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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization				1	er identification		
MCKINLEY EAGI					-0131640	<u> </u>	
	Public Charity St				tructions		
The organization is not a priva		•		•			
H	•	ation of churches described i	section 170(b)(1)	(A)(i).			
- H		i).(Attach Schedule E.)					
H ' '	•	organization described issection	, ,, ,,	•			
4 A medical research or	ganization operated in	conjunction with a hospital of	lescribed section	ı 170(b)(1)(A)(iii) Enter the hosp	oitars name,	
city, and state:							
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described action						
170(b)(1)(A)(iv). (Com	170(b)(1)(A)(iv). (Complete Part II.)						
6 A federal, state, or loc	A federal, state, or local government or governmental unit described isoction 170(b)(1)(A)(v).						
7 An organization that n	An organization that normally receives a substantial part of its support from a governmental unit or from the general public						
described insection 1	70(b)(1)(A)(vi) (Comp	lete Part II.)					
—	scribed insection 170(I	b)(1)(A)(vi) (Complete Part II	.)				
9 🔀 An organization that r	iormally receives: (1) r	nore than 33 1/3 % of its sup	port from contribu	utions, members	ship fees, and g	ross	
receipts from activities	s related to its exempt	functions - subject to certain	exceptions, and	(2) no more tha	n 33 1/3 % of its	3	
support from gross in	vestment income and	unrelated business taxable in	come (less section	on 511 tax) from	businesses		
acquired by the organ	ization after June 30,	1975. Sesection 509(a)(2) . (6	Complete Part III.)			
10 An organization organ	nized and operated exc	clusively to test for public safe	ety. Semetion 50	9(a)(4)			
11 An organization organ	nized and operated exc	clusively for the benefit of, to	perform the funct	tions of, or to ca	rry out the		
purposes of one or m	ore publicly supported	organizations described in s	ection 509(a)(1) o	or section 509(a)(2). Seection		
509(a)(3). Check the t	oox that describes the	type of supporting organizati	on and complete	lines 11e throug	įh 11h.	4	
_ a [_] Type t	b 📙 Type II	c 📙 Type III - Fu		_	Type III - Oth	8 7	
e By checking this box,	I certify that the organ	ization is not controlled direc	tly or indirectly by	y one or more di	isqualified		
persons other than fo	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).							
509(a)(1) or section 5	09(a)(2).		•				
		nination from the IRS that it is	•	or Type III sup			
f If the organization rec	eived a written determ	nination from the IRS that it is	a Type I, Type II				
f If the organization reconganization, check the	eived a written determ		a Type I, Type II		porting		
f If the organization reconganization, check the Since August 17, 200 (i) A person who dim	eived a written determinis box	n accepted any gift or contrib ols, either alone or together v	a Type I, Type II ution from any of	the following pe	porting ersons?	Yes No	
f If the organization recorganization, check the Since August 17, 200 (i) A person who dimensional and (iii) below, the	eived a written determinis box 6, has the organization ectly or indirectly contrel governing body of the	n accepted any gift or contrib ols, either alone or together v e supported organization?	a Type I, Type II ution from any of with persons desc	the following pe	porting rsons?	Yes No	
f If the organization recorganization, check the Since August 17, 200 (i) A person who diment and (iii) below, the (ii) A family member	eived a written determinis box 6, has the organization ectly or indirectly contre governing body of the of a person described.	n accepted any gift or contrib ols, either alone or together v e supported organization? in (ı) above?	a Type I, Type II ution from any of with persons desc	the following pe cribed in (ii)	porting ersons?	Yes No	
f If the organization recorganization, check the Since August 17, 200 (i) A person who diment and (iii) below, the (ii) A family member	eived a written determinis box 6, has the organization ectly or indirectly contre governing body of the of a person described.	n accepted any gift or contrib ols, either alone or together v e supported organization?	a Type I, Type II ution from any of with persons desc	the following pe cribed in (ii)	porting ersons?	Yes No	
f If the organization recorganization, check the Since August 17, 200 (i) A person who diment and (iii) below, the (ii) A family member (iii) A 35% controlled	eived a written determis box 6, has the organization ectly or indirectly contract governing body of the of a person described entity of a person des	n accepted any gift or contrib ols, either alone or together v e supported organization? in (ı) above?	a Type I, Type II ution from any of with persons desc	the following pe cribed in (ii)	porting ersons?	Yes No . 11g(i)	
f If the organization recorganization, check the Since August 17, 200 (i) A person who diment and (iii) below, the (ii) A family member (iii) A 35% controlled	eived a written determis box 6, has the organization ectly or indirectly contract governing body of the of a person described entity of a person des	n accepted any gift or contribrols, either alone or together to supported organization? in (i) above?	a Type I, Type II ution from any of with persons desc	the following pe cribed in (ii)	porting ersons?	Yes No . 11g(i)	
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f If the organization recorganization, check the Since August 17, 200 (i) A person who dimension and (iii) below, the (ii) A family member (iii) A 35% controlled herovide the following (i) Name of supported	eived a written determine box 6, has the organization octly or indirectly confrequency of the governing body of the of a person described entity of a person desinformation about the	n accepted any gift or contributed, either alone or together to esupported organization? in (i) above? cribed in (i) or (ii) above? supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section	ution from any of with persons described in cot. (iv) is the organization in cot. (i) listed in your	the following peribed in (ii) (V) Did you notify the organization in	(vi) Is the organization in cot. (i)	Yes No . 11g(i) . 11g(ii)	
f If the organization recorganization, check the Since August 17, 200 (i) A person who dimension and (iii) below, the (ii) A family member (iii) A 35% controlled herovide the following (i) Name of supported	eived a written determine box 6, has the organization octly or indirectly confrequency of the governing body of the of a person described entity of a person desinformation about the	n accepted any gift or contributed, either alone or together to esupported organization? in (i) above? cribed in (i) or (ii) above? supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section	ution from any of with persons described in col. (iv) is the organization in col. (i) issted in your governing	(v) Did you notify the organization in cot. (i) of your	(vi) Is the organization in cot. (i) organized	Yes No . 11g(i) . 11g(ii)	
