CLIENT COPY **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990. 2017 Open to Public Inspection

A	ror the	2013 calendar year, or tax year beginning DEC 1, 2013 and entail	11A TA	OV 30, 2014					
В	Check if	C Name of organization THE MPN RESEARCH FOUNDATION		D Employer identific	cation number				
	Addres	S C/O DODEDE DOCEN							
F	Name change			36-4	330967				
	Initial		n/suite	E Telephone number					
Г	Termin		70	312-	683-7228				
	Amend return			G Gross receipts \$	1,665,265.				
Ē	Application			H(a) Is this a group re	(a) Is this a group return				
_	pendin	F Name and address of principal officer: BARBARA VAN HUSEN			? Yes X No				
		SAME AS C ABOVE		H(b) Are all subordinates in					
1	Tax-exe	ompt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		list. (see instructions)				
		e: WWW.MPNRESEARCHFOUNDATION.ORG		H(c) Group exemptio	n number 🕨				
			L, Year	of formation: 1999 N	A State of legal domicile; ${f IL}$				
	art I	Summary							
_		Briefly describe the organization's mission or most significant activities: TO PROM	OTE	, FUND, AND	SUPPORT				
စ္ခ	'	RESEARCH INTO CAUSES, TREATMENTS AND CURE FO	OR F	T, PV AND MF	•				
Governance	2	Check this box if the organization discontinued its operations or disposed or							
Ven	3	Number of voting members of the governing body (Part VI, line 1a)			14				
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			14				
≪ 4	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			7				
ţį	6	Total number of volunteers (estimate if necessary)			3				
Activities &	72	Total unrelated business revenue from Part VIII, column (C), line 12			. 0.				
Ą	, a	Net unrelated business taxable income from Form 990-T, line 34			0.				
	5	rect diffulated business taxable inserne nearly errit doo 1 mile 9.1 mile 9.1	Т	Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,659,523.	1,662,291.				
	9	Program service revenue (Part VIII, line 2g)		0.	0.				
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,652.	2,974.				
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	- 1	0.	0.				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,663,175.	1,665,265.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	E .	400,000.	1,033,518.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
	1 45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		160,475.	213,963.				
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
en	l loa	Total fundraising expenses (Part IX, column (D), line 25) 148,224.	1						
ă	"	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		379,129.	374,244.				
		Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)		939,604.	1,621,725.				
		Revenue less expenses. Subtract line 18 from line 12	·	723,571.	43,540.				
و يا		nevertue less expenses, outdutact line 10 from line 12	Re	ginning of Current Year	End of Year				
Assets or	20	Total assets (Part X, line 16)	100	1,340,329.	1,853,504.				
SSE	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	.	329,850.	799,485.				
<u> </u>		Net assets or fund balances. Subtract line 21 from line 20	·	1,010,479.	1,054,019.				
P.		Signature Block							
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	nts, and to the best of my	knowledge and belief, it is				
truo	oorroo	t, and complete. Declaration of preparer (other than officer) sobsed on all information of which pl	renarer	has anv knowledge.					
uuo	, 601166	t, and complete. Declaration of property (principles and a second of minor property)	, opa, o,						
Cia.	.	Signature of officer		Date					
Sig		Borbara Von Hisen. President		4 21	2012				
Her	e	Type or print name and title	•		,				
			1	Date Check	PTIN				
Paid	.	Print/Type preparer's name JEFF SCHROEDER Rreparer's signature	MA	1 8 2011 if	——·				
	parer	Firm's name SASSETTI LLC	411	Firm's EIN	36-2239746				
	Only	Firm's address 6611 NORTH AVENUE		111110 C.11					
036	July	OAK PARK, IL 60302		Phone no. (7	08) 386-1433				
Mar	u tha IC	S discuss this return with the preparer shown above? (see instructions)		11.1000 1101 (7	X Yes No				
Ma	y the Ih	o discuss this return with the preparer shown above? (see instructions)		************	177 103 [110				

Pa	rt III Statement of Program Service Accomplishments								
	Check if Schedule O contains a response or note to any line in this Part III								
1	Briefly describe the organization's mission: THE PRIMARY MISSON OF MPN RESEARCH FOUNDATION IS TO PROMOTE, FUND AND								
	SUPPORT THE MOST INNOVATIVE AND EFFECTIVE RESEARCH INTO THE CAUSES,								
	TREATMENTS, AND POTENTIALLY THE CURE FOR ET, PV, AND MF.								
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No								
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?Yes X No								
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.								
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and								
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$1, 302, 147. including grants of \$1, 033, 518.) (Revenue \$)								
	THE MPN RESEARCH FOUNDATION'S FUNDS RESEARCH INTO POLYCYTHEMIA VERA, PRIMARY MYELOFIBROSIS AND ESSENTIAL THROMBOCYTHEMIA. IN ADDITION, THE MPN RESEARCH FOUNDATION PROMOTES COLLABORATION IN THE SCIENTIFIC COMMUNITY TO ACCELERATE MPN RESEARCH.								
4b	(Code:) (Expenses \$								
4c	(Code:) (Expenses \$ including grants of \$))								
	· · · · · · · · · · · · · · · · · · ·								
4d	Other program services (Describe in Schedule O.)								
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,302,147.								
4e	Total program service expenses ► 1,302,147.								

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THE MPN RESEARCH FOUNDATION

Form 990 (2013) C/O ROBERT ROSEN
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	HINA	4,744	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			3.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		37	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			* **
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا _ ا		v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا ا		v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"	ا ؞ ا		v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(2013)

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THE MPN RESEARCH FOUNDATION

Form 990 (2013) C/O ROBERT ROSEN

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
- •	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23		<u> </u>
24a	and the state of t			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	İ		
	Schedule K. If "No", go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	l		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	32-5-1		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		$\frac{x}{x}$
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		Х
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
	Schedule N, Part II	UZ.		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
Ð	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
50	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
3 1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	Х	
-	1000, 11, 0 0.0 100, 100, 100, 100, 1	Form	990	(2013)

THE MPN RESEARCH FOUNDATION

C/O ROBERT ROSEN

orm 990	(2013) C/O ROBBRI ROBER	
Part V	Statements Regarding Other IRS Filings and Tax Complia	ance
	Check if Schedule O contains a response or note to any line in this Part V	

