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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

		the Treasury	Mad	a. The foundation		ed as a Private i					2009
	mai Reven r calenda	r year 2009, or ta				le to use a copy of this re and ending	urn to	sausty sta	ite reporting	requirements	
		that apply	Initial retu			eturn of a former public	cha	intv	I	Final return	
•	0110011 411	. tilat apply	Amended	····		dress change]	¬´	เ change	· · ····ai · · c·ca····	
LIS	e the IRS	Name of founds							1	oyer identification num	ber
-	label.									-2168184	
Otherwise,		MCPHEA	RSON FO	UNDATION					B Telep	hone number (see page 1	0 of the instructions)
	print	Number and str	eet (or P O box	number if mail is no	t delivered	d to street address)	Ro	om/suite		<u></u>	
or type. 711 COTTONTON ROAD					C If exe	mption application is pend	ing, check here				
	Specific	0.1, 0. 10.111, 0.2	ite, and ZIP code	1						reign organizations, check	. —
Inst	tructions	· PITTSV	IEW		AL	36871			2. Fo	reign organizations meetir	ng the
<u>H</u> (Check typ	e of organization	X Section	501(c)(3) exem	ot private	foundation			85	% test, check here and at	ach computation 🕨 🗌
	Section 4	1947(a)(1) nonexe	empt charitable	trust Oth	er taxab	le private foundation			1	ate foundation status was	
		et value of all asse		J Accounting	nethod	X Cash A	crua	ıt	section	n 507(b)(1)(A), check here	• . ▶ ∟
0	f year (fro	om Part II, col (c)		U Other (s	pecify)				Ŀ	foundation is in a 60-mont	
	ne 16) 🕨					be on cash basis)			under	section 507(b)(1)(B), che	ck here
Р		Analysis of F		•	•	(a) Revenue and expenses per	Ι.	(b) Notice	.astmost	(a) Advisted and	(d) Disbursements
		total of amounts in column			ual	books	'	(b) Netiny inco		(c) Adjusted net income	for chantable purposes
		the amounts in column				-	╄				(cash basis only)
		Contributions, gifts, g		•	-		-				
	1			ot required to attac			\perp				
		nterest on saving	-	•	nts	29	2		292	292	
	I	Dividends and inte	erest from secu	inties			+				
		Gross rents					+-				
ne	1 -	let rental income	, ,	- 40							
en	1	let gain or (loss) from sa		ne 10			+				
Revenue	1 -	iross sales pnce for all a Capital gain net inc		# I\/ line 2\			╁		0		
ıŁ		let short-term cap	•	it iv, line 2)			╁╌			0	
		ncome modification	•				+				
	1 " "	ross sales less retu		. 1			╁				·
	'' '	ess Cost of good					╁				
	ı	Fross profit or (los		edule)			十一				
	1 .	Other income (atta				· · · · · · · · · · · · · · · · · · ·	T				
		otal. Add lines 1	•			29:	2		292	292	
		ompensation of o		rs. trustees. etc			1				
ses	14 0	ther employee sa					T				
Expens	15 OF	ension plains em	ployee benefits			·					
ğ	16æ	egalitees (attach	schedule				Τ				
	b A	@ounting_fees_(a	ttach schedule	ß∥ STMT	1	280)				
.≝	cZ0	professional lec	D(attach Gchedu	(De)							
ā	17 III	ter est		2							
<u>s</u>	18 🔾 a	xes (alar Go Parier (a	ee page 14 of the th	structions)							
nin	، تحدثتي تا ا	shiooiggoii (gracessess	cheduie) and dep	oletion .			<u> </u>				
À		ccupancy		- 			<u> </u>	-			
þ	•	avel, conference:		s			_				
an	-	inting and publica	ations		_	20	+				
Operating and Administrative		her expenses (att. sch.)		STMT	2	8(1				
ᇙ		otal operating an		live expenses.		2.2			ا		_
ခွ်		d lines 13 throug			ļ	380	_		0		0
5		ontributions, gifts,			<u>, </u>	300	_		 		300
-		tal expenses and		. Add lines 24 and	25	680	+		- 0	0	300
ļ		ibtract line 26 from	· · · · · · · -	and dishuman-	.	200]		
J		cess of revenue o	-		ເຮ	-388	+		292		
-		et investment ind ljusted net incor			ł		+		292	292	
	<u> </u>	Jasied Het HICOI	· · · · · · · · · · · · · · · · · · ·	, GITTET -U-)			لر			232	