f If the organization recorganization, check the organization, check the Since August 17, 200 (i) A person who diment and (iii) below, the (ii) A family member (iii) A 35% controlled herovide the following (i) Name of supported organization	eived a written determine box 6, has the organization ectly or indirectly contrest governing body of the of a person described entity of a person desinformation about the (ii) EIN	n accepted any gift or contributed, either alone or together to e supported organization?	(iv) is the organization in col. (i) Ested in your governing document? Yes No	(v) Did you notify the organization in col. (i) of your support?	(vi) Is the organization is cot. (i) organized in the U.S.?	Yes No 11g(i) 11g(ii) 11g(iii) (vii) Amount of support	
f If the organization recorganization, check the organization, check the sum of sum of the control of the contr	eived a written determine box 6, has the organization ectly or indirectly contrest governing body of the of a person described entity of a person desinformation about the (ii) EIN	n accepted any gift or contributed, either alone or together to esupported organization? in (i) above? cribed in (i) or (ii) above? supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) is the organization in col. (i) Steed in your governing document?	(v) Did you notify the organization in col. (i) of your support?	(vi) Is the organization in cot. (i) organized in the U.S.?	Yes No . 11g(i) . 11g(ii)	
f If the organization recorganization, check the organization, check the Since August 17, 200 (i) A person who diment and (iii) below, the (ii) A family member (iii) A 35% controlled herovide the following (i) Name of supported organization	eived a written determine box 6, has the organization ectly or indirectly contrest governing body of the of a person described entity of a person desinformation about the (ii) EIN	n accepted any gift or contributed, either alone or together to e supported organization?	(iv) is the organization in col. (i) Ested in your governing document? Yes No	(v) Did you notify the organization in col. (i) of your support?	(vi) Is the organization is cot. (i) organized in the U.S.?	Yes No 11g(i) 11g(ii) 11g(iii) (vii) Amount of support	
f If the organization recorganization, check the organization, check the Since August 17, 200 (i) A person who diment and (iii) below, the (ii) A family member (iii) A 35% controlled herovide the following (i) Name of supported organization	eived a written determine box 6, has the organization ectly or indirectly contrest governing body of the of a person described entity of a person desinformation about the (ii) EIN	n accepted any gift or contributed, either alone or together to e supported organization?	(iv) is the organization in col. (i) Ested in your governing document? Yes No	(v) Did you notify the organization in col. (i) of your support?	(vi) Is the organization is cot. (i) organized in the U.S.?	Yes No 11g(i) 11g(ii) 11g(iii) (vii) Amount of support	
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f If the organization recorganization, check the organization, check the Since August 17, 200 (i) A person who diment and (iii) below, the (ii) A family member (iii) A 35% controlled herovide the following (i) Name of supported organization	eived a written determine box 6, has the organization ectly or indirectly contrest governing body of the of a person described entity of a person desinformation about the (ii) EIN	n accepted any gift or contributed, either alone or together to e supported organization?	(iv) is the organization in col. (i) Ested in your governing document? Yes No	(v) Did you notify the organization in col. (i) of your support?	(vi) Is the organization is cot. (i) organized in the U.S.?	Yes No 11g(i) 11g(ii) 11g(iii) (vii) Amount of support	
f If the organization recorganization, check the organization, check the Since August 17, 200 (i) A person who diment and (iii) below, the (ii) A family member (iii) A 35% controlled herovide the following (i) Name of supported organization	eived a written determine box 6, has the organization ectly or indirectly contrest governing body of the of a person described entity of a person desinformation about the (ii) EIN	n accepted any gift or contributed, either alone or together to e supported organization?	(iv) is the organization in col. (i) Ested in your governing document? Yes No	(v) Did you notify the organization in col. (i) of your support?	(vi) Is the organization is cot. (i) organized in the U.S.?	Yes No 11g(i) 11g(ii) 11g(iii) (vii) Amount of support	
f If the organization recorganization, check the organization, check the Since August 17, 200 (i) A person who diment and (iii) below, the (ii) A family member (iii) A 35% controlled herovide the following (i) Name of supported organization	eived a written determine box 6, has the organization ectly or indirectly contrest governing body of the of a person described entity of a person desinformation about the (ii) EIN	n accepted any gift or contributed, either alone or together to e supported organization?	(iv) is the organization in col. (i) Ested in your governing document? Yes No	(v) Did you notify the organization in col. (i) of your support?	(vi) Is the organization is cot. (i) organized in the U.S.?	Yes No 11g(i) 11g(ii) 11g(iii) (vii) Amount of support	
f If the organization recorganization, check the organization, check the Since August 17, 200 (i) A person who diment and (iii) below, the (ii) A family member (iii) A 35% controlled herovide the following (i) Name of supported organization	eived a written determine box 6, has the organization ectly or indirectly contrest governing body of the of a person described entity of a person desinformation about the (ii) EIN	n accepted any gift or contributed, either alone or together to e supported organization?	(iv) is the organization in col. (i) Ested in your governing document? Yes No	(v) Did you notify the organization in col. (i) of your support?	(vi) Is the organization is cot. (i) organized in the U.S.?	Yes No 11g(i) 11g(ii) 11g(iii) (vii) Amount of support	
f If the organization recorganization, check the organization, check the Since August 17, 200 (i) A person who diment and (iii) below, the (ii) A family member (iii) A 35% controlled herovide the following (i) Name of supported organization	eived a written determine box 6, has the organization ectly or indirectly contrest governing body of the of a person described entity of a person desinformation about the (ii) EIN	n accepted any gift or contributed, either alone or together to e supported organization?	(iv) is the organization in col. (i) Ested in your governing document? Yes No	(v) Did you notify the organization in col. (i) of your support?	(vi) Is the organization is cot. (i) organized in the U.S.?	Yes No 11g(i) 11g(ii) 11g(iii) (vii) Amount of support	
f If the organization reconganization, check the organization, check the Since August 17, 200 (i) A person who dim and (iii) below, the (ii) A family member (iii) A 35% controlled h Provide the following (i) Name of supported organization	eived a written determine box 6, has the organization ectly or indirectly contrest governing body of the of a person described entity of a person desinformation about the (ii) EIN	n accepted any gift or contributed, either alone or together to e supported organization?	(iv) is the organization in col. (i) Ested in your governing document? Yes No	(v) Did you notify the organization in col. (i) of your support?	(vi) Is the organization is cot. (i) organized in the U.S.?	Yes No 11g(i) 11g(ii) 11g(iii) (vii) Amount of support	

