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OMB No 1545-0052

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements. Department of the Treasury Internal Revenue Service

| For ca | <u>alendar</u> | year 2009, c | or tax year begi | nning | | , 2009 | , and ending | | , 20 |
|-----------------------|---------------------|-------------------------------------|---|---|---------------------------------------|---------------|----------------|--|---|
| G Che | eck all t | hat apply: | Initial retur | 'n | Initial return | of a former p | oublic charity | | Final return |
| | | | Amended | return | Addre | ss change | | Name change | |
| | | Name of fou | ndation | | | | | A Employer Identifi | cation number |
| Use t | he IRS | | | | | | | | |
| la | bel. | JACK & N | MARY MCCALI | CHAP | RITABLE FOUNDAT | ION, INC | | 20- | 3955279 |
| Othe | rwise, | Number and | street (or P O box | number d | mail is not delivered to street | address) | Room/suite | B Telephone number (see | page 10 of the instructions) |
| • | rint | l | | | | | | | |
| | type. | 312 MOUN | NT EDEN PLA | CE | | | | (|) – |
| | pecific actions. | City or town, | , state, and ZIP cor | de | | - | | C If exemption applica | ition is |
| msut | icuons. | | | | | | | pending, check here D 1. Foreign organiza | ▶ 1 1 |
| | | CARY, NO | 27518 | | | | | 2. Foreign organiza | |
| H Ch | eck type | | | on 501/ | c)(3) exempt private f | oundation - | | 85% test, check i | nere and attach |
| $\overline{}$ | | - | nexempt charitable | | Other taxable pr | | tion | computation . | |
| | | | assets at end | | unting method: X C | | rual | E If private foundatio | |
| | | m Part II, col | | | ther (specify) | 2311 | , ça. | 1 |)(1)(A), check here . P |
| |) ▶ \$ | | 20,066. | (Part I | column (d) must be on | cash basis.) | | | In a 60-month termination (1)(1)(B), check here |
| | _ | | nue and Expens | , . , . , . , , , , , , , , , | (0) | | | | (d) Disbursements |
| ı aıt | total o | f amounts in c | olumns (b), (c), an | d (d) | (a) Revenue and | (b) Net inve | | (c) Adjusted net | for charitable |
| | may n | not necessarily | equal the amounts | s in | expenses per books | incom | ne | income | purposes |
| 7- | | | e 11 of the instruct | | 17,000. | | | | (cash basis only) |
| 1 | | if the f | etc , received (attach sch oundation is not requ | nedule) . Jured to | 277000 | | | | <u> </u> |
| 2 | Check | attach | Sch B | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | - | temporary cash inves | | | | | | |
| 4 | | | est from securities | | | | | | |
| | | | | | _ | | | | |
| b | Net ren | tal income or (los | ss) | | | | | | |
| ლ 6 a ⊒ 6 b | Netgan Grosss | n or (loss) from : | sale of assets not on | line 10 | RECEIVED | ቜ | | ··· | |
| evenue evenue p | assets o | on line 6a - | | | | ပ္တု | | | |
| 9 7 | | | ome (from Part IV, I | | CCT T M 2040 | <u>Ş </u> | | | |
| 8 | Net sh | ort-term capita | al gain | 181 | | 2 | | | |
| 9 | | e modifications ales less retums | s · · · · · · · | 1: L | | <u> </u> | | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| 10 a | | wances · · · | | 1.V. C | GDEN. UT | <u> </u> | | | |
| | | ost of goods sold | | | | | | | <u>'</u> |
| C | | | (attach schedule) | | <u> </u> | | | | <u>'</u> |
| 11 | | | n schedule) | | 17,000. | | | | 1 |
| 12 | | | rough 11 | | 17,000. | | | | <u> </u> |
| 13 | Compe | nsation of officer | rs, directors, trustees, | etc | 0. | · | | | |
| ္ဟု 14 | | | ries and wages . | | | | | | |
| Sag 15 | Pensio | n plans, emplo | oyee benefits | | | | | | |
| <u>≅</u> 16a | Legal f | ees (attach sc | hedule) | | 010 | | | | |
| | Accour | nting fees (atta | ach schedule) | | 810. | | | | |
| | Other | professional fe | ees (attach schedul | e) | ļ | | | | • |
| E 17 | Interes | t | | | | | | | |
| 18 | Taxes (a | attach schedule) | (see page 14 of the insi | ructions) | | ļ | | | |
| 19 | Depred | ciation (attach | schedule) and de | pletion . | | | | | |
| 20 | Occup | ancy | | | | | | | |
| 21 | Travel, | conferences, | and meetings | | <u></u> | | | | <u> </u> |
| 22 | | • | tions <u></u> | _ | | | | | ļ <u> </u> |
| E 23 | Other | expenses (atta | ich schedule) ${}^{ m AT}{}^{ m C}$ | CH 1. | 84. | | | | ļ <u>-</u> |
| 24 | Total | perating and | administrative ex | penses. | | | | | |
| <u>a</u> | Add lin | es 13 through | n 23 | | 894. | | | | |
| 25 | Contrib | outions, gifts, | grants paid | | 11,794. | | | · · · · · · · · · · · · · · · · · · · | 11,794 |
| 26 | | - | sements. Add lines 2 | | 12,688. | | | | 11,794 |
| 27 | | ct line 26 from | | | | | , | | |
| a | Excess o | of revenue over exp | penses and disburseme | ents | 4,312. | | | | |
| | | | ome (if negative, er | | | | -0- | | 1 |
| 1 | | | a (if negative enter | | | | | -0- | , |