	Check if Schedule O contains a response or note to any line in this Part V	,			┷
		1 -	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable	1b C			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable gaming	94,33131	37	
	(gambling) winnings to prize winners?		1c	Х	, in the second
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 7			
	filed for the calendar year ending with or within the year covered by this return	<u> </u>		Х	33.4.75.4.9
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?	2b	A.	70.41
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		За		X
	Did tito digatization title		3b	 	
b	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule C	thority over a	30	_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	ecountly	4a		х
	financial account in a foreign country (such as a bank account, securities account, or other financial ac			18.50	
b	If "Yes," enter the name of the foreign country: ►	ecounts.			
_			5a		X
ba	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time defining the text year.	•••••	5b		X
D -	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
60	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
oa	any contributions that were not tax deductible as charitable contributions?		6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b	<u> </u>	ļ.,
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a	<u> </u>	X
b	If "Yes." did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	-		4,7
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1 1 1 1 1 1	Х
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e	 	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f	 -	A .
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g 7h	\vdash	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ton the a rotth 1090-01	70	(4,43)	44.51
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di	u time during the year?	8		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a	my time during the year:			1000 A.s.
9	Sponsoring organizations maintaining donor advised funds.		9a	<u> </u>	
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
٦٥ b	-		14.44 14.44		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a L	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
b 11	Section 501(c)(12) organizations. Enter:				
''a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	19100		1 11111
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10 (AC)		u Patialis A
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	1 250 7	anden .
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l 1	1,411,74 1,747,74 1,747,74		
	organization is licensed to issue qualified health plans	13b	-100		
C	Enter the amount of reserves on hand	13c	W/4 -	A 152 610V	х
14a	Did the organization rocorro any payments in		14a		 ^``
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	2.U			(2013)

Form 990 (2013) C/O ROBERT ROSEN

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		•	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		454	170.000
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	İ		
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		YEAR'S	N. 3.1
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	·		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	2753 A P
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1,1,17,11	v	12,14 - 11
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40.	х	
	in Schedule O how this was done	12c	X	•••
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	A	.335.4
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Х	
a		15b	X	
Ð	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		11.43.6
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva	· · · · · · · · · · · · · · · · · · ·	16a		X
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		7505V
IJ	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			AVA
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) average and the section 501(c) (3)s only) average and the section 501(c) (3)s only) average and 500 (5) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	ailable		
	for public inspection, Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	financ	ial	
-	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	n: 🕨		
	MICHELLE WOEHRLE - 312-683-7243			
	180 N. MICHIGAN AVE, SUITE 1870, CHICAGO, IL 60601			

Form 990 (2013)

Form 990 (2013)

C/O ROBERT ROSEN

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization	nor any related o	orga	nizai	tion	con	pen	sate	d any current officer, di	rector, or trustee.	
(A)	(B)		(C) Positior					(D)	(E)	(F)
Name and Title	Average	(do	Position o not check more than one			i than c	one	Reportable	Reportable	Estimated
	hours per	box, unless		box, unless person is both an officer and a director/trustee)			an	compensation	compensation	amount of
	week	_	cer an	aao	recto	r/trost	ee)	from	from related	other compensation
	(list any	recto						the organization	organizations (W-2/1099-MISC)	from the
	hours for	or d	93			sated		(W-2/1099-MISC)	(VV-2/1033-WIGO)	organization
	related organizations	ustee	trus		8	uedu		(11.51 1000 111100)		and related
	below	tral tr	tiona		lg lg	st cor	<u>.</u>			organizations
	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT ROSEN	30.00	 	_	Ü	_					
CHAIRMAN		X		Х				0.	0.	0.
(2) BARBARA VAN HUSEN	30.00	-								_
PRESIDENT		Х		Х				0.	0.	0.
(3) FELISSE SIGURDSON	5.00									
VICE PRESIDENT		Х		Х	L			0.	0.	0.
(4) JOANN MASON	5.00								,	0.
SECRETARY		X		X			_	0.	0.	<u> </u>
(5) DAVID BOULE	5.00								0.	0.
TREASURER		Х	<u> </u> _	Х			<u> </u>	0.	U •	
(6) JEN BEALER	2.00	┨							0.	0.
DIRECTOR		X	<u> </u>				ļ	0.	<u> </u>	
(7) STEPHANIE CINDRIC	2.00		İ						0.	0.
DIRECTOR		X	<u> </u>	_	<u> </u>	₩	ļ	0.	U •	
(8) SAM KLEPPER	2.00	١.,						0.	0.	0.
DIRECTOR	0.00	Х	-	ļ	-	├	_	U •		
(9) DAVID RICCI	2.00	Į.,						0.	0.	0.
DIRECTOR		X	╁		╁	-	├	- 0.		
(10) ROB HORWITZ	2.00	x						0.	0.	0.
DIRECTOR (11) JEFF SHIER	2.00	 			\vdash					
DIRECTOR	2,00	X						0.	0.	0.
(12) MOLLY GUY	2.00									
DIRECTOR		X		l				0.	0.	0.
(13) ROBERT COHEN	2.00									_
DIRECTOR		X	L	L			_	0.	0.	0.
(14) ED OGUNRO	2.00									
DIRECTOR		Х		<u> </u>	╄	<u> </u>	lacksquare	0.	0.	0.
		-								
		╀	\vdash	\vdash	+	+-	+-			
		1								
		十	T		T		T			
							ļ			Form 990 (2013)
										・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・

Form 990 (2013) C/O ROBEI	RT ROSEN	Ţ						TOTO COLUMN TO THE PARTY OF THE	36-4:	<u>33096</u>	57 ·	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	es,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o s both	າ ຂກ	(D) Reportable compensation from	(E) Reportable compensatio	ion amo) ated at of er
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	is o	compen from organiz and rel organiza	sation the ation ated
										\perp		
										_		
1b Sub-total c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	, Section A		•••••					0. 0.		0.		0. 0.
2 Total number of individuals (including but n) wh	o re		000 of reportable			0
compensation from the organization											Ye	_
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for sa	ıch individual										3	Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue compen	satio	n fr	om a	any	unre	late	ed organization or individ	fual for services	- \$1	5	X
Section B. Independent Contractors	olete Schedule	: <i>II</i> 10	ir su	CHI	HIS	<i>011 -</i>			,1111111111111111111111111111111111		<u> </u>	
Complete this table for your five highest contact the organization. Report compensation for the organization.										oensatio	n from	
(A) Name and business		NC						(B) Description of s		Con	(C) npensat	ion
				•								
								1				1
											<u>, , , , , , , , , , , , , , , , , , , </u>	
Total number of independent contractors (in \$100,000 of compensation from the organization)		ot lim	ited	l to t	thos (ted	above) who received mo	ore than			