16,519 Form **990-PF** (2009)

16,519

2

3

4

5

2 Enter amount from Part I, line 27a

Add lines 1, 2, and 3

3 Other increases not included in line 2 (itemize) ▶

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

5 Decreases not included in line 2 (itemize)

	nd Losses for Tax on Investme be the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase	1 (e) Date acquired	
	enouse, or common stock, 200 sris MLC Co)		D-Donation	(mo , day, yr)	(mo , day, yr)
1a N/A					
<u>b</u> с			- 		
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		Cost or other basis us expense of sale	, , ,	ain or (loss) (f) minus (g)
a					
b					
С					
_d			·		
Complete only for assets showing	gain in column (h) and owned by the four	dation on 12/	31/60		<u></u>
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(1	x) Excess of col (i) over col (j), if any	col (k), but n	ol (h) gain minus ot less than -0-) or (from col (h))
	43 01 125 1103		Over doi: (j), ii airy		
<u>a</u> b				- 	
c					
d					
e					
2 Capital gain net income or (net cap	pital loss) If gain, also enter in F If (loss), enter -0- in F		}	2	
3 Net short-term capital gain or (loss	s) as defined in sections 1222(5) and (6)		~		,
If gain, also enter in Part I, line 8, o	column (c) (see pages 13 and 17 of the in:	structions).	7		
If (loss), enter -0- in Part I, line 8			<u> </u>	3	
	der Section 4940(e) for Reduce			come	
For optional use by domestic private for	oundations subject to the section 4940(a)	tax on net inv	restment income.)		
f section 4940(d)(2) applies, leave this	part blank				
Was the foundation liable for the section	on 4942 tax on the distributable amount of	anv vear in th	ne base period?	Yes X No	
	y under section 4940(e) Do not complete			لسا	
1 Enter the appropriate amount in ea	ach column for each year, see page 18 of	the instruction	ns hefore making any ent		
(a)			is ocioic making any cit	nes	<u> </u>
Base period years Calendar year (or tax year beginning ii	(b) Adjusted qualifying distributions		(c)	. Di	(d) stribution ratio
Calendar year (or tax year beginning ii	Administration annotation at a table to the	s Ne	(c)	. Di	
	Administration annotation at a table to the		(c)	. Di	stribution ratio
Calendar year (or tax year beginning ii 2008	Administration annotation at a table to the	Ne 295	(c)	. Di	stribution ratio
Calendar year (or tax year beginning ii 2008 2007	Administration annotation at a table to the	295 923	(c)	. Di	stribution ratio
2008 2007 2006	Administration annotation at a table to the	295 923 892	(c)	. Di	stribution ratio
2008 2007 2006 2005 2004	Administration annotation at a table to the	295 923 892	(c)	assets (col (b)	stribution ratio
2008 2007 2006 2005 2004 Total of line 1, column (d)	n) Adjusted qualifying distributions	295 923 892 500	(c) et value of noncharitable-use	. Di	stribution ratio
Calendar year (or tax year beginning ii 2008 2007 2006 2005 2004 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-	n) Adjusted qualifying distributions year base period—divide the total on line	295 923 892 500	(c) et value of noncharitable-use	assets (col (b)	stribution ratio
Calendar year (or tax year beginning ii 2008 2007 2006 2005 2004 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-	n) Adjusted qualifying distributions	295 923 892 500	(c) et value of noncharitable-use	assets (col (b)	stribution ratio
Calendar year (or tax year beginning ii 2008 2007 2006 2005 2004 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-number of years the foundation has	n) Adjusted qualifying distributions year base period—divide the total on line	295 923 892 500	(c) et value of noncharitable-use	assets (col (b)	stribution ratio
Calendar year (or tax year beginning ii 2008 2007 2006 2005 2004 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-number of years the foundation has	year base period—divide the total on lines been in existence if less than 5 years	295 923 892 500	(c) et value of noncharitable-use	assets (col (b)	stribution ratio I divided by col (c))
2008 2007 2006 2005 2004 Total of line 1, column (d) 3 Average distribution ratio for the 5-number of years the foundation has	year base period—divide the total on lines been in existence if less than 5 years e-use assets for 2009 from Part X, line 5	295 923 892 500	(c) et value of noncharitable-use	assets (col (b)	stribution ratio I divided by col (c))
2008 2007 2006 2005 2004 Total of line 1, column (d) Average distribution ratio for the 5-number of years the foundation has Enter the net value of nonchantable Multiply line 4 by line 3 Enter 1% of net investment income	year base period—divide the total on lines been in existence if less than 5 years e-use assets for 2009 from Part X, line 5	295 923 892 500	(c) et value of noncharitable-use	assets (col (b)	othbutton ratio divided by col (c))
2008 2007 2006 2005 2004 Total of line 1, column (d) 3 Average distribution ratio for the 5-number of years the foundation has 4 Enter the net value of nonchantable 5 Multiply line 4 by line 3	year base period—divide the total on lines been in existence if less than 5 years e-use assets for 2009 from Part X, line 5 e (1% of Part I, line 27b)	295 923 892 500	(c) et value of noncharitable-use	assets (col (b)	stribution ratio divided by col (c))

