3,1	25.
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		_	3,1	25.
6	Credits/Payments:					
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 42,708	.				
	Exempt foreign organizations - tax withheld at source	7				
	Tax paid with application for extension of time to file (Form 8868)	7				
	Backup withholding erroneously withheld 6d	7				,
	Total credits and payments. Add lines 6a through 6d	7		4	2.7	08.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8	†		<i>⊶ , ,</i>	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	†			
10		10	+	3	9 5	83.
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	11			<u>, , , , , , , , , , , , , , , , , , , </u>	0.
	art VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interver	0 ID			Yes	No
10	any political campaign?	C III		1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	od or		ייי		
	distributed by the foundation in connection with the activities	eu oi				'
	Did the foundation file Form 1120-POL for this year?			10		·
	•			1c		X
u	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$					·
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<u>.</u>				
-						
managers. \$ 0. 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?						X
4	If "Yes," attach a detailed description of the activities			2		
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				. !
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	UI			****	
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			3		X
	If "Yes." has it filed a tax return on Form 990-T for this year?	ν.	I/A	4a 4b		
_	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	I.	1/ 🕰	<u> </u>		X
J	• •			5		
6	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
U						
	By language in the governing instrument, or By state language in the discretized with appearance that governing instrument so that no mandatony discretizes that conflict with the state language.	o les:				٠
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the statements in the governing instrument? 	e iaw				v
7	remain in the governing instrument?			6	77	X
1	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
0.	If "Yes," complete Part II, col. (c), and Part XV.					
ъa	Enter the states to which the foundation reports or with which it is registered (see instructions)					ĺ
	IL					
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			_		-
_	of each state as required by General Instruction G? If "No," attach explanation			8b_	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	endar				
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			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
			Fore	ո 990	-PF (2009)

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Part VII-A Statements Regarding Activities (continued)	-, - ,	
1 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1 1	İ
section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	
2 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before		
August 17, 2008?	12	
3 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X
Website address ► NOT AVAILABLE	-DC F	200
4 The books are in care of ► ROBERT GALVIN Telephone no. ►847-		300
Located at ► 1295 ALGONQUIN ROAD, SCHAUMBURG, IL ZIP+4 ►	01196	
5 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		, ►
and enter the amount of tax-exempt interest received or accrued during the year In the second secon	N	/ <u>A</u>
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1	V
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	Yes
1a During the year did the foundation (either directly or indirectly):		İ
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		ļ
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		ļ
a disqualified person?		
(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?	1 1	
(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"	1 1	
If the foundation agreed to make a grant to or to employ the official for a period after	1	
termination of government service, if terminating within 90 days.)	1 .	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A	1b	
Organizations relying on a current notice regarding disaster assistance check here		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		
before the first day of the tax year beginning in 2009?	1c	
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		İ
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	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
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		
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after		- 1
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	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		}
had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	-PF (2

orm 990-PF (2009) ROBERT GALVIN FOUNDATION			<u> 36-60655</u>	<u>60</u>	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)		
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	s X No		ŀ
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				ŀ
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes'	7	Ye	s X No		ŀ
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			-	
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?	-	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned			,
expenditure responsibility for the grant?		/A Ye	s 🔲 No	Ì	1
If "Yes," attach the statement required by Regulations section 53.4945		• —		- 1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	· ·				,
a personal benefit contract?		☐ Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	□ Yε	s X No		
b If yes, did the foundation receive any proceeds or have any net income attribute			·	7b	
Information About Officers Directors Truck		nagers. Highly			
Part VIII Paid Employees, and Contractors	,		•		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	pense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account	i, other inces
ROBERT W. GALVIN	PRESIDENT	0			
1303 EAST ALGONQUIN ROAD					
SCHAUMBURG, IL 60196	0.00	0.	0.		0.
	VICE PRESIDEN				
71 S. WACKER DRIVE - STE 3575	1102 110222	-	1		
CHICAG, IL 60606	0.00	0.	0.		0.
	TREAS/SEC				
1303 EAST ALGONQUIN ROAD					
SCHAUMBURG, IL 60196	0.00	0.	o.		0.
SCILLOHDONG, ID 00190	0.00	-			
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expaccion	pense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account allowa	i, other inces
NONE	advoted to position		oomponeda.		
				<u>-</u>	
	1				
· · · · · · · · · · · · · · · · · · ·	1				
Feder number of other ampleyees paid over \$50,000	<u> </u>	L	<u> </u>		0
Total number of other employees paid over \$50,000			Fauer	990-PF	
			roim :	99U-FF	(2009)