| | | Balanca Shoots | Attached schedules and amounts in the | Beginning of year | End | of year |
|-------------|----------------|--|--|---------------------------------------|---------------------------------------|-----------------------|
| F | art II | Balance Sneets | description column should be for end-of-year amounts only. (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bear | ing | 15,754. | 20,066 | 20,066. |
| | 2 | | cash investments | | | |
| | 3 | Accounts receivable ▶ | | | | |
| | | Less: allowance for dou | btful accounts | | | |
| | 4 | | | | | |
| | | Less, allowance for dou | btful accounts ▶ | | | |
| | 5 | | | | | |
| | 6 | | fficers, directors, trustees, and other | | | |
| | | | ach schedule) (see page 16 of the instructions) | | | |
| | 7 | • | receivable (attach schedule) | | | |
| | • | | btful accounts ▶ | | | |
| | 8 | | se | 1 | | |
| ssets | 9 | | eferred charges | | | |
| Ass | _ | | e government obligations (attach schedule) | ſ | · · · · · · · · · · · · · · · · · · · | |
| • | | | e stock (attach schedule) | | | |
| | į . | | e bonds (attach schedule) | | | |
| | 11 | Investments - land, building | s, Derived (attack) seriedately. | · · · · · · · · · · · · · · · · · · · | | |
| | | and equipment basis Less accumulated deprecia | ation | | | |
| | 4.0 | (attach schedule) | loans | | | |
| | 12 13 | | loans | | | |
| | 14 | Land, buildings, and | ach schedule) | | | |
| | | equipment basis Less accumulated deprecis | ation | | | |
| | 4.5 | (attach schedule) | | | | |
| | 15 | | ▶) pleted by all filers - see the | , | | |
| | 16 | | page 1, item I) | 15.754 | 20,066 | . 20,066. |
| | | | | 15,754. | 20,000 | 20,000. |
| | 17 | | accrued expenses | | | ┥ . |
| | 18 | | | | | <u> </u> |
| Liabilities | 19 | | | | | |
| Ē | 20 | | ors, trustees, and other disqualified persons | | | - |
| <u>.</u> | 21 | | otes payable (attach schedule) | | | 4 ! |
| _ | 22 | Other liabilities (describe | e ►) | | | _ |
| | | T-4-1 H-Ellister (add line | 47 (hannah 20) | | | |
| _ | 23 | | es 17 through 22) | | | - |
| | | | low SFAS 117, check here | | | |
| s | | • | 24 through 26 and lines 30 and 31. | | | 1 |
| Š | 24 | | | | | - |
| ıları | 25 | Temporarily restricted | | | | - |
| ä | 26 | | | | | <u> </u> |
| Ē | 24 25 26 | Foundations that do | not follow SFAS 117, | | | |
| ĭ | | | plete lines 27 through 31. ▶ X | 15 754 | 20.066 | ! |
| ō | 27 | | cipal, or current funds | 15,754. | 20,066 | . |
| Net Assets | 28 | | r land, bldg , and equipment fund | | | |
| SS | 29 | • | ulated income, endowment, or other funds | 0. | 0 | ; |
| × | 30 | Total net assets or fun | d balances (see page 17 of the | 15 354 | 00.066 | |
| ž | | instructions) | | 15,754. | 20,066 | <u>.</u> |
| | 31 | Total liabilities and net | t assets/fund balances (see page 17 | 45.554 | | 1 |
| _ | | of the instructions) | | 15,754. | 20,066 | · <u>l</u> |
| | | | anges in Net Assets or Fund | | | |
| 1 | | | alances at beginning of year - Part I | | | 4.5.5. |
| | | | d on prior year's return) | | | 15,754. |
| 2 | Ente | r amount from Part I, | line 27a | | 2 | 4,312. |
| 3 | Othe | er increases not includ | ed in line 2 (itemize) ▶ | | 3 | |
| | | | | | | 20,066. |
| 5 | Deci | eases not included in | line 2 (itemize) ▶ | | 5 | |
| 6 | <u>Tota</u> | I net assets or fund ba | alances at end of year (line 4 minus | line 5) - Part II, column (b | o), line 30 6 | 20,066. |
| | | | • | | | Form 990-PF (2009) |