For	m 990-PF (2009) MCPHEARSON FOUNDATION 58-2168184			F	Page 4
_F	Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			3
	here ► X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	İ			
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	_		0
3	Add lines 1 and 2	3			3
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			3
6	Credits/Payments				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a	1			
b	Exempt foreign organizations—tax withheld at source 6b				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d	7			_
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			3
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ Refunded ▶ 1	11			
P	art VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				
	of the instructions for definition)?		1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities		į		l
C	Did the foundation file Form 1120-POL for this year?		_1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				l
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		1		
	on foundation managers > \$				[
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	i			ļ
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.	1			
	By language in the governing instrument, or				İ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				ļ
	conflict with the state law remain in the governing instrument?		6	Χ	i
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	Χ	
3a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				
	instructions) ► NONE				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	ļ			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	Х	
•	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page				
	27)? If "Yes," complete Part XIV	İ	9	_X	
)	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	ļ			
	names and addresses		10		_X

		FOUNDATION		2168184	nuod)		Page (
	rt VII-B Statements Rega	rding Activities for Which Fo	rm 4/20 May Be R	equirea (conti	nuea)	П	
Ja	• •	e attempt to influence legislation (section	on 4945(e))?	П	Yes X No		
		crfic public election (see section 4955),		لبا			ŀ
	directly or indirectly, any voter reg	· · ·	· · · · · · · · · · · · · · · · · ·	\Box	Yes X No	1	
	•	r travel, study, or other similar purposes	57	}~-I	Yes X No	Ì	
		other than a charitable, etc., organizati		. ⊔			
	•	ection 4940(d)(2)? (see page 22 of the i		П	Yes X No	}	
		n religious, charitable, scientific, literary	•				
	purposes, or for the prevention of			\Box	Yes X No		
Ь	If any answer is "Yes" to 5a(1)-(5), did	any of the transactions fail to qualify up	nder the exceptions desc	cribed in	_		
	Regulations section 53 4945 or in a cu	irrent notice regarding disaster assistar	nce (see page 22 of the ii	nstructions)?	N/A	5b	
	Organizations relying on a current noti	ce regarding disaster assistance check	here		▶ 🗍		
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tax		_		
	because it maintained expenditure res	ponsibility for the grant?		N/A 🗌	res 🗌 No		
	If "Yes," attach the statement required	by Regulations section 53.4945-5(d)		—			
3a	Did the foundation, during the year, re-	ceive any funds, directly or indirectly, to	pay premiums		_		
	on a personal benefit contract?				res 🛚 No		
b	Did the foundation, during the year, pa	y premiums, directly or indirectly, on a	personal benefit contract	?		6b	X
	If "Yes" to 6b, file Form 8870			·	·		
a	At any time during the tax year, was th	e foundation a party to a prohibited tax	shelter transaction?		res X No		
b		roceeds or have any net income attribu			N/A	7b	
Pa	t VIII Information About	Officers, Directors, Trustees,	Foundation Mana	gers, Highly F	Paid Employe	es,	
	and Contractors						
Li	st all officers, directors, trustees, fo	undation managers and their compe	nsation (see page 22 o	f the instructions	i).		
	(a) Name a	nd address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		pense account, r allowances
VIR	GINIA MCPHEARSON	PITTSVIEW	PRESIDENT			1	
711	COTTONTON ROAD	AL 36871	1.00	0			. 0
J L	EE MCPHEARSON	BUTLER	SEC/TREASURE				
ΡO	BOX 685	AL 36904	1.00	0	0		0
GRA	CE M O'GRADY	MCLEAN	DIRECTOR				
183	1 MASSACHUSETTS AVE	VA 22101	1.00	0	0	<u></u>	0
<u> </u>	Compensation of five highest-paid a	mployees (other than those include	d on line 1—see page 2	2 of the instructi	ons)	L	
	f none, enter "NONE."	mployees (other than those moldue	u on mie 1—see page z	.5 Of the medicu	ons).		
	(a) Name and address of each em	ployee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		ense account, allowances
NON	3 .						
	. ,					-	
							