THE MPN RESEARCH FOUNDATION C/O ROBERT ROSEN

Par	t VII			to one the a	n this Dart V/III			
		Check if Schedule O contai	ins a response or note	to any line li	(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
10 m	1 a	Federated campaigns	1a					
買	_		T					
ម្ចី ខ្លី	b	Fundraising events						
₽ŝ	Ç	Related organizations	······	Å				
홑렱	u	Government grants (contribution		1.0				
ξĤ	e	All other contributions, gifts, grants						
불혈	T	similar amounts not included above		291.				
Ę됨		Noncash contributions included in lines 1a						
Contributions, Gifts, Grants and Other Similar Amounts	g	Total. Add lines 1a·1f		→ 1	,662,291.			
<u>0 ल</u>	n	Total, Add lines Ta-11	Rusine	ess Code				
	_			,00 0000				
<u> </u>	2 a		•					·
Program Service Revenue	b		•					
양리	С		i					
g a	d							
5 0	е							
۵.	f	All other program service rever				2018年2月2日 年1月1日		
	g				V			
	3	Investment income (including of	Jividends, interest, and		2,974.			2,974.
		other similar amounts)	t hand procoad	s •				
	4	Income from investment of tax		s [
	5	Royalties						
			(i) Real (ii) P	ersonal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)	<u> </u>		strategy and the second contraction	120, 111		
	c	Net rental income or (loss)			v s of Fernand States			was to new and
	7 a	Gross amount from sales of	(i) Securities (ii)	Other				
		assets other than inventory						
	t	Less: cost or other basis						
		and sales expenses						
	، ا	Gain or (loss)				democrate section		
	, ا	Net gain or (loss)	<u></u>			and the same of the same spice		
	8 8	a Gross income from fundraising	g events (not					- 1915년 - 1917년 - 1917년 - 1917년 - 1917년 - 1917년 - 1917년 - 1917년 - 1917년 - 1917년 - 1917년 - 1917년 - 1917년 - 1917
Jue -		including \$	of					
Ş	İ	contributions reported on line	1c). See	1				
ŭ		Part IV, line 18						
Other Revenue	ł	Less: direct expenses					Attention from Alberta 185	
δ		Net income or (loss) from fund	Iraising events	>				
	9 2	a Gross income from gaming ac	tivities. See					
	١ ،	Part IV, line 19						
	,	b Less: direct expenses						
	,	c Net income or (loss) from gam	ning activities					
		a Gross sales of inventory, less						
	" '	and allowances	l l					
	Ι.	b Less: cost of goods sold						
	۱ '	c Net income or (loss) from sale	e of inventory	D				
	-	c Net income or (loss) from sale Miscellaneous Revenu		ess Code				
		a						
	1	b	i	·				
		C						
		d All other revenue						Jak reiner in en
	1 '	e Total. Add lines 11a-11d			1,665,265.	0.	0.	2,974.
0222	12	Total revenue. See instructions.			1,000,2000			Form 990 (2013
3320 10-29	9-13				^			,

THE MPN RESEARCH FOUNDATION C/O ROBERT ROSEN

Form 990 (2013)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses **(B)** Program service expenses (**D**) Fundraising Do not include amounts reported on lines 6b, Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and 1,033,518 1,033,518. organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 75,595. 189,939. 56,140 58,204. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,106. 3,220. 4,183. 10,509. Other employee benefits 9 5,379. 3,995. 4.141. 13,515. Payroll taxes Fees for services (non-employees): a Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 44,515 91,597. 47,082. column (A) amount, list line 11g expenses on Sch O.) 4,717. 34,511. 29,794. Advertising and promotion 12 1,002. 4,334. 5,934. 598. 13 Office expenses Information technology 14 Royalties 15 7,940. 28,063. 17,952 53,955. 16 Occupancy 13,395. 4,890. 1.783. 20,068. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 2,351. 2,351. Depreciation, depletion, and amortization 22 10,199. 10,199. 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2,133. 63,828. 60,990 705. MEETINGS 11,513. 30,171. 9,490. 9,168. POSTAGE 7,274. 24,558. 13,004 4.280. PRINTING AND PRODUCTION 11,815. 11,800. 15. d FILING FEES 3,293. 25,257. 10,487. 11,477. e All other expenses 1,621,725. 1,302,147. 171,354. 148,224. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2013)
Part X | Balance Sheet

dГ	t X	Balance Sheet Check if Schedule O contains a response or note	to any	ine in this Part Y			
		Check if Schedule O contains a response of note	to any	me m unst arth	(A) Beginning of year		(B) End of year
Т		Cash · non-interest-bearing			397,868.	1	255,710.
ļ	1	Savings and temporary cash investments			800,163.	2	704,687.
				125,894.	3	49,439	
1		Pledges and grants receivable, net		4			
		Accounts receivable, net Loans and other receivables from current and for					
-	5	Loans and other receivables from current and for	tad amn	lovoce Complete			
		trustees, key employees, and highest compensations.		5			
		Part II of Schedule L Loans and other receivables from other disqualifi	one (an defined under				
1	6	Loans and other receivables from other disqualification					
١		section 4958(f)(1)), persons described in section					
-		employers and sponsoring organizations of secti		6			
3		employees' beneficiary organizations (see instr).		7			
	7	Notes and loans receivable, net			8		
	8	Inventories for sale or use			6,630.	9	9,833
-	9	Prepaid expenses and deferred charges	;			<u> </u>	
	10 a	Land, buildings, and equipment: cost or other		25 0/1			
		basis. Complete Part VI of Schedule D	10a	25,841. 18,633.	6,574.	10c	7,208
1	b		10b		0,3/4	11	7/200
١	11	Investments - publicly traded securities		12	823,427		
- 1	12	Investments · other securities. See Part IV, line 1		13	020, 22.		
	13	Investments - program-related. See Part IV, line					
	14	Intangible assets	3,200.	14_ 15	3,200		
	15	Other assets. See Part IV, line 11			1,340,329.	16	1,853,504
	16	Total assets. Add lines 1 through 15 (must equa	al line 34		27,100.	17	20,116
	17	Accounts payable and accrued expenses	300,000.		775,000		
	18	Grants payable	300,000.	18	173,000		
	19	Deferred revenue			19		
١	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV o	f Schedule D		21	
,	22	Loans and other payables to current and former	officers	, directors, trustees,			
		key employees, highest compensated employee	es, and c	isqualified persons.	a application of the first street as		
Lidollines		Complete Part II of Schedule L				22	
ן נֿ	23	Secured mortgages and notes payable to unrela	ated thire	d parties		23_	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	ıyables t	o related third			
		parties, and other liabilities not included on lines	s 17·24).	Complete Part X of	0.770		1 260
		Schedule D			2,750.		4,369 799,485
	26_	Total liabilities Add lines 17 through 25			329,850.	26	733,403
		Organizations that follow SFAS 117 (ASC 958	3), checl	where \triangleright X and			
s		complete lines 27 through 29, and lines 33 ar	nd 34.		UAA F17		386,791
e .	27	Unrestricted net assets			702,517.	27	667,228
ııaı	28	Temporarily restricted net assets			307,962.	28_	001,220
ă	29	Permanently restricted net assets		29			
ž		Organizations that do not follow SFAS 117 (A					
Net Assets or Fund balances		and complete lines 30 through 34.			Appendix to the English of Tables		
2	30	Capital stock or trust principal, or current funds				30	
2	31	Paid in or capital surplus, or land, building, or e	quipmer	it fund		31	
<u>ک</u>	32	Retained earnings, endowment, accumulated in	ncome, o	or other funds	4 040 450	32	1 054 010
2	33	Total net assets or fund balances			1,010,479.	33	1,054,019
	34	Total liabilities and net assets/fund balances			1,340,329.	34	1,853,504