Sche	dule A (Form 990 or 990-EZ) 2009 MCKIN					2-013164	<u>~</u> _
	rt II Support Schedule for Organi					70(b)(1)(A)(vi)
	(Complete only if you checked the b						
Sec	tion A. Public Support						
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2005	(ь) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organization's						ĺ
	benefit and either paid to or expended on				ļ		
	its behalf						
3	The value of services or facilities		Ì		ł	1	ł
	furnished by a governmental unit to the					1	ĺ
	organization without charge					<u> </u>	.
4	Total. Add lines 1 through 3				_		
5	The portion of total contributions by each				•		
	person (other than a governmental unit	1					
	or publicly supported organization)						ĺ
	included on line 1 that exceeds 2% of						
	the amount shown on line 11,						
	column (f)	-					
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support				•		
_	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		1 1				
8	Gross income from interest, dividends,						
	payments received on securities loans,	1			1		
	rents, royalties and income from similar						
	sources	J	ŀ			1	
9	Net income from unrelated business						
	activities, whether or not the business is]	ļ	j	j]
	regularly carried on	.]					l
10	Other income. Do not include gain or						
	loss from the sale of capital assets		1		1		
	(Explain in Part IV.)	1					
11	Total support. Add lines 7 through 10	·		<u> </u>		·	
12	Gross receipts from related activities, etc. (s					. 12	
13	First five years. If the Form 990 is for the or	•				on 501(c)(3)	
	organization, check this box andstop here	J			•		<u></u>
S	ection C. Computation of Public Sup						
14	Public support percentage for 2009 (line 6,			umn (f))		. 14	0.00
15	Public support percentage from 2008 Scheo	dule A, Part II, lin	ne 14			15	100.00
	33 1/3% support test - 2009. If the organizar	tion did not chec	k the box on line	13, and line 14	is 33 1/3% or m	ore, check this b	
	and stop here. The organization qualifies as						
ь	33 1/3% support test - 2008. If the organiza	tion did not chec	k a box oл line 1	3 or 16a, and lin	ne 15 is 33 1/3%	or more, check t	this box
	and stop here. The organization qualifies as						
172	10% facts-and-circumstances test - 2009.						
	is 10% or more, and if the organization mee	_					
	in Part IV how the organization meets the "I			•	•	•	
	organization						
	10% facts-and-circumstances test - 2008.						
•	15 is 10% or more, and if the organization r	_					
	Explain in Part IV how the organization mee				•		
	supported organization						
12	Private foundation. If the organization did r						
	. TITULE LOCALISATION IN THE CHESTINGS OF U.S. I	~~ a by l		,, -, -, -, -, -,			