al n	umber of other employees paid over \$	50,000			- W		
					For	_ <u> </u>	-PF (2009)

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Part VIII	Information About Officers, Directors, Trustees, Fo and Contractors (continued)		loyees,
3 Five hig	hest-paid independent contractors for professional services (see pa	ge 23 of the instructions). If none, enter "NONE	. "
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE .			
			
			-
	·		
	· · · · · · · · · · · · · · · · · · ·		
			<u> </u>
Total number of	of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	tion's four largest direct chantable activities during the tax year. Include relevant stati and other beneficianes served, conferences convened, research papers produced, et		Expenses
1 CANN	INE COMPANIONS FOR INDEPENDENCE		
	DUTTON AVE		
SANT.	A ROSA, CA 95402		
2			
3			
J	•	•	
	· · · · · · · · · · · · · · · · · · ·		
4			
Part IX-B	Summary of Program-Related Investments (see page 2)	ago 24 of the instructions)	
	o largest program-related investments made by the foundation during the tax year or		Amount
1 N/A			
		<u>.</u>	
			<u> </u>
2			
All other program	n-related investments See page 24 of the instructions		
3			
• • • • • • • • • • • • • • • • • • • •		·	
	••	ì	

Total. Add lines 1 through 3

Form 990-PF (2009)

qualifies for the section 4940(e) reduction of tax in those years

· Form 990-PF (2009) MCPHEARSON FOUNDATION Undistributed Income (see page 26 of the instructions) (b) (c) (d) Corpus Years prior to 2008 2008 2009 Distributable amount for 2009 from Part XI, line 7 Undistributed income, if any, as of the end of 2009 a Enter amount for 2008 only b Total for prior years 20 Excess distributions carryover, if any, to 2009: a From 2004 **b** From 2005 c From 2006 d From 2007 From 2008 f Total of lines 3a through e Qualifying distributions for 2009 from Part XII, line 4. 🕨 \$ a Applied to 2008, but not more than line 2a b Applied to undistributed income of prior years (Election 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 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Pnor years' undistributed income Subtract line 4b from line 2b 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 amount-see page 27 of the instructions Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount-see page 27 of the instructions f Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a Analysis of line 9. 10 Excess from 2005 Excess from 2006 Excess from 2007 Excess from 2008 Excess from 2009

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

N/A

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year CHRISTOPHER REEVE PARALYS SPINAL CORD RESEARCH 500 MORRIS AVE 212 SPRINGFIELD NJ 07081 CANINE CAMPANIONS INDEPENDENCE THROUGH CANINE ASSISTAN P O BOX 446 300 SANTA ROSA CA 35402 ▶ 3a 512 Total b Approved for future payment N/A ▶ 3b Total

DAA

Part XVI		- I		T		
·	mounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See page 28 of
_	service revenue			- 		the instructions)
å					-	· · · · · · · · · · · · · · · · · · ·
		—		+		
						