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,66				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,62		$\frac{25.}{40.}$		
3	3 Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,01	0,4	<u>79.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8			· · · · · · · · · · · · · · · · · · ·		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	1,05	4,0	<u> 19.</u>		
Pa	rt XII Financial Statements and Reporting				-		
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- kantai				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis		41.57	4354	12.15.41		
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	3 () () () () () () () () () (
	consolidated basis, or both:				Sin		
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	73.3143.	0.5%	13-44		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single-	gle Audit	1997	1541	\$10 A.A.		
	Act and OMB Circular A-133?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2013)		

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

➤ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

THE MPN RESEARCH FOUNDATION

C/O ROBERT ROSEN

Employer identification number

36-4330967 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated d Type III - Non-functionally integrated a Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) the governing body of the supported organization? A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (vi) is the organizațion in col. (iv) Is the organization (v) Did you notify the (vii) Amount of monetary (iii) Type of organization (i) Name of supported (ii) EIN in col. (i) listed in your organization in col. (described on lines 1-9 (i) organized in the U.S.? support organization (i) of your support? governing document? above or IRC section (see instructions)) No

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 C/O ROBERT ROSEN

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
•	membership fees received. (Do not					4.660001	B02BBCC
	include any "unusual grants.")	1233523.	1305747.	1176682.	1659523.	1662291.	7037766.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			1485500	4.650503	1662291.	7037766.
4	Total. Add lines 1 through 3	1233523.	1305747.	1176682.	1659523.	1004491.	7037700:
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						1820154.
	column (f)						5217612.
6	Public support, Subtract line 5 from line 4.			To he go, presente to have the en-			34170124
	ction B. Total Support		I	I	(0 0040	(*) 0010	(f) Total
Çale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011 1176682.	(d) 2012 1659523.	(e) 2013 1662291.	7037766.
7	Amounts from line 4	1233523.	1305747.	11/0002.	10393231	1002231.	7.00.7.200
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	14.005	- AEO	4,647.	3,652.	2,974.	32,790.
	and income from similar sources	14,065.	7,452.	4,04/.	3,032.	2/3/20	047.200
9	Net income from unrelated business					1	
	activities, whether or not the						
	business is regularly carried on						
10							
	or loss from the sale of capital						
	assets (Explain in Part IV.)	1. S. J. I. Seguit S. S. Seguit					7070556.
11		4,141,141,141,141				12	
12	Gross receipts from related activities,	, etc. (see instructi	ons)	ed fourth or fifth to	 ov voar as a sectio		
13	First five years. If the Form 990 is fo	r the organization	s urst, second, um	u, louren, or mar a	ax year as a scono		>
<u> </u>	organization, check this box and stoction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (ling 6 column (f) d	ivided by line 11 o	column (fl)		14	73.79 %
14	Public support percentage for 2013 (Public support percentage from 2012	inte o, column (i) d Schodulo A. Part	Il line 14	, o.a (),	•••••	15	74.86 %
15	Public support percentage from 2012 a 33 1/3% support test - 2013. If the	organization did n	ot check the hox o	n line 13. and line	14 is 33 1/3% or n	nore, check this bo	x and
16	stop here. The organization qualifies	ae a publich sun	orted organization)			X
	stop nere. The organization qualities 33 1/3% support test - 2012. If the	organization did n	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/39	6 or more, check th	nis box
,	and stop here. The organization qua	oligianization dia 1. olifiae ae a nubliciv	supported organiz	ation			▶□
47	a 10% -facts-and-circumstances tes	+ - 2013 If the or	nanization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
1/3	and if the organization meets the "fac	cts-and-circumstar	ices" test, check t	his box and stop	here. Explain in Pa	art IV how the orga	I IIZanon
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization	*********	▶□
1	a 10% -facts-and-circumstances tes	t - 2012. If the or	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% OF
'	more, and if the organization meets t	the "facts-and-circ	umstances" test, c	heck this box and	stop here. Expla	in in Part IV how th	ie
	organization meets the "facts-and-cir	cumstances" test.	The organization	qualifies as a publi	cly supported orga	anization	~
18	marine and the assemble of the assemble of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the section of the second section of the section of	on did not check a	box on line 13, 16	3a, 16b, 17a, or 17	b, check this box	and see instruction	s
					Sch	edule A (Form 99	0 or 990-EZ) 2013