| _ | Part IV Capital Gains | and Losses for Tax on Inve | estment Income | | | |
|------------|---|--|---|--|--------------------------------------|---|
| | | d describe the kind(s) of property sold (e | | (b) How | (c) Date | (d) Date sold |
| | | rick warehouse; or common stock, 200 s | | P-Purchase D-Donation | àcquired (mo , day, yr.) | (mo., day, yr.) |
| 1a | | | | | | |
| _ <u>t</u> | | | | | | |
| | <u> </u> | | | ļ | | |
| | <u> </u> | | | ļ | ļ <u>.</u> | |
| _€ | 9 | | | <u> </u> | <u> </u> | L |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (lo (e) plus (f) mini | |
| _a | 1 | | | | | |
| Ŀ |) | | | | | |
| _9 | | | | ļ | | |
| | | | | | | |
| -6 | | howing gain in column (h) and own | eed by the foundation on 12/31/60 | | 0 | |
| | complete only for assets s | (j) Adjusted basis | (k) Excess of col. (i) | | Gains (Col. (h) g | |
| _ | (I) F.M.V as of 12/31/69 | as of 12/31/69 | over col. (j), if any | | Losses (from co | |
| _8 | 3 | | | | | |
| _ <u>t</u> |) | | | | | |
| | | | | | ···· | |
| | | | | | | |
| _6 |) | . 16 | gain, also enter in Part I, line 7 | | | |
| | Capital gain net income or | (net capital loss) {- If | (loss), enter -0- in Part I, line 7 | 2 | | |
| 3 | | n or (loss) as defined in sections 12 | | | | |
| | | , line 8, column (c) (see pages 13 a | | | | |
| _ | If (loss), enter -0- in Part I, | line 8 | · · · · · · · · · · · · · · · · · · · | 3 | | |
| _ | | nder Section 4940(e) for Reduce private foundations subject to the | | | | |
| w | | the section 4942 tax on the distrib not qualify under section 4940(e). | | ase perio | d? 🗀 | Yes X No |
| <u>''</u> | | ount in each column for each year; | | efore mak | ing any entries. | |
| <u>.</u> | (a) Base period years | (b) Adjusted qualifying distributions | (c) Net value of nonchantable-use assets | | (d) Distribution r | atio |
| | Calendar year (or tax year beginning in) | 18,783. | 0. | | (col (b) divided by | 0.000000 |
| _ | 2008 | 16,900. | 0. | | | 0.000000 |
| _ | 2006 | 13,368. | 0. | | | 0.000000 |
| | 2005 | 0. | 0. | | | 0.000000 |
| | 2004 | , , , , , , , , , , , , , , , , , , , | | | | |
| _ | | | | | | |
| 2 | Total of line 1, column (d) |) | | 2 | | 0.000000 |
| 3 | Average distribution ratio | for the 5-year base period - divide | the total on line 2 by 5, or by the | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | number of years the foun | dation has been in existence if less | than 5 years | 3 | | 0.000000 |
| | | | | | | · |
| 4 | Enter the net value of nor | ncharitable-use assets for 2009 from | m Part X, line 5 | 4 | | 0. |
| | | | | | | |
| 5 | Multiply line 4 by line 3 | | | 5 | | 0. |
| 6 | Enter 1% of net investme | nt income (1% of Part I, line 27b) | | 6 | | |
| 7 | Add lines 5 and 6 | | | 7 | | 0. |
| | | | | | | 11,794. |
| 8 | Enter qualifying distribution If line 8 is equal to or graph and the properties of | ons from Part XII, line 4 eater than line 7, check the box inge 18. | n Part VI, line 1b, and complete | that part | using a 1% ta | x rate. See the |