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

Form **990-PF** (2009)

Р	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	2,165,076.
	Average of monthly cash balances	1b	3,129,086.
C	Fair market value of all other assets	1c	27,050,411.
đ	Total (add lines 1a, b, and c)	1d	32,344,573.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) le 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	32,344,573.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	485,169.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	31,859,404.
6	Minimum investment return Enter 5% of line 5	6	1,592,970.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	1,592,970.
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.)		
C	Add lines 2a and 2b	2c	3,125.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,589,845.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,589,845.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,589,845.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		050 000
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	258,880.
	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:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	050 000
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	258,880.
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	258,880.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualities f	or the section

Form **990-PF** (2009)

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,	001700	10010 prior to 2000	2000	2000
line 7				1,589,845.
2 Undistributed income, if any, as of the end of 2009				2700570151
a Enter amount for 2008 only			0.	
b Total for prior years:	•			
		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005 1,962,373.				
c From 2006				
d From 2007				
e From 2008 1,525,898.				
f Total of lines 3a through e	3,488,271.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$ 258,880.				
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			_	258,880.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	1,330,965.			1,330,965.
6 Enter the net total of each column as				
indicated below:	2,157,306.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,137,300.			<u> </u>
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years'		0.		
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed d Subtract line 6c from line 6b. Taxable		0.		
<u> </u>		0.		
amount - see instructions 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)	0.			
8 Excess distributions carryover from 2004		×		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	2,157,306.			
10 Analysis of line 9:	_,,,	<u>.</u>		
a Excess from 2005 631,408.				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008 1,525,898.				
e Excess from 2009				

Part XIV Private Operating F	oundations (see in:		/II-A. guestion 9)	N/A	0003300 raye
1 a If the foundation has received a ruling of			· · · · · · · · · · · · · · · · · · ·	M/A	
foundation, and the ruling is effective fo			' <u> </u>		
b Check box to indicate whether the found	· ·	=	t in section	4942(j)(3) or] 4942(_J)(5)
2 a Enter the lesser of the adjusted net	Tax year	l loundation described	Prior 3 years	1 4342(J)(0) UI	<u> </u>
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for	(4/200	(2) 2000	(0,200)	(5) 5555	(7)
each year listed b 85% of line 2a			 	 -	
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not	-				<u>-</u>
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.			1		
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	<u> </u>			1 102 000	<u>l</u>
Part XV Supplementary Info			, if the foundation	n had \$5,000 or	more in assets
at any time during t		instructions.)			
1 Information Regarding Foundation	_				
a List any managers of the foundation wh year (but only if they have contributed r			ntributions received by the	e foundation before the	e close of any tax
NONE	ποιο αιαπ φο,σσο). (σσο σ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
b List any managers of the foundation wh	no own 10% or more of th	no etack of a corneration	o for an equally large ports	on of the ownerchin o	f a nartnerchin or
other entity) of which the foundation ha			(or all equally large porti	on or the ownership o	a partificiantly of
NONE	•				
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarshin etc. I	Programs:		
Check here ▶ ☐ If the foundation of				not accept unsolicited	requests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	ber of the person to who	m applications should b	e addressed;		-
ROBERT GALVIN, SCHAU	· ·				
b The form in which applications should be	oe submitted and informa	tion and materials they	should include:		
NOT APPLICABLE					
c Any submission deadlines: NONE					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable field	s, kinds of institutions, or	other factors:	
NONE	. , , , , , , , , , , , , , , , , , , ,	,			

3 Grants and Contributions Paid During the Yo	ear or Approved for Future I	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	Continuation	, , , , , , , , , , , , , , , , , , ,
a Paid during the year	or substantial contributor	recipient		
SEE STATEMENT 12 Total	<u> </u>	<u> </u>	▶ 3a	256 000
b Approved for future payment			Ja Ja	256,000.
NONE				
Total			►_ 3b	0.