C/O ROBERT ROSEN

Part III Support Schedule for	Organizations	Described in S	Section 509(a)	(2)		
(Complete only if you check	_				rt II. If the organiza	tion fails to
qualify under the tests listed				•	_	
Section A. Public Support			•		· · · · · · · · · · · · · · · · · · ·	·
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
 Gifts, grants, contributions, and 						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that]			
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf			i			
5 The value of services or facilities						
furnished by a governmental unit to	1					
the organization without charge			<u> </u>			
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified person	s					
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year			<u> </u>	<u> </u>		
c Add lines 7a and 7b	THE RESIDENCE OF STREET			and the state of the state of the		
8 Public support (Subtract line 7c from line 6.)						
8 Public support (Subtract line 7c from line 6.) Section B. Total Support		(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012		(f) Total
8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest,	(a) 2009	(b) 2010	(c) 2011	(d) 2012		(f) Total
8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(c) 2011	(d) 2012		(f) Total
8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties	(a) 2009	(b) 2010	(c) 2011	(d) 2012		(f) Total
8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(c) 2011	(d) 2012		(f) Total
8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(c) 2011	(d) 2012		(f) Total
8 Public support (Subtract line 7c from line 6.) Section B. Total Support Galendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2009	(b) 2010	(c) 2011	(d) 2012		(f) Total
8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2009	(b) 2010	(e) 2011	(d) 2012		(f) Total
8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines	(a) 2009	(b) 2010	(c) 2011	(d) 2012		(f) Total
8 Public support (Subtract line 7c from line 6.) Section B. Total Support Galendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b,	(a) 2009	(b) 2010	(c) 2011	(d) 2012		(f) Total
8 Public support (Subtract line 7c from line 6.) Section B. Total Support Galendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines	(a) 2009	(b) 2010	(c) 2011	(d) 2012		(f) Total
8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain	(a) 2009	(b) 2010	(c) 2011	(d) 2012		(f) Total
8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital	(a) 2009	(b) 2010	(c) 2011	(d) 2012		(f) Total
8 Public support (Subtract line 7c from line 6) Section B. Total Support Galendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.)	(a) 2009				(e) 2013	
8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	(a) 2009				(e) 2013	
8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is check this box and stop here	(a) 2009	s first, second, thir	d, fourth, or fifth ta	x year as a section	(e) 2013	
8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is check this box and stop here	(a) 2009 (a) 2009 for the organization's plic Support Per	s first, second, thir	d, fourth, or fifth ta	x year as a section	(e) 2013	ation,
8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is check this box and stop here Section C. Computation of Put	for the organization's lic Support Per (line 8, column (f) d	s first, second, thir	d, fourth, or fifth ta	x year as a section	(e) 2013	ation,
8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is check this box and stop here Section C. Computation of Put 15 Public support percentage from 20.	for the organization's lic Support Per (line 8, column (f) d	s first, second, thir centage ivided by line 13, c	d, fourth, or fifth ta	x year as a section	(e) 2013	ation,
8 Public support (Subtraction 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is check this box and stop here Section C. Computation of Public support percentage from 20 Section D. Computation of Inverse.	for the organization's lic Support Per (line 8, column (f) di 12 Schedule A, Partestment Income	s first, second, thir centage ivided by line 13, c ill, line 15 e Percentage	d, fourth, or fifth ta	x year as a section	(e) 2013 15 16	ation, % %
8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is check this box and stop here Section C. Computation of Put 15 Public support percentage for 2013 16 Public support percentage from 20 Section D. Computation of Invention of In	for the organization's Signature of the organization's Signature of the section	s first, second, thir centage ivided by line 13, c Ill, line 15 Percentage mn (f) divided by line	olumn (f))	x year as a section	(e) 2013 1 501(c)(3) organiza 15 16	% %
8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is check this box and stop here Section C. Computation of Put 15 Public support percentage for 2013 16 Public support percentage from 20 Section D. Computation of Investment income percentage from 18 Investment income percentage from 18 Investment income percentage from 18 Investment income percentage from 18 Investment income percentage from 18 Investment income percentage from 18 Investment income percentage from 18 Investment income percentage from 19 Investment income percentage from 19 Investment income percentage from 19 Investment income percentage from 19 Investment income percentage from 19 Investment income percentage from 19 Investment income percentage from 19 Investment income percentage from 19 Investment Income percentage from 19 Investment Income percentage from 19 Investment Income percentage from 19 Investment Income percentage from 19 Investment Income percentage from 19 Investment Income percentage from 19 Investment Income percentage from 19 Investment Income percentage from 20 Investment Income percentage from 19 Investment Income percentage from 19 Investment Income percentage from 19 Investment Income percentage from 19 Investment Income 19 Investment Income 19 Investment Income 19 Investment Income 19 Investment Income 19 Investment Income 19 Investment Income 19 Investment I	for the organization's lic Support Per (line 8, column (f) do 12 Schedule A, Part estment Income 2013 (line 10c, column 2012 Schedule A,	s first, second, thir centage ivided by line 13, c Ill, line 15 e Percentage mn (f) divided by line Part Ill, line 17	olumn (f))	x year as a section	(e) 2013 1 501(c)(3) organiza 15 16	% % %
8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is check this box and stop here Section C. Computation of Put 15 Public support percentage for 2013 16 Public support percentage from 20 Section D. Computation of Invention of In	for the organization's lic Support Per (line 8, column (f) d 12 Schedule A, Part estment Income 2013 (line 10c, column 2012 Schedule A, ne organization did recordanization did recordaniz	s first, second, thir centage ivided by line 13, c ill, line 15 Percentage mn (f) divided by line Part Ill, line 17 not check the box	olumn (f)) ne 13, column (f))	x year as a section	(e) 2013 1 501(c)(3) organiza 15 16 17 18 3 1/3%, and line 1	tion, % % % % % 7 is not

332023 09-25-13

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization __________

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

THE MPN RESEARCH FOUNDATION

nedule A (Form 990 or 990-EZ) 2013 C/O ROBERT ROSEN	36-4330967 _{Pa}
art IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, I	ine 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).	
	·
	· · · · · · · · · · · · · · · · · · ·
· ·	
	Schodule A (Form 000 or 000 E7)

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 THE MPN RESEARCH FOUNDATION