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

8 b

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Form 990-PF (2009)

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names and addresses

| Part VIII | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empand Contractors (continued) | loyees, |
|---------------|---|------------------|
| 3 Five high | est-paid independent contractors for professional services (see page 23 of the instructions). If non | e, enter "NONE." |
| | (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number | er of others receiving over \$50,000 for professional services | ▶ NONE |
| | Summary of Direct Charitable Activities | |
| | dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number ons and other beneficiaries served, conferences convened, research papers produced, etc | Expenses |
| • | DE MEDICAL, DENTAL, EDUCATIONAL AND HOUSING ASSISTANCE | _ |
| FOR I | DISADVANTAGED CHILDREN THROUGH NO FAULT OF THEIR OWN. | |
| (SEE | SCHEDULE OF GRANTS/CONTRIBUTIONS PAID) | 11,794 |
| 2 | | |
| | | |
| | | |
| 3 | , | |
| | | |
| | · | _ |
| 4 | • • • | |
| | | - |
| | , | - |
| Part IX-B | Summary of Program-Related Investments (see page 23 of the instructions) | |
| Describe the | two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| 1 NONE | | _ |
| | | - |
| | | |
| 2 | | - |
| | | - |
| All other pro | gram-related investments. See page 24 of the instructions | |
| 3 NONE | | - |
| | | - |
| Total Add I | ines 1 through 3 | • |

| | rt X Minimum Investment Return (All domestic foundations must complete this part. Forei sée page 24 of the instructions.) | gn foundation | S, |
|-------|--|----------------------|----------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | - 7. | |
| | purposes: | 3 | |
| а | Average monthly fair market value of securities | 1a | _ |
| b | Average of monthly cash balances | 1b | |
| С | | 1c | 0. |
| d | Total (add lines 1a, b, and c) | 1d | 0. |
| е | man and the contract of the co | 中華電影 | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 0. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 | | |
| | | 4 | 0. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 0. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 0. |
| Pa | rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ▶ and do not complete this | ate operating part.) | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 0. |
| | Tax on investment income for 2009 from Part VI, line 5 | 7/8 | |
| b | Income tax for 2009. (This does not include the tax from Part VI) 2b | | |
| | | 2c | 0. |
| 3 | Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 0. |
| 4 | Recoveries of amounts treated as qualifying distributions | | |
| 5 | | | 0. |
| 6 | Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, | | |
| • | line 1 | 7 | 0. |
| Pa | rt XII Qualifying Distributions (see page 25 of the instructions) | <u> </u> | _ |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | 1218 | <u> </u> |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 11,794. |
| b | | 1b | 0. |
| 2 | Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| 2 | | 2. | 0. |
| 3 | purposes Amounts set aside for specific charitable projects that satisfy the: | <u> </u> | _ |
| а | Suitability test (prior IRS approval required) | 3a | 0. |
| b | Cash distribution test (attach the required schedule) | 3b | 0. |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 11,794. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. | | |
| | Enter 1% of Part I, line 27b (see page 26 of the instructions) | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | 11,794. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating v qualifies for the section 4940(e) reduction of tax in those years. | vhether the fou | ndation |