				+		···
		·				
f				+		
•	and contracts from government agencies			+		
	nip dues and assessments					202
	n savings and temporary cash investments	ļ				292
	and interest from securities			+		
	income or (loss) from real estate:	ļ				
	financed property			+		
	ebt-financed property			+		-
	income or (loss) from personal property				-	
	estment income		<u> </u>	 		
	ess) from sales of assets other than inventory	-		+		
	e or (loss) from special events	—		+		
	fit or (loss) from sales of inventory			+		·
	enue a		-			
				+		
				+		
a				+		
θ	add columns (b) (d) and (c)				0	292
	Add columns (b), (d), and (e)		L	ــــــــــــــــــــــــــــــــــــــ		292
	line 12, columns (b), (d), and (e)	- \			13	
Part XVI-I	et in line 13 instructions on page 28 to verify calculations Relationship of Activities to the Activities		ent of Everent D	Urnosas	<u> </u>	
Line No. ▼	Explain below how each activity for which income is accomplishment of the foundation's exempt purpos	s reported in col	umn (e) of Part XVI-A	contribute	d importantly to the	
•	instructions)		y providing fundo for a	, аст. ратро	(000 page 10 0. a	
4	DIVIDENDS & INTEREST PRO	VIDED NO	OTHER PUR	POSE	THAN	
,- -	PROVING FUNDS FOR CONTRI					
		 		<u>- </u>		···
				-		
-						
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			· · · · · · · · ·			
·				-		·
· · · · · · ·				-		
						
					 	
		7.				