Part XVI-A	Analysis of Income-Producing	Activities

Enter gross amounts unless otherwise	indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
•	indicates.	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:		coue		COGE		
a						
b						
c						
d						
e						
f						
g Fees and contracts from govern	•			L		· -
2 Membership dues and assessment						
3 Interest on savings and temporary	cash					
investments				14		
4 Dividends and interest from securit	ties			14	294,594.	
5 Net rental income or (loss) from rea	al estate:					
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from pe	ersonal					
property						
7 Other investment income				14	94,304.	
8 Gain or (loss) from sales of assets	other					
than inventory				18	<34,543.	>
9 Net income or (loss) from special e	events				10 2 / 0 20 1	
10 Gross profit or (loss) from sales of			-	<u> </u>		
11 Other revenue:	involutory					
a b						
			<u> </u>	 		
<u> </u>						
d						
e	17.			├	E 41 OF E	
12 Subtotal. Add columns (b), (d), and			0.	L	541,855.	0.
13 Total Add line 12, columns (b), (d					13	541,855.
(See worksheet in line 13 instructions	to verify calculations.)					···
Part XVI-B Relationsh	nip of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No Explain below how ead	ch activity for which incom	ne is reported	ın column (e) of Part XVI-A	contrit	outed importantly to the accord	pplishment of
the foundation's exem	pt purposes (other than b					
NOT APPLICAB	BLE					
						
						
	· ·					

Forn	n 990-P	F (2009) ROBER	T GALVIN FOUN	DATION	36-60	65560	Pa	age 13 _
Pa	rt X\			To and Transactions an	d Relationships With Noncl	naritable		
		Exempt Organ						,
1	Did th	e organization directly or indi	rectly engage in any of the fol	llowing with any other organization	described in section 501(c) of		Yes	No
	the Co	ode (other than section 501(c)(3) organizations) or in secti	on 527, relating to political organiza	ations?			<u> </u>
a	Trans	fers from the reporting found	ation to a noncharitable exem	pt organization of:				
	(1) C	ash				1a(1)		X
	(2) 0	ther assets				1a(2)		X
b	Other	transactions:						
	(1) S	ales of assets to a noncharita	ble exempt organization			1b(1)		X
	(2) P	urchases of assets from a no	ncharitable exempt organizat	ion		1b(2)		X
	(3) R	ental of facilities, equipment,	or other assets			1b(3)		X
	(4) R	eimbursement arrangements				1b(4)		X
	(5) L	oans or loan guarantees				1b(5)		X
	(6) P	erformance of services or me	embership or fundraising soli	citations		1b(6)		Х
C	Sharır	ng of facilities, equipment, ma	uling lists, other assets, or pa	ıd employees		1c		X
d	If the	answer to any of the above is	"Yes," complete the following	schedule. Column (b) should alwa	lys show the fair market value of the good	ls, other ass	ets,	
	or ser	vices given by the reporting f	oundation. If the foundation r	eceived less than fair market value	in any transaction or sharing arrangemen	nt, show in		
	colum	n (d) the value of the goods,	other assets, or services rece	erved.				
(a) L	ine no	(b) Amount involved	(c) Name of noncha	ritable exempt organization	(d) Description of transfers, transactions, a	and sharing an	rangeme	ents
			N/	'A				
		· · · · · ·						
			-					
	·							
						•		
2a	Is the	foundation directly or indirec	tly affiliated with, or related to	, one or more tax-exempt organiza	tions described			
	ın sec	tion 501(c) of the Code (othe	r than section 501(c)(3)) or ii	n section 527?		Yes	X	No
b	If "Yes	," complete the following sch	edule.					
		(a) Name of org	ganization	(b) Type of organization	(c) Description of relation	onship		
		N/A						
								
			0					
\top	Under p	enalities of period, I declare that H	nave examined this return, includin	g accompanying schedules and statemen	nts, and to the best of my knowledge and belief,	it is true, corre	ct,	
-	and com	plete Destatation of Hepares (other	5 (// / -	ed on all information of which preparer ha	as any knowledge			
		XXXXOLE) Hale	- litiste	▶ PRESIDENT			
ᇍ	र इं	nature of officer or trustee		Date	Title			•

Form **990-PF** (2009)

Preparer's identifying number

847-374-0400

Preparer's signature

Firm's name (or yours ıf setf-employed), address, and ZIP code FGMK, LLC 2801 LAKESIDE DRIVE, 3RD FLOOR BANNOCKBURN, IL 60015

Date Check if self-11/09/10 employed ►

EIN ▶

Phone no.