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| Pa | rt XIII Undistributed Income (see page | e 26 of the instruction | ns) | | |
|----|---|--|---------------------|--------|---------------------------------------|
| | | (a) | (b) | (c) | (d) |
| 1 | Distributable amount for 2009 from Part XI, | Corpus | Years prior to 2008 | 2008 | 2009 |
| • | | | | | 0. |
| _ | line 7 | | | | , |
| 2 | Undistributed income, if any, as of the end of 2009 | | <u> </u> | 0. | |
| 8 | Enter amount for 2008 only | | 0. | | |
| b | Total for pnor years 20 07 ,20 06 ,20 05 | | | | · · · · · · · · · · · · · · · · · · · |
| 3 | Excess distributions carryover, if any, to 2009: | | | | |
| а | From 2004 | | | | |
| b | From 2005 | | | | i |
| C | From 2006 | | | | , |
| d | From 2007 16, 900. | | | | , |
| e | From 2008 18,783. | | | | , |
| • | Total of lines 3a through e | 35,683. | | | , |
| 4 | Qualifying distributions for 2009 from Part XII, | | | | |
| • | line 4: ▶ \$ 11,794. | | | | 1 |
| _ | | | | · - ō. | |
| а | Applied to 2008, but not more than line 2a | | | | |
| b | Applied to undistributed income of prior years (Election | ļ | | | |
| | required - see page 26 of the instructions) | | | | |
| C | Treated as distributions out of corpus (Election | | | | |
| | required - see page 26 of the instructions) | | | | |
| d | Applied to 2009 distributable amount | | | | 0. |
| е | Remaining amount distributed out of corpus | 11,794. | | | |
| 5 | Excess distributions carryover applied to 2009 | 0. | | | 0. |
| | (If an amount appears in column (d), the same | • | | | |
| 6 | amount must be shown in column (a).) Enter the net total of each column as | | | | |
| ٠ | indicated below: | | | | , |
| а | Corpus. Add lines 3f, 4c, and 4e Subtract line 5 | 47,477. | 1 | | |
| _ | · | , , , , , , , , , , , , , , , , , , , | | | |
| D | Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | 1 |
| c | Enter the amount of prior years' undistributed | | | | |
| • | income for which a notice of deficiency has been | | | | ' |
| | issued, or on which the section 4942(a) tax has | | | | |
| | been previously assessed | | | | |
| d | Subtract line 6c from line 6b. Taxable | | 0. | | |
| | amount - see page 27 of the instructions | | 0. | | <u> </u> |
| 9 | Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see page | | | | |
| | 27 of the instructions | | | 0. | i |
| | Undistributed income for 2009. Subtract lines | | | | |
| , | 4d and 5 from line 1. This amount must be | | | 1 | |
| | distributed in 2010 | | | | 0. |
| 7 | Amounts treated as distributions out of corpus | | | | • |
| | to satisfy requirements imposed by section | | | • | 1 |
| | 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) | | | | |
| 8 | Excess distributions carryover from 2004 not | - | | | |
| | applied on line 5 or line 7 (see page 27 of the | | | | |
| | instructions) | | | | |
| 9 | Excess distributions carryover to 2010. | 47,477. | | | ! - |
| | Subtract lines 7 and 8 from line 6a | | | | |
| | Analysis of line 9. | | | | |
| | Excess from 2005 | | | | ' |
| b | Excess from 2006 | | | | 1 |
| C | Excess from 2007 16, 900. | | | | |
| d | Excess from 2008 18,783. | | | | |
| е | Excess from 2009 11,794. | | | | |

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

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factors:

N/A

| Part XV Supplementary Information (co 3 Grants and Contributions Paid Duri Recipient Name and address (home or business) | ontinued) | roved for F | uture Payment | |
|---|--|-------------------|----------------------------------|------------|
| Recipient | If recipient is an individual, | Foundation | Purpose of grant or contribution | Amount |
| `Name and address (home or business) | any foundation manager or substantial contributor | recipient | contribution | Amount |
| a Paid during the year | | | | |
| | | | | |
| ATTACHMENT 3 | | | | |
| | | | | • |
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| | | | | |
| Total | J | L | ▶ 3a | 11,794. |
| b Approved for future payment | <u> </u> | †***** | <u> </u> | , <u> </u> |
| , , , , | | | | |
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| | <u> </u> | <u> </u> | <u> </u> | |
| Total | | | <u>3b</u> | |