Employer Identification number 36-4330967

TB	t I Organizations Maintaining Donor Advised F	unde or Other Similar Funds	or Accounts Complete if the
Pai		ulius of Other Similar Fullus	Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	(-) Degree of food funds	(b) Funds and other accounts
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing		
	are the organization's property, subject to the organization's exc		
6	Did the organization inform all grantees, donors, and donor advis	sors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or do		
-			
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (
	Preservation of land for public use (e.g., recreation or educ	, 	istorically important land area
	Protection of natural habitat	Preservation of a cei	rtified historic structure
	Preservation of open space		d and the stand
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		1970 Hald state Pad of the Toy Voor
			Held at the End of the Tax Year
а			1 I
þ			
С	Number of conservation easements on a certified historic structu		
d	Number of conservation easements included in (c) acquired after		1 - 4 1
	listed in the National Register		
3	Number of conservation easements modified, transferred, releas	ed, extinguished, or terminated by the	e organization during the tax
	year >	aut in Ingestad	•
4	Number of states where property subject to conservation easem		•
5	Does the organization have a written policy regarding the period	tda?	Yes No
^	violations, and enforcement of the conservation easements it ho Staff and volunteer hours devoted to monitoring, inspecting, and		
6	Amount of expenses incurred in monitoring, inspecting, and enfo		
7	Does each conservation easement reported on line 2(d) above sa		
8	and section 170(h)(4)(B)(ii)?		
•	In Part XIII, describe how the organization reports conservation		
9	include, if applicable, the text of the footnote to the organization	's financial statements that describes	the organization's accounting for
	conservation easements.	o manoral oracomo man poeting a	
Pai	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 990		
	If the organization elected, as permitted under SFAS 116 (ASC 9		ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit		
	the text of the footnote to its financial statements that describes		
b	If the organization elected, as permitted under SFAS 116 (ASC 9		t and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		🕨 \$
2	If the organization received or held works of art, historical treasu		
_	the following amounts required to be reported under SFAS 116		
а	Revenues included in Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		k ±

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

,	r	RESEARCH I	FOUNDATION				_	
Sche	dule D (Form 990) 2013 C/O ROB	ERT ROSEN	one-manage		The state of the s	30967		age
Pai	t III Organizations Maintaining C							
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the t	following that are a s	ignificant use of its	collection	items	
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	e	Other					
Ċ	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's exe	mpt purpose in Part	XIII.		
5	During the year, did the organization solicit of					_		
	to be sold to raise funds rather than to be ma					Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered "Yes" to	Form 990, Part IV,	line 9, or		
L	reported an amount on Form 990, Pa	rt X, line 21.						
	Is the organization an agent, trustee, custod	an or other intermed	iary for contribution	s or other assets not	included			
	on Form 990, Part X?				L L	Yes] No
b	If "Yes," explain the arrangement in Part XIII							
~		•	•			Amount		
c	Beginning balance				1c			
	Additions during the year				1			
	Distributions during the year				1.1			
f	Ending balance				1 1			
2a	Did the organization include an amount on F					Yes] No
	If "Yes," explain the arrangement in Part XIII.]
	t V Endowment Funds. Complete							
	•	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years	back
1a	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships					1		
	Other expenditures for facilities							
J	and programs							
f	Administrative expenses							
g	End of year balance	i				<u> </u>		
2	Provide the estimated percentage of the curr		e (line 1g, column (a)) held as:				
	Board designated or quasi-endowment	•	%	•				
b	Permanent endowment	%	_					
	Temporarily restricted endowment	 %						
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%.						
3a	Are there endowment funds not in the posse		tion that are held a	nd administered for t	he organization	_		
- Cu	by:	•					Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					1.00		
Ь	If "Yes" to 3a(ii), are the related organizations							
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answers		Part IV line 11a S	oo Form 990 Part X	line 10			

(c) Accumulated (d) Book value (b) Cost or other (a) Cost or other Description of property basis (investment) basis (other) depreciation 1a Land **b** Buildings c Leasehold improvements 7,208. 18,633 25,841. d Equipment _____ e Other 7,208.

Schedule D (Form 990) 2013

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C/U	ROBERT	ROSEN	

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" to		1b. See Form 990, Part X	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati	on: Cost or end	l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	100000			
(A) UNITED STATES TREASURY	823,427.	END-OF-YEAR	маркет	VALUE
(B) BILLS	043,441.	END-OF-IEAN	MAKINE I	VALOE
(C)				
(D)				
<u>(E)</u>				
(F) (G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	823,427.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" to	o Form 990, Part IV, line 1	1c. See Form 990, Part X	line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuati	on: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Complete if the organization answered "Yes" t	o Form 990 Part IV line 1	1d. See Form 990, Part X	line 15.	
	Description	10, 000 T 5111 000 j. W. 1.1.	,	(b) Book value
(1)				
(2)				
(3)			_	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes" t			Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		4,369.		
(2) RENT ABATEMENT LIABILITY		4,303.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	4,369.		
 Liability for uncertain tax positions. In Part XIII, provide 	the text of the footnote to	· · · · · · · · · · · · · · · · · · ·	al statements t	hat reports the
organization's liability for uncertain tax positions under	FIN 48 (ASC 740) Check	here if the text of the foot	note has been i	provided in Part XIII

332053 09-25-13

chedule D (Fo	econciliation of Revenue per Audited Financial Statemer	te With R	evenue ner Re	turn.	Joy Jor Hage
		ILO AAILII I I	evenue per me	Lui II.	
	omplete if the organization answered "Yes" to Form 990, Part IV, line 12a.			1	1,719,709.
	-11001 Sames,1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		***************************************		<u> </u>
	included on line 1 but not on Form 990, Part VIII, line 12:	ا ما			
	alized gains on investments	1 4. 1	54,444.		
	services and use of facilities		74,444.		
	es of prior year grants	1 1		A42000 100000	
	escribe in Part XIII.)	********************		2e	54,444.
	3 2a through 2d			3	1,665,265.
	line 2e from line 1		***************************************	ALAM	-, -, -, -, -, -, -, -, -, -, -, -, -, -
	included on Form 990, Part VIII, line 12, but not on line 1:	4a			
	nt expenses not included on Form 990, Part VIII, line 7b	1			
-	escribe in Part XIII.) s 4a and 4b			4c	0.
c Add lines	enue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,665,265.
5 lotairev Part XIII R	econciliation of Expenses per Audited Financial Stateme	nts With I	Expenses per F		
	omplete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
	penses and losses per audited financial statements			1	1,676,169.
	included on line 1 but not on Form 990, Part IX, line 25:			14 14 1 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	services and use of facilities	2a	54,444.		
	r adjustments				
•	is aujustinents				
	escribe in Part XIII.)				
•	s 2a through 2d			2e	54,444.
	line 2e from line 1			3	1,621,725.
	included on Form 990, Part IX, line 25, but not on line 1:				
	int expenses not included on Form 990, Part VIII, line 7b	4a			
	escribe in Part XIII.)				
c Add lines			.,,	4c	0.
5 Total exc	penses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	1,621,725.
	upplemental Information.				
rovide the de	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b a	nd 2b; Part V, line 4	; Part X,	line 2; Part XI,
nes 2d and 4t	o; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional informa	ation.		
					-
		Write .			