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

2009

Employer identification number Name of the organization 36-6065560 ROBERT GALVIN FOUNDATION Organization type (check one) Filers of: Section: Form 990 or 990-FZ ___ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Schedule B (F	Form 990, 990-EZ, or 990-PF) (2009)		Page 1 of 1 of Parti
Name of or	ganization	Er	nployer identification number
ROBER	T GALVIN FOUNDATION		36-6065560
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ns Type of contribution
1	GF & F HOLDINGS 4 YEAR CRUT	\$ <u>14,281,44</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d)
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(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 contribution	(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 contribution	(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 contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there

of of Part II

Name of organization

Employer identification number

ROBERT GALVIN FOUNDATION

36-6065560

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		Cabadula D /Farm /	100 000 F7 a- 000 DEL (0000)

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Parti	V Capital Gains and Lo	osses for Tax on Investment Inc	ome		
		d describe the kind(s) of propert rick warehouse; or common sto		(c) Date acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a FR	OM PASSTHROU			T	
	OM PASSTHROU			T	
c FR			CREEK HEDGE FUND S1	(
d FR	OM PASSTHROU	IGH K-1 - GORE	CREEK HEDGE FUND S1	(
e FR	OM PASSTHROU	IGH K-1 - GORE	CREEK PRIVATE FUND S	1	
f FR			<u>CREEK PRIVATE FUND S</u>		
g FR			<u>CREEK PRIVATE FUND S</u>		
h FR			CREEK PRIVATE FUND S	1 -	
<u> </u>			CREEK STOCK FUND S1	-	
	OM PASSTHROU	IGH K-1 - GORE	CREEK STOCK FUND S1	4 -	-
<u>k</u>				 	
m m					
 n					
 0					
	e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a					26,813.
b					<221.
С					42,144.
d				<	102,433.
e					53,435.
f					<8,641.
9					<6,097.
h	-	-			<7,645.
					23,672. <55,570.
<u> </u>					<33,370.
<u>k</u> I					
<u>'</u> m					
<u>'''</u>					
0					
	plete only for assets show	ing gain in column (h) and owne	d by the foundation on 12/31/69	(I) Losses (from col. (h))	
(i)	F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of col. (h) gain ove but not less than "-0-")	r col. (k),
a					26,813.
b					<221.
С				••••	42,144.
d				<	102,433.
e					53,435.
f		1			<8,641.
<u>g</u>		1			<6,097.
<u>h</u>				···	<7,645. 23,672.
1					<u> </u>
<u>J</u> k				· - · · · · · · · · · · · · · · · · · ·	<u> </u>
<u> </u>					
<u>'</u> m					- -
n					•
0				·	
		<u></u>			
2 Capita	al gain net income or (net c	apital loss) { If gain, also If (loss), ent	enter in Part I, line 7 er "-0-" in Part I, line 7		<34,543.
		oss) as defined in sections 1222(, I		
	n, also enter in Part I, line 8		o, a.i.o (o).		
	s), enter "-0-" in Part I, line		J 3	N/A	