| Part XVI-A Analysis of Income-Production of the Analysis of Income-Production of Inco | | ated business income | Excluded b | y section 512, 513, or 514 | (e) Related or exempt |
|--|----------------------|----------------------|--|----------------------------|---|
| - | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related of exempt function income (See page 28 of the instructions.) |
| Program service revenue: | | | | | the instructions.) |
| b | | | | | |
| c | | | | | - |
| d | | | | | |
| e | | | | | |
| f | | | | <u> </u> | |
| g Fees and contracts from government agencies Membership dues and assessments | | | | | |
| Interest on savings and temporary cash investments | | | | | |
| Dividends and interest from securities | | | | | |
| Net rental income or (loss) from real estate: | ļ | | | | |
| a Debt-financed property | ļ | | | | |
| b Not debt-financed property | <u> </u> | | | | |
| Net rental income or (loss) from personal property | 1 | | | | ····· |
| Other investment income | (' | | | | |
| Net income or (loss) from special events | | | | | |
| Gross profit or (loss) from sales of inventory. | | | | | |
| Other revenue a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| θ | | | | | |
| Part XVI-B Relationship of Activities Line No. Explain below how each activities the accomplishment of the for page 29 of the instructions) | to the Ac | complishment of E | ed in columi | n (e) of Part XVI-A cor | ntributed importantly such purposes) (Se |
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| _ | t XVII | | | ransfers To | and Transa | ctions | and Rela | tionships | With I | Noncl | narit | able |
|-----------|--|--|---|--|---|------------------|------------------------------------|-----------------------------|---|--|-------------------|--------------------------------------|
| 1 b | Did the in section of the companion of t | Exempt Organization directly cition 501(c) of the Control of the C | nizations y or indirectly ode (other than bundation to a no haritable exempt of a noncharitable e ent, or other asse ents r membership or it, mailing lists, othe above is "" | engage in any section 501(c)(c) concharitable exemptorganization exempt organization exempt organization the fundraising solicitation assets, or paid Yes," complete | of the followin (3) organization of: | g with a) or in | any other of section 527 | organization of relating to | described political | 1a(1) 1a(2) 1b(1) 1b(2) 1b(3) 1b(4) 1b(5) 1b(6) 1c | Yes | X X X X X X X X |
| | | of the goods, other in any transaction or | | | | | | | | | | |
| /a) I | value | (b) Amount involved | | gement, snow in | | | | nsfers, transacti | | | ., | |
| (8) 2 | ine no | N/A | (c) Name of | ionenantable exemp | organization | N/A | SCIPTION OF ITAL | natora, transaca | and die | | 90 | |
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| | section | foundation directly or n 501(c) of the Code (oth s," complete the following | ner than section 5 schedule. | 501(c)(3)) or in sec | ction 527? | nore tax- | exempt orga | | • • • • | Ye | s [] | No |
| | | (a) Name of organization | <u>1</u> | (b) Type | e of organization | | | (c) Description | in or relation | isnip | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
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| | belief, | penalties of perjury, I declar it is true, correct, and com | are that I have explete. Declaration of | amined this return, of preparer (other the | including accompa nan taxpayer or fide | inying sche | edules and star ased on all inf | tements, and to | o the best of the prepare | of my kr er has an | nowled ny know | ge and vledge |
| Sign Here | Paid Preparer's Use Only | Preparer's signature | 4614 | CPA | | 06/201 | Check if self-empl | oyed ▶☐ | Preparer's number (S page 30 of P00521 | the Instr 1717 | ture or | |
| | Prep Use | Firm's name (or yours if self-employed), address, | | EY, LINDSEY GLENWOOD AV | (& MÜELLEI /ENUE - SU | | 12 | EIN ▶ 5 | 6-1442 | 2005 | | |

NC

RALEIGH,

Phone no. 919-787-8995

27612

and ZIP code

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Employer Identification number Name of the organization JACK & MARY MCCALL CHARITABLE FOUNDATION, INC 20-3955279 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or

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

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

990-PF)

(Complete Part II if there is a noncash contribution)

.20-3955279

ATTACHMENT 1

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND EXPENSES

EXPENSES PER BOOKS

84.

DESCRIPTION
POSTAGE & DELIVERY

TOTALS

84.