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE MPN RESEARCH FOUNDATION

Employer identification number

2/0	ROBERT ROSE	N			36-433096	7
Pa	rt I General Info	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on
	Form 990, Part IV, line 14b.					
1						
	the grantees' eligibility for	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assistance?	Yes X No
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and other assistance outside	de the
	United States.					
3			i i	n be duplicated if additional space is n		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total expenditures
		offices in the region	agents, and	(by type) (e.g., fundraising, program services, investments, grants to	is a program service, describe specific type	for and
		in the region	employees, agents, and independent contractors	recipients located in the region)	of service(s) in region	investments in region
			in region		, , , , , , , , , , , , , , , , , , ,	in region
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			. 0		, aguag deoleá agun agun seola daga la seola	0.
	Sub-total	0	. 0			<u> </u>
b	Total from continuation	0	0			0.
_	sheets to Part I	U	٧			<u>, </u>
C	Totals (add lines 3a	n	0			0.
	and 3b)	<u> </u>	· · · · · ·			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2013

36-4330967

Page 2

Schedule F (Form 990) 2013

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part

(i) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2013 CASH (h) Description of non-cash assistance (g) Amount of non-cash assistance 。 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of 25,000.CASH of cash grant (e) Amount the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant MPN RESEARCH UROPE (INCLUDING (c) Region REENLAND) CELAND & Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization က Q

332072 10-03-13

THE MPN RESEARCH FOUNDATION C/O ROBERT ROSEN

Schedule F (Form 990) 2013

Partill | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Page 3

36-4330967

Schedule F (Form 990) 2013 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of recipients cash grant (b) Region (a) Type of grant or assistance

	THE MPN RESEARCH FOUNDATION ule F (Form 990) 2013	36-4330967	Page 4
	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)		X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)		X No
		Schedule F (For	m 990) 2013

332074 10-03-13

THE MPN RESEARCH FOUNDATION

Schedule F (Form 990) 2013 C/O ROBERT ROSEN	36-43 <u>30967</u> F	⊃age 5
Schedule F (Form 990) 2013 C/O ROBERT ROSEN Part V Supplemental Information	Water the second	
Provide the information required by Part I, line 2 (monitoring of funds);	Part 1 line 3 column /ft /accounting method; amounts of	
Provide the information required by Part I, line 2 (monitoring or runds);	Part I, line 3, column (I) (accounting method, amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting me	thod); Part III (accounting method); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this par	t to provide any additional information.	
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And the state of t		
	The same of the sa	
	,	

332075 10-03-13

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

▼ Attach to Form 990.

Open to Public Inspection

Š Employer identification number 36-4330967 (h) Purpose of grant or assistance X Yes Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any MPN RESEARCH OPN RESEARCH OPN RESEARCH MPN RESEARCH OPN RESEARCH TPN RESEARCH Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance S S ž ß \$ ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 (f) Method of valuation (book, FMV, appraisal, other) 0 KZ Ž ź Ź Ź Ś 0 。 ٥. ٥. ٥. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant .000 ,000 ,000 25,000. 75,000. 25,000. Grants and Other Assistance to Governments and Organizations in the United States. 75, 75, 75, Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable THE MPN RESEARCH FOUNDATION 501C3 501C3 501C3 50103 501C3 13-5598093 501C3 Enter total number of other organizations listed in the line 1 table 14-1368361 13-6171197 94-6036493 36-2167817 04-2774441 criteria used to award the grants or assistance? General Information on Grants and Assistance ROBERT ROSEN (D) EIN 1 (a) Name and address of organization FRANCISCO - 35 MEDICAL CENTER WAY, UNIVERSITY OF CALIFORNIA, SAN BOSTON CHILDREN'S HOSPITAL 750 EAST ADAMS, WHA #3319 1 GUSTAVE L LEVY PL # 271 or government RMB 1017, BOX 0667 - SAN MT. SINAI MEDICAL SCHOOL 116TH STREET & BROADWAY SUNY UPSTATE UNIVERSITY NORTHWESTERN UNIVERSITY 303 E. SUPERIOR STREET Name of the organization FRANCISCO, CA 94143 300 LONGWOOD AVENUE COLUMBIA UNIVERSITY SYRACUSE, NY 13210 NEW YORK, NY 10029 NEW YORK, NY 10027 CHICAGO, IL 60611 BOSTON, MA 02115 Part I Part II Q

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Schedule I (Form 990) (2013)

THE MPN RESEARCH FOUNDATION

Page ?

36-4330967

C/O ROBERT ROSEN

Schedule 1 (Form 990)

Schedule I (Form 990) (h) Purpose of grant or assistance MPN RESEARCH MPN RESEARCH MPN RESEARCE APN RESEARCH OPN RESEARCH OPN RESEARCH (g) Description of non-cash assistance Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) Š ź Ø É 至 ź (f) Method of valuation (book, FMV, appraisal, other) O A Ź Ź g 至 Ź 0 0 0 . 0 (e) Amount of non-cash assistance 25,000. 25,000. (d) Amount of cash grant 25,000. 25,000. 25,000. 25,000. (c) IRC section if applicable 04-2312909 501C3 04-2103547 501C3 35-6018940 501C3 59-3238634 501C3 95-2226406 | 501C3 87-6000525 | 501c3 (P) EIN UNIVERSITY OF CALIFORNIA, IRVINE 5171 CALIFORNIA AVE, STE 150 BRIGHAM AND WOMEN'S HOSPITAL (a) Name and address of organization or government H. LEE MOFFITT CANCER CENTER SALT LAKE CITY, UT 84112 12902 USF MAGNOLIA DRIVE 107 SOUTH INDIANA AVENUE 529 MAIN STREET, #510 BLOOMINGTON, IN 47405 201 PRESIDENTS CIRCLE UNIVERSITY OF UTAH INDIANA UNIVERSITY BOSTON UNIVERSITY IRVINE, CA 92697 BOSTON, MA 02215 BOSTON, MA 02129 FL 33612 ONE SILBER WAY TAMPA,

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THE MPN RESEARCH FOUNDATION

C/O ROBERT ROSEN

Schedule I (Form 990) (2013)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part II can be duplicated if additional space is needed. Part III

Page 2

36-4330967

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. REPORT DETAILING PROGRESS AND EXPENDITURES. PROGRESS REPORTS ARE REVIEWED BY THE MPN FOUNDATION'S SCIENTIFIC ADVISORY BOARD AND SUBMITTED FOR (d) Amount of non-cash assistance ALL GRANTEES ARE REQUIRED TO SUBMIT BOTH A MID-YEAR AND ANNUAL DISCUSSION AMONG THE SCIENTIFIC EVALUATION COMMITTEE (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2:

Schedule I (Form 990) (2013)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990
THE MPN RESEARCH FOUNDATION
Emplo

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

C/O ROBERT ROSEN

Employer identification number 36-4330967

FORM 990, PART VI, SECTION B, LINE 11:
THE BOARD OF DIRECTORS REVIEWS AND APPROVES FORM 990 AFTER IT
IS FIRST REVIEWED BY THE FINANCE/AUDIT COMMITTEE.
·
FORM 990, PART VI, SECTION B, LINE 12C:
ON AN ANNUAL BASIS, BOARD MEMBERS ARE REQUIRED TO NOTIFY THE
ORGANIZATION OF ANY CONFLICTS OR POSSIBLE CONFLICTS OF INTEREST. ALL BOARD
MEMBERS ARE REQUIRED TO FILE AN ANNUAL CONFLICT OF INTEREST STATEMENT
FORM 990, PART VI, SECTION B, LINE 15:
AN ANNUAL REVIEW IS PERFORMED FOR SALARIES OF PERSONNEL BY THE
BOARD OF DIRECTORS, INCLUDING INFORMATION ON COMPARABLE SALARIES FOR
SIMILAR ORGANIZATIONS AND LOCAL MARKET FACTORS.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, THROUGH
CHARITY NAVIGATOR, AND GUIDESTAR.
FORM 990, PART XII, LINE 2C
THE ORGANIZATION HAS A FINANCIAL ADVISORY COMMITTEE. THERE
WAS NO CHANGE FROM THE PRIOR YEAR.

Form **8868**

(Rev. January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Internal Rever	nue Service	► Information about Form 88	368 and its	s instructions is at www.irs.gov/for	m8868 .			
• If you a	re filing for an Aut	omatic 3-Month Extension, comple					▶ X	
• If you a	re filing for an Ado	litional (Not Automatic) 3-Month E	xtension.	complete only Part II. (on page 2 of	f this form	 ml	P [A]	
Do not co	mplete Part II unle:	ss you have already been granted	an autom	atic 3-month extension on a previous	elv filad F	11). Sorm 9969		
Electronic	c filing <i>(e-file</i>) . Yo	u can electronically file Form 8868 if	vou need	a 3-month automatic extension of tir	me to file	6 months fo	or a corneration	
required to	o file Form 990-T),	or an additional (not automatic) 3-mo	onth exten	sion of time. You can electronically f	ile Form	9969 to room	n a corporation	
of time to	file any of the form	s listed in Part I or Part II with the ex	ception of	f Form 8870. Information Return for	Transfore	oooo to teda	est an extension	
^p ersonal E	Benefit Contracts,	which must be sent to the IRS in par	er format	(see instructions) For more details of	n the ele	otropio filipa	of this form	
ISIL WWW.	<i>Irs.gov/etile</i> and ci	CK on e-file for Charities & Nonprofit	\$			schoric iling	or this form,	
Part I	Automatic	3-Month Extension of Time	Only	submit original (no copies ne	eded).	-		
∿corporat Part I only	tion required to file	Form 990-T and requesting an auto	matic 6⋅mo	onth extension - check this box and o	complete)		
VI other co o file inco	orporations (includ me tax returns.	ing 1120-C filers), partnerships, REM	IICs, and ti	rusts must use Form 7004 to request	an exter		ving number	
Type or	/pe or Name of exempt organization or other filer, see instructions.							
rint	THE MPN 1	HE MPN RESEARCH FOUNDATION O ROBERT ROSEN				Employer identification number (EIN) o		
ila hutha	C/O ROBE					36-43	330967	
ile by the ue date for	Number, street, a	et, and room or suite no. If a P.O. box, see instructions.			Social security number (SSN)			
ing your turn. See	180 N MI	80 N MICHIGAN AVENUE, NO. 1870				occurry mann	Jei (0014)	
structions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60601							
						,		
nter the F	Return code for the	return that this application is for (file	a separat	e application for each return)		•••••	0 1	
pplication	n		Return	Application				
For			Code	Is For			Retur	
orm 990 or Form 990-EZ			01	Form 990-T (corporation)			Code	
orm 990·BL.			02	Form 1041-A			. 07	
orm 4720 (individual)			03	Form 4720 (other than individual)			08	
orm 990-PF			04	Form 5227			09	
orm 990-T (sec. 401(a) or 408(a) trust)			05	Form 6069			10	
orm 990-T (trust other than above)			06	Form 8870				
		MICHELLE WOEHRL	E				12	
The book	ks are in the care o	of ▶ 180 N. MICHIGAN	AVE,	SUITE 1870 - CHIC	AGO	TT. 606	:01	
Telephor	ne No.▶ <u>312</u> -	683-7243	·	Fax No. >	1100 /	<u> </u>	01	
If the orç	ganization does no	t have an office or place of business	in the Unit	and States should this to			▶ □	
If this is	for a Group Return	, enter the organization's four digit G	roup Exer	matter Maria Comes		or the whole c	group, check this	
X 🕨	. If it is for part o	of the group, check this box		ch a list with the names and EINs of				
l requ	iest an automatic 3	month (6 months for a corporation r	required to	file Form 990-T) extension of time u	ntil	cia trie exter	ISION IS IOI.	
	JULY 15,	2015 , to file the exempt	organizati	ion return for the organization named	d ahove	The extensio	ın.	
is for	the organization's	return for:		organization name	a abovo.	IIIe evreiiein	11	
	🗌 calendar year _	or						
\triangleright X	tax year beginni	ng DEC 1, 2013	, and	ending NOV 30, 2014		,		
! If the t	tay year antorod in	line 1 is for less than 40						
		line 1 is for less than 12 months, chi	eck reasor	n: Initial return F	inal retur	'n		
	Change in accoun							
1, 350 1, 4720, or 6009, enter the tentative tax, less any								
nonrefundable credits. See instructions. If this application is for Forms 990-PF 990-T 4720, or 6069, opter any refundable gradity and					3a	\$	0.	
r i di di di di di di di di di di di di d							_	
estimated tax payments made. Include any prior year overpayment allowed as a credit.						\$	0.	
Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.								
ution (f.	IOU are doing to	iic rederai Tax Payment System). Se	ee instruct	ions.	3c	\$	0.	
		ake an electronic funds withdrawal (d			3-EO an	d Form 8879	EO for payment	
A For 1 841 81-13	Privacy Act and P	aperwork Reduction Act Notice, se	ee instruc	tions.		Form 8	868 (Rev. 1-2014)	