instructions Schedule A (Form 990 or 990-EZ) 2009



(e) 2009

(d) 2008

(c) 2007

(f) Total

(a) 2005

(b) 2006

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

1 Gifts, grants, contributions, and

Calendar year (or fiscal year beginning in)

	membership fees received. (Do not					ì	
	include any "unusual grants.")					99995.	99995.
2	Gross receipts from admissions, merchan-						
	dise sold or services performed, or facilities						
	furnished in any activity that is related to					i	
	the organization's tax-exempt purpose						
	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's	1					 -
	benefit and either paid to or expended on				1		•
	its behalf	ļ			j]	
	The value of services or facilities						
-	furnished by a governmental unit to the					ļ .	
	organization without charge				Ì		
	Total. Add lines 1 through 5					99995.	99995.
	Amounts included on lines 1, 2, and 3	 -					30000:
	received from disqualified persons	<u> </u>					
	Amounts included on lines 2 and 3	<u> </u>					
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	L			<u> </u>		
8_	Public support (Subtract line 7c from line 6.)						99995.
	tion B. Total Support		T		,	,	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(ь) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		<u></u>			99995.	<u>99995.</u>
10a	Gross income from interest, dividends,						
	payments received on securities loans,	}			ļ		
	rents, royalties and income from similar	ì			Į.		
	sources	l				j	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30,1975	Ì	j				
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether	1				1	
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets	ł					
	(Explain in Part IV.)	ł					
13	Total support. (Add lines 9, 10c, 11, & 12.)	i	<u> </u>		<u> </u>	99995.	99995.
	First five years, If the Form 990 is for the org	anization's first.	second, third, fo	urth, or fifth tax	vear as a section		
•••	organization, check this box andstop here						▶ ∏
Sec	tion C. Computation of Public Support						1
	Public support percentage for 2009 (line 8, c			mn (f))		. 15	100.00 %
	Public support percentage from 2008 Schedu						100.00 %
	tion D. Computation of Investment I						
	Investment income percentage fo2009 (line			column (f))		. 17	0.00 %
	Investment income percentage from 2008 Sch					18	100.00 %
18	investment income percentage fromzuus Scr 33 1/3 % support tests - 2009.If the organiza						
135							
	not more than 33 1/3 %, check this box ands						
0	33 1/3 % support tests - 2008. If the organization and many than 22 4.0 % about this have an						
	is not more than 33 1/3 %, check this box an	•	-				
20							000 E71 2000
BCA	Copyright form software only, 2009 Universal Tex Syste	ms, Inc. All rights res	(61 ¥80 .	US990A\$3 Rev	1 Scriedi	ıle A (Form 990 d	DI 930-ET) 4009

0438203791 Dec. 17, 2010 LTR 4399C E0 32-0131640 200905 67 00034905

MCKINLEY EAGLES CHARITY FUND INC % JACK BRANNAN PO BOX 80032 CANTON OH 44708-0032



DECLARATION

022679

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this statement will become a permanent part of that return.

Signature of officer or trustee

Techene

Date

Title