ATTACHMENT 2

| EXPENSE ACCT AND OTHER ALLOWANCES | ° | °. | .0 | Ó | Ö | 0. |
|---|--|---|---|---|--|--------------|
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | .0 | o | Ö | Ö | Ö | 0 |
| COMPENSATION | .0 | .0 | .0 | .0 | 0 | 0 |
| TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | PRESIDENT | TREASURER | DIRECTOR | DIRECTOR | DIRECTOR | GRAND TOTALS |
| NAME AND ADDRESS | BILLIE BLOCK 312 MOUNT EDEN PLACE CARY, NC 27518 | ERIN M. HANLEY 3421 BRADLEY PLACE RALEIGH, NC 27607 | ROBERT PHAY 123 MORGAN BEND COURT CHAPEL HILL, NC 27514 | DICK LEVIN 2131 NORTH LAKESHORE DRIVE CHAPEL HILL, NC 27514 | BEVERLY SMITH 3405 OLD LASSITER ROAD RALEIGH, NC 27609 | |

ATTACHMENT 3

| | IJ |
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| THE YEAR | |
| THE | |
| DURING | |
| S PAID | |
| GRANTS AND CONTRIBUTIONS | |
| AND | |
| GRANTS | |
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| PART | |
| 990PF, | |
| FORM | |

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | |
|--|---|--|--------|
| | AND | | |
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| WORLD VIEW | NONE | TO PROVIDE INSIGHT FOR AREA EDUCATORS ON HOW TO | 2,000. |
| UNC CAMPUS BOX 8011 | | HELP LATINO STUDENTS SUCCEED IN SCHOOL. PAYMENT | |
| CHAPEL HILL, NC 27599 | | WAS MADE DIRECTLY TO WORLD VIEW. | |
| MIGUEL A. RIVERA-TORRES | NONE | TO ASSIST WITH PAYMENT FOR DENTAL TREATMENT. | 755. |
| 111 CRESTWOOD CIRCLE | | PAYMENT WAS MADE DIRECTLY TO THE CARRBORO DENTAL | |
| CHAPEL HILL, NC 27516 | | CLINIC. | |
| YOUNG NATURALISTS CLUB | NONE | TO PROVIDE SCHOLARSHIPS FOR OUTINGS FOCUSED ON | 500. |
| P.O. BOX 12452 | | ENVIRONMENTAL ISSUES. PAYMENT WAS MADE DIRECTLY | |
| RALEIGH, NC 27605 | | TO WAKE AUDUBON. | |
| NEFTALI MOTO SANCHO | NONE | TO PROVIDE EAR TUBE SURGERY. PAYMENT WAS MADE | 525. |
| 1113 N. SPRING GARDEN CIRCLE | | DIRECTLY TO CAPITAL EAR, NOSE 6 THROAT. | |
| RALEIGH, NC 27603 | | | |
| DENNY PAUL | NONE | TO PROVIDE ADHD MEDICATION AND ASSOCIATED DOCTOR | 587. |
| 375 SEASTONE STREET | | VISITS. THE PAYMENT WAS MADE DIRECTLY TO KROGER | |
| RALEIGH, NC 27603 | | PHARMACY AND GROWING CHILD PEDIATRICS | |
| MISCELLANEOUS GRANTS (LESS THAN \$500) | NONE | TO PRROVIDE ASSISTANCE FOR CHILDREN IN NEED OF | 7,427. |
| N/A | | MEDICAL, DENTAL, EDUCATIONAL, ETC. SERVICES. | |
| | | | |