FORM 990-PF INTEREST ON SAVINGS A	ND TEMPORARY CA	ASH INVESTMENTS	STATEMENT
SOURCE			AMOUNT
FROM PASSTHROUGH K-1 - GORE CREEK (TE) LLC			41,159
FROM PASSTHROUGH K-1 - GORE CREEK (TE) LLC FROM PASSTHROUGH K-1 - GORE CREEK		ı	35,906
(TE) LLC FROM PASSTHROUGH K-1 - GORE CREEK			79,718
(TE) LLC FROM PASSTHROUGH K-1 - GORE CREEK	STOCK FUND S1		13,156
(TE) LLC HARRIS BANK AND TRUST - CHECKING			8,466 7,324
NORTHERN TRUST - 540347			43
NORTHERN TRUST - 540347 - MUNI			334
US TREASURY			1,394
TOTAL TO FORM 990-PF, PART I, LINE	3, COLUMN A		187,500
TOTAL TO FORM 990-PF, PART I, LINE	E 3, COLUMN A		187,500
	O INTEREST FROM	SECURITIES	187,500 STATEMENT
		SECURITIES CAPITAL GAINS DIVIDENDS	<u> </u>
FORM 990-PF DIVIDENDS AND SOURCE FROM PASSTHROUGH K-1 - GORE CREEK BOND FUND S1 (TE) LLC	O INTEREST FROM	CAPITAL GAINS	STATEMENT COLUMN (A)
FORM 990-PF DIVIDENDS AND SOURCE FROM PASSTHROUGH K-1 - GORE CREEK BOND FUND S1 (TE) LLC FROM PASSTHROUGH K-1 - GORE CREEK HEDGE FUND S1 (TE) LLC	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	STATEMENT COLUMN (A) AMOUNT
FORM 990-PF DIVIDENDS AND SOURCE FROM PASSTHROUGH K-1 - GORE CREEK BOND FUND S1 (TE) LLC FROM PASSTHROUGH K-1 - GORE	GROSS AMOUNT 39,974.	CAPITAL GAINS DIVIDENDS	STATEMENT COLUMN (A) AMOUNT 39,974
FORM 990-PF DIVIDENDS AND SOURCE FROM PASSTHROUGH K-1 - GORE CREEK BOND FUND S1 (TE) LLC FROM PASSTHROUGH K-1 - GORE CREEK HEDGE FUND S1 (TE) LLC FROM PASSTHROUGH K-1 - GORE CREEK PRIVATE FUND S1 (TE) LLC FROM PASSTHROUGH K-1 - GORE CREEK PRIVATE FUND S1B (TE) LLC FROM PASSTHROUGH K-1 - GORE	GROSS AMOUNT 39,974. 14,295. 86,057. 4,489.	CAPITAL GAINS DIVIDENDS 0. 0.	STATEMENT COLUMN (A) AMOUNT 39,974 14,295 86,057 4,489
FORM 990-PF DIVIDENDS AND SOURCE FROM PASSTHROUGH K-1 - GORE CREEK BOND FUND S1 (TE) LLC FROM PASSTHROUGH K-1 - GORE CREEK HEDGE FUND S1 (TE) LLC FROM PASSTHROUGH K-1 - GORE CREEK PRIVATE FUND S1 (TE) LLC FROM PASSTHROUGH K-1 - GORE CREEK PRIVATE FUND S1B (TE) LLC FROM PASSTHROUGH K-1 - GORE CREEK STOCK FUND S1 (TE) LLC	GROSS AMOUNT 39,974. 14,295. 86,057. 4,489. 90,261.	CAPITAL GAINS DIVIDENDS 0. 0. 0. 0. 0.	STATEMENT COLUMN (A) AMOUNT 39,974 14,295 86,057 4,489 90,261
FORM 990-PF DIVIDENDS AND SOURCE FROM PASSTHROUGH K-1 - GORE CREEK BOND FUND S1 (TE) LLC FROM PASSTHROUGH K-1 - GORE CREEK HEDGE FUND S1 (TE) LLC FROM PASSTHROUGH K-1 - GORE CREEK PRIVATE FUND S1 (TE) LLC FROM PASSTHROUGH K-1 - GORE CREEK PRIVATE FUND S1B (TE) LLC FROM PASSTHROUGH K-1 - GORE	GROSS AMOUNT 39,974. 14,295. 86,057. 4,489.	CAPITAL GAINS DIVIDENDS 0. 0. 0.	STATEMENT COLUMN (A) AMOUNT 39,974 14,295 86,057 4,489

FORM 990-PF	OTHER	INCOME		STATEMENT 3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
FROM PASSTHROUGH K-1 - GORE (HEDGE FUND S1 (TE) LLC		5,119.	5,119.	0.
FROM PASSTHROUGH K-1 - GORE (PRIVATE FUND S1 (TE) LLC		76,775.	76,775.	0.
FROM PASSTHROUGH K-1 - GORE (PRIVATE FUND S1B (TE) LLC		1,686.	1,686.	0.
FROM PASSTHROUGH K-1 - GORE (BOND FUND S1 (TE) LLC		<260.	> <260.	> 0.
FROM PASSTHROUGH K-1 - GORE (STOCK FUND S1 (TE) LLC	CREEK	10,984.	10,984.	0.
TOTAL TO FORM 990-PF, PART I	, LINE 11	94,304.	94,304.	0.
FORM 990-PF	LEGA	L FEES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	10	. 10	. 0	. 0.
TO FM 990-PF, PG 1, LN 16A	10	. 10	. 0	. 0.
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	5,760	2,880	. 0	2,880.
TO FORM 990-PF, PG 1, LN 16B	5,760	. 2,880	. 0	. 2,880.
=				