		N FOUNDATION	58-2168184		Pag	_{je} 13
Part XVII		arding Transfers To and Transaction	is and Relationships With Noncha	ritable		
1 Did the ord	Exempt Organiza	ectly engage in any of the following with any other	er organization described		Yes	No
-	·	than section 501(c)(3) organizations) or in section	•			
organizatio	* *		and only to be more			
_		tion to a noncharitable exempt organization of				
(1) Cash	, ,	, ,		1a(1)		Х
(2) Other	assets	•	•	1a(2)		X
b Other trans	sactions					
(1) Sales	of assets to a nonchantal	ble exempt organization		1ь(1)		<u>X</u>
(2) Purcha	ases of assets from a nor	ncharitable exempt organization		1b(2)		Χ
(3) Rental	of facilities, equipment, of	or other assets		1b(3)		X
(4) Reimb	ursement arrangements			1b(4)		Х
(5) Loans	or loan guarantees			1b(5)		X
(6) Perfor	mance of services or mer	mbership or fundraising solicitations		1b(6)		<u>X</u>
d If the answ	er to any of the above is	ling lists, other assets, or paid employees "Yes," complete the following schedule. Column	•	1c		X
d If the answ value of the value in an	er to any of the above is e goods, other assets, or	-	foundation received less than fair market		ments	<u>X</u>
d If the answ value of the	er to any of the above is e goods, other assets, or y transaction or sharing a	"Yes," complete the following schedule Column services given by the reporting foundation. If the arrangement, show in column (d) the value of the	foundation received less than fair market a goods, other assets, or services received		ments	<u>X</u>
d If the answ value of the value in an (a) Line no	er to any of the above is e goods, other assets, or y transaction or sharing a	"Yes," complete the following schedule Column services given by the reporting foundation. If the arrangement, show in column (d) the value of the	foundation received less than fair market a goods, other assets, or services received		ments	<u>X</u>
d If the answ value of the value in an (a) Line no	er to any of the above is e goods, other assets, or y transaction or sharing a	"Yes," complete the following schedule Column services given by the reporting foundation. If the arrangement, show in column (d) the value of the	foundation received less than fair market a goods, other assets, or services received		ments	<u>X</u>
d If the answ value of the value in an (a) Line no	er to any of the above is e goods, other assets, or y transaction or sharing a	"Yes," complete the following schedule Column services given by the reporting foundation. If the arrangement, show in column (d) the value of the	foundation received less than fair market a goods, other assets, or services received		ments	
d If the answ value of the value in an (a) Line no	er to any of the above is e goods, other assets, or y transaction or sharing a	"Yes," complete the following schedule Column services given by the reporting foundation. If the arrangement, show in column (d) the value of the	foundation received less than fair market a goods, other assets, or services received		ments	X
d If the answ value of the value in an (a) Line no	er to any of the above is e goods, other assets, or y transaction or sharing a	"Yes," complete the following schedule Column services given by the reporting foundation. If the arrangement, show in column (d) the value of the	foundation received less than fair market a goods, other assets, or services received		ments	<u>X</u>
d If the answ value of the value in an (a) Line no	er to any of the above is e goods, other assets, or y transaction or sharing a	"Yes," complete the following schedule Column services given by the reporting foundation. If the arrangement, show in column (d) the value of the	foundation received less than fair market a goods, other assets, or services received		ments	X
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d If the answ value of the value in an (a) Line no	er to any of the above is e goods, other assets, or y transaction or sharing a	"Yes," complete the following schedule Column services given by the reporting foundation. If the arrangement, show in column (d) the value of the	foundation received less than fair market a goods, other assets, or services received		ments	X
d If the answ value of the value in an (a) Line no	er to any of the above is e goods, other assets, or y transaction or sharing a	"Yes," complete the following schedule Column services given by the reporting foundation. If the arrangement, show in column (d) the value of the	foundation received less than fair market a goods, other assets, or services received		ments	<u>X</u>
d If the answ value of the value in an (a) Line no	er to any of the above is e goods, other assets, or y transaction or sharing a	"Yes," complete the following schedule Column services given by the reporting foundation. If the arrangement, show in column (d) the value of the	foundation received less than fair market a goods, other assets, or services received		ments	<u>X</u>
d If the answ value of the value in an (a) Line no	er to any of the above is e goods, other assets, or y transaction or sharing a	"Yes," complete the following schedule Column services given by the reporting foundation. If the arrangement, show in column (d) the value of the	foundation received less than fair market a goods, other assets, or services received		ments	<u>X</u>
d If the answ value of the value in an (a) Line no	er to any of the above is e goods, other assets, or y transaction or sharing a	"Yes," complete the following schedule Column services given by the reporting foundation. If the arrangement, show in column (d) the value of the	foundation received less than fair market a goods, other assets, or services received		ments	<u>X</u>
d If the answ value of the value in an (a) Line no	er to any of the above is e goods, other assets, or y transaction or sharing a	"Yes," complete the following schedule Column services given by the reporting foundation. If the arrangement, show in column (d) the value of the	foundation received less than fair market a goods, other assets, or services received		ments	<u>X</u>

(a) Name of organization	(b) Type of organization	(c) Description of relationship
· · · · · · · · · · · · · · · · · · ·		

Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Deplaration of preparer (other than taxpayer or fiducially) is based on all information of which preparer has any knowledge Signature of officer or trustee Title Preparer's identifying number (see Signature on page 30 of the instructions) Date Check if Preparer's

35401

Sign Here Paid Preparer's Use Only

and ZIP code

signature DONNIE SMITH & ASSOC., Firm's name (or yours if self-employed), address, 408 HARGROVE RD E # A

TUSCALOOSA,

04/28/10

self-employed ▶

P00592172

EIN ► 55-0890456 Phone no 205-758-1122

Form 990-PF (2009)

MCPHFOUNDA MCPHEARSON FOUNDATION 58-2168184 FYE: 12/31/2009

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees

Charitable Purpose
Adjusted Net
Investment
\$ 280
ACCOUNTING FEES TOTAL

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Total	8 80
Description	EXPENSES INVESTMENT FEES TOTAL

MCPHFOUNDA MCPHEARSON FOUNDATION

58-2168184

Federal Statements

4/28/2010 11:09 AM

FYE: 12/31/2009

Statement 3 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description							
		Beginning of Year	_	End of Year	Basis of Valuation		Fair Market Value
VARIOUS MUTUAL FUNDS				<u>-</u>			
	\$_	16,219	\$_	16,219	COST	\$_	14,521
TOTAL	\$_	16,219	\$_	16,219		\$_	14,521