3546

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

| Department of the Internal Revenue S | | File a separate application for each return. | | | |
|--|--|---|--|--|--|
| If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box | | | | | |
| If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 | | | | | |
| Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed) | | | | | |
| A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete | | | | | |
| | Part I only | | | | |
| | orations (including 112 ome tax returns | 20-C filers), partnerships, REMICs, and trusts must use Form 76 | 004 to request an extension of | | |
| one of the re electronically in returns, or a co | turns noted below (6 if (1) you want the add omposite or consolidate | ou can electronically file Form 8868 if you want a 3-month automonths for a corporation required to file Form 990-T). However, ditional (not automatic) 3-month extension or (2) you file Forms ed From 990-T Instead, you must submit the fully completed and file form, visit www.irs.gov/efile and click on e-file for Communications. | er, you cannot file Form 8868 990-BL, 6069, or 8870, group I signed page 2 (Part II) of Form | | |
| Type or | Name of Exempt Organi | | Employer identification number | | |
| print | | MCCALL CHARITABLE FOUNDATION, INC | 20-3955279 | | |
| Number, street, and room or suite no. If a P.O. box, see instructions | | | | | |
| due date for filing your 312 MOUNT EDEN PLACE | | | | | |
| return See Instructions CARY, NC 27518 City, town or post office, state, and ZIP code For a foreign address, see instructions | | | | | |
| Check type of return to be filed (file a separate application for each return) | | | | | |
| Form 990 Form 990-T (corporation) Form 4720 | | | | | |
| Form 990 | | | m 5227 | | |
| Form 990-EZ Form 990-T (trust other than above) Form 60 | | | | | |
| X Form 990- | -PF | Form 1041-A For | m 8870 | | |
| Telephone No ▶ 919 787-8995 FAX No ▶ 919 787-4315 If the organization does not have an office or place of business in the United States, check this box | | | | | |
| 2 If this tax | year is for less than 12 | months, check reason Initial return Final return | Change in accounting period | | |
| 3a If this app | olication is for Form 99 | 90-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, I | ess any | | |
| nonrefundable credits. See instructions 3a \$ None | | | | | |
| b If this app | olication is for Form 99 | 0-PF or 990-T, enter any refundable credits and estimated tax pa | ayments | | |
| | made Include any prior year overpayment allowed as a credit 3b \$ NOWE | | | | |
| c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See | | | | | |
| Instruction | | | 3c & NONE | | |
| Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO | | | | | |
| for payment ins | | | | | |
| For Privacy Ac | t and Paperwork Redu | ction Act Notice, see Instructions. | Form 8868 (Rev 4-2009) | | |

| | , | | | |
|--|--------------------------------|--|--|--|
| Form 8868 (Rev 4-2009) Page 2 | | | | |
| • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box | | | | |
| Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868 | | | | |
| If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) | | | | |
| Part II Additional (Not Automatic) 3-Month Extension of Tim | | | | |
| Type or Name of Exempt Organization | Employer identification number | | | |
| print JACK & MARY MCCALL CHARITABLE FOUNDATION, | | | | |
| File by the Number, street, and room or suite no. If a P.O. box, see instructions | For IRS use only | | | |
| extended 312 MOUNT EDEN PLACE | | | | |
| filing the return See City, town or post office, state, and ZIP code For a foreign address, see in | structions | | | |
| instructions CARY, NC 27518 | <u> </u> | | | |
| Check type of return to be filed (File a separate application for each return) | | | | |
| Form 990 X Form 990-PF | Form 1041-A Form 6069 | | | |
| Form 990-BL Form 990-T (sec 401(a) or 408(a) tr | ust) Form 4720 Form 8870 | | | |
| Form 990-EZ Form 990-T (trust other than above) | Form 5227 | | | |
| STOP! Do not complete Part II if you were not already granted an automa | | | | |
| The books are in the care of ▶ LINDSEY & LINDSEY | | | | |
| Telephone No ▶ 919 7878995 FAX No ▶ 919 7874315 | | | | |
| • If the organization does not have an office or place of business in the United States, check this box | | | | |
| | | | | |
| | | | | |
| for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for | | | | |
| | | | | |
| 2000 | | | | |
| | | | | |
| 6 If this tax year is for less than 12 months, check reason Initial retuing | | | | |
| 7 State in detail why you need the extension TAXPAYER HAS NOT RECEIVED ALL THE NECESSARY | | | | |
| INFORMATION NEEDED TO COMPLETE THE RETURNS. | | | | |
| | | | | |
| | | | | |
| a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | | | | |
| nonrefundable credits. See instructions 8a \$ NONE | | | | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated | | | | |
| tax payments made. Include any prior year overpayment allowed as a credit and any amount paid. | | | | |
| previously with Form 8868 8b \$ NONE | | | | |
| c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit | | | | |
| with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax F | | | | |
| Signature and Verification | | | | |
| Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, | | | | |
| it is true, correct, and complete, and that I am authorized to prepare this form | | | | |
| D • • • • | | | | |
| Signature ▶ Share B Shared Title ▶ | CPA Date > 8/13/2016 | | | |
| LINDSEY, LINDSEY & MUELLER | Form 8868 (Rev 4-2009) | | | |
| | roini 0000 (Rev 4-2009) | | | |

5811 GLENWOOD AVENUE - SUITE 102

RALEIGH, NC 27612