FORM 990-PF	FORM 990-PF TAXES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
FOREIGN TAXES PAID FROM PASS-THROUGH ENTITIES	7,322.	7,322.		0.	0.
TO FORM 990-PF, PG 1, LN 18	7,322.	7,322.		0.	0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
INVESTMENT EXPENSES FROM PASS-THROUGH INVESTMENTS INVESTMENT EXPENSES FEES	202,560. 4,311. 26.			0. 0. 0.	0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	206,897.	206,897.		0.	0.
FORM 990-PF OTHER INCREASES	S IN NET ASS	ETS OR FUND BA	ALANCES	STATEMENT	8
DESCRIPTION				AMOUNT	
BOOK TO TAX DIFFERENCES FROM ENTITIES	INVESTMENTS	IN PASS-THRO	UGH	3,077,	250.
TOTAL TO FORM 990-PF, PART I	II, LINE 3			3,077,	250.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	9
DESCRIPTION		во	OK VALUE	FAIR MARK	ET
		-			
NORTHERN TRUST 3,588,462.			2,551,	431.	

FORM 990-PF O	THER INVESTMENTS		STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
GORE CREEK BOND FUND S1 (TE) LLC	COST	4,855,273.	5,961,555.
GORE CREEK HEDGE FUND S1 (TE) LL	C COST	11,549,993.	17,055,100.
GORE CREEK PRIVATE FUND S1 (TE)	LLC COST	5,347,136.	4,291,107.
GORE CREEK PRIVATE FUND S1B (TE)	COST		
LLC		976,240.	
GORE CREEK STOCK FUND S1 (TE) LL		6,806,561.	5,195,749.
INTEREST RECEIVABLE	COST	63.	63.
TAX REFUND RECEIVABLE	COST	0.	0.
TRAVELER'S LIFE AND ANNUITY	COST	771,996.	771,996.
TOTAL TO FORM 990-PF, PART II, L	INE 13	30,307,262.	35,828,558.
FORM 990-PF O	THER LIABILITIES		STATEMENT 11
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
LOAN PAYABLE - NORTHERN TRUST	•	1,600,190.	1,583,245.
TOTAL TO FORM 990-PF, PART II, L	INE 22	1,600,190.	1,583,245.

	S AND CONTRIBUTIONS D DURING THE YEAR	STAT	EMENT 12
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
WINGS	COMMUNITY	PUBLIC CHARITY	10,000.
RACHEL ELIZABETH BARTON FOUNDATION	COMMUNITY	PUBLIC CHARITY	1,000.
COUNTRYSIDE ASSOCIATION FOR PEOPLE WITH DISABILITIES	HEALTH AND WELFARE	PUBLIC CHARITY	1,000.
PIANOFORTE FOUNDATION	ARTS AND COMMUNITY	PUBLIC CHARITY	1,000.
FAMILY INSTITUTE OF CHICAGO	HEALTH AND WELFARE	PUBLIC CHARITY	20,000.
ARS VIVA SYMPHONY ORCHESTRA	COMMUNITY AND ART	PUBLIC CHARITY	5,000.
AMERICAN CANCER SOCIETY	HEALTH AND WELFARE	PUBLIC CHARITY	3,000.
HOSPICE FOUNDATION OF NORTHEASTERN ILLINOIS	HEALTH AND WELFARE	PUBLIC CHARITY	100,000.

ROBERT GALVIN FOUNDATION			36-6065560
ROMERO PROJECT	COMMUNITY	PUBLIC CHARITY	100,000.
CSIS GLOBAL STRATEGY INSTITUTE	EDUCATION AND COMMUNITY	PUBLIC CHARITY	15,000.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A		256,000.

Form **886**\$ (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 you are films for an Automotic O SA water Fig. 1.	
 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box 	▶ 🛣
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the 	
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously	filed Form 8868.
Part Automatic 3-Month Extension of Time. Only submit original (no copies needed)	-
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and co	molete
Part I only	▶ □
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a to file income tax returns.	an extension of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electro (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or c you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic www.irs.gov/efile and click on e-file for Charities & Nonprofits.	nically if (1) you want the additional onsolidated Form 990-T, instead.
Type or Name of Exempt Organization print	Employer identification number
ROBERT GALVIN FOUNDATION	36-6065560
Number, street, and room or suite no. If a P.O. box, see instructions. 1301 EAST ALGONQUIN ROAD	
return See Instructions City, town or post office, state, and ZIP code For a foreign address, see instructions.	
SCHAUMBURG, IL 60196	
Check type of return to be filed (file a separate application for each return):	
Form 990 Form 990-T (corporation) Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 990-BL	· -
Form 990-EZ Form 990-T (trust other than above)	
X Form 990-PF Form 1041-A Form 8	
ROBERT GALVIN	
The books are in the care of ▶ 1295 ALGONQUIN ROAD - SCHAUMBURG, IL 6 Telephone No. ▶ 847-576-5300 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 the state of the care of th	his is for the whole group, check this
The books are in the care of ▶ 1295 ALGONQUIN ROAD - SCHAUMBURG, IL 6 Telephone No. ▶ 847-576-5300 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 it is for part of the group, check this box ▶ and attach a list with the names and EINs of a 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time united to file Form 990-T.	nis is for the whole group, check this il members the extension will cover.
The books are in the care of ▶ 1295 ALGONQUIN ROAD - SCHAUMBURG, IL 6 Telephone No. ▶ 847-576-5300 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 it box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of a I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time ure AUGUST 15, 2010 , to file the exempt organization return for the organization named is for the organization's return for:	nis is for the whole group, check this il members the extension will cover.
The books are in the care of ▶ 1295 ALGONQUIN ROAD - SCHAUMBURG, IL 6 Telephone No. ▶ 847-576-5300 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 it box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of a I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time ure AUGUST 15, 2010 , to file the exempt organization return for the organization named is for the organization's return for:	nis is for the whole group, check this il members the extension will cover.
The books are in the care of ▶ 1295 ALGONQUIN ROAD - SCHAUMBURG, IL 6 Telephone No. ▶ 847-576-5300 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 the box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of a 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	nis is for the whole group, check this il members the extension will cover.
The books are in the care of ▶ 1295 ALGONQUIN ROAD - SCHAUMBURG, IL 6 Telephone No. ▶ 847-576-5300 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 it is for part of the group, check this box ▶ □ and attach a list with the names and EINs of a 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 is for the organization's return for: ■ X calendar year 2009 or	nis is for the whole group, check this il members the extension will cover.
The books are in the care of ▶ 1295 ALGONQUIN ROAD - SCHAUMBURG, IL 6 Telephone No. ▶ 847-576-5300 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 it is for part of the group, check this box ▶ and attach a list with the names and EINs of a I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic	his is for the whole group, check this il members the extension will cover. Intil above. The extension Change in accounting period
The books are in the care of ▶ 1295 ALGONQUIN ROAD - SCHAUMBURG, IL 6 Telephone No.▶ 847-576-5300 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 it box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of a I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension	his is for the whole group, check this il members the extension will cover.
The books are in the care of ▶ 1295 ALGONQUIN ROAD - SCHAUMBURG, IL 6 Telephone No. ▶ 847-576-5300 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 it box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of a 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic and automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic and automatic and automatic and a list with the names and EINs of a 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic and automatic and automatic and attach a list with the names and EINs of a 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic and automatic and estimated 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic and estimated 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic and estimated 2 If this tax year is for less than 12 months, check reason: I Initial return Final return 3 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. 3 If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	his is for the whole group, check this il members the extension will cover. Intil above. The extension Change in accounting period 3a \$ 8,515.
The books are in the care of ▶ 1295 ALGONQUIN ROAD - SCHAUMBURG, IL 6 Telephone No. ▶ 847-576-5300 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 the box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of a I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unautomatic 3-month (6-months for form 990-T) extension of time unautomatic 3-month (6-months for form 990-T) extension of time unautomatic 3-month (6-months for form 990-T) extension of time unautomatic 3-month (6-months for form 990-T) extension of time unautomatic 3-month (6-months for form 990-T) extension of time unautomatic 3-month (6-months for form 990-T) ex	his is for the whole group, check this il members the extension will cover. Intil above. The extension Change in accounting period
The books are in the care of ▶ 1295 ALGONQUIN ROAD - SCHAUMBURG, IL 6 Telephone No.▶ 847-576-5300 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 the box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of a 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time under the organization's return for: ▶ X calendar year 2009 or ▶ . And ending . And ending . And ending . And ending . If this tax year is for less than 12 months, check reason: Initial return Final return . 2 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. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any pnor year overpayment allowed as a credit. C Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	his is for the whole group, check this il members the extension will cover. Intil above. The extension Change in accounting period 3a \$ 8,515. 3b \$ 42,708.
The books are in the care of ▶ 1295 ALGONQUIN ROAD - SCHAUMBURG, IL 6 Telephone No. ▶ 847-576-5300 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ▶ and attach a list with the names and EINs of a life the exempt organization return for the organization named is for the organization's return for: ■ X calendar year 2010	his is for the whole group, check this il members the extension will cover. Intil above. The extension Change in accounting period 3a \$ 8,515.

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	368 (Rev. 4-2009)					ige 2
If yo	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ox			\triangleright X	ļ
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously file	form	8868.			
	u are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
Part	II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies r	reeded)			
Туре о	Name of Exempt Organization	Emp	loyer ide	ntificati	ion numl	ber
print	ROBERT GALVIN FOUNDATION	3	6-60	<u> 5556</u>	0	
File by the extended due date	Number, street, and room or suite no. If a PO box, see instructions.	For II	RS use o	nly		
filing the return Se instruction	i chij, to mi ci pout amou, and an account a a consign addition, and mondation					
	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 X Form 990-PF Form 990-T (trust other than above) Form 4720	=	orm 5227 orm 6069		Form 8	870
STOP!	Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	usly file	d Form	3868.		
Tele	ROBERT GALVIN books are in the care of ▶ 1295 ALGONQUIN ROAD - SCHAUMBURG, IL 6 sphone No. ▶ 847-576-5300 FAX No. ▶ e organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it . If it is for part of the group, check this box ▶ □ and attach a list with the names and EINs of a	his is fo				this
	request an additional 3-month extension of time until NOVEMBER 15, 2010.	ii iiieiiib	eis life e	Ate; ISIOI	11 13 101.	
	For calendar year 2009, or other tax year beginning and ending					
	f this tax year is for less than 12 months, check reason Initial return Final return		Change	n accol	ıntıng pe	—.
	State in detail why you need the extension	·	Onlange	ii accoc	anting po	1100
<u> </u>	ADDITIONAL TIME IS REQUESTED IS GATHER ALL OF THE DAT	A NE	EDED	TO :	FILE	_
-	A COMPLETE AND ACCURATE RETURN.					
8a	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
-	onrefundable credits. See instructions	8a	\$		8,51	<u> </u>
b l	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	ļ				
t	ax payments made include any prior year overpayment allowed as a credit and any amount paid	<u> </u>				
_	previously with Form 8868.	8b	\$		42,70	<u> </u>
c E	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					
	enalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to t , correct, and complete, and that I am authorized to prepare this form.	he best o	f my knov	iledge ar	nd belief,	
Signatu	re ▶ Title ▶ PRESIDENT	Date	<u> </u>			

Form 8868 (Rev. 4-2009)

Form 8868 (Rev. 4-2009)			Page 2	
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check the	is box		▶ X	
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously		8868.		
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)				
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies r	needed)		
Type or Name of Exempt Organization	Emp	Employer identification number		
Print ROBERT GALVIN FOUNDATION	3	36-6065560		
Number, street, and room or suite no. If a P.O. box, see instructions 1301 EAST ALGONQUIN ROAD	For II	For IRS use only		
return See Instructions City, town or post office, state, and ZIP code For a foreign address, see instructions. SCHAUMBURG, IL 60196				
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 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720		orm 5227 orm 6069	Form 8870	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a pre	viously file	ed Form 8868	·	
ROBERT GALVIN • The books are in the care of ▶ 1295 ALGONQUIN ROAD - SCHAUMBURG, IL Telephone No. ▶ 847-576-5300 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 fo of all memb	r the whole g		
If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period				
7 State in detail why you need the extension ADDITIONAL TIME IS REQUESTED IS GATHER ALL OF THE DA A COMPLETE AND ACCURATE RETURN.	ATA NE	EDED TO	FILE	
 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. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated 	8a	\$	8,515.	
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	42,708.	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			0.	
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruction	ons. 8c	\$	<u> </u>	
Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and it is true, correct, and complete any that fain authorized to prepare this form.	to the best o	of my knowledg	e and belief,	
it is true, correct, and complete any that fain authorized to prepare this form. Signature PRESIDENT	Date	. 7 -	13-10	
Olyman V Salar Sal		Form 8	3868 (Rev. 4-2009)	