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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

20	09
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OMB No 1545-0052

For calendar year 2009, or tax year beginning 05/01 , 2009, and ending 04/30 2010 G Check all that apply Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation A Employer identification number JOSEPH & ELSIE MCBRIDE CHARITABLE Use the IRS FOUNDATION, INC. 43-1353387 label. Otherwise, Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see page 10 of the instructions) print or type. #11 MCBRIDE & SON CORPORATE CENTER (636) 537-2000 See Specific If exemption application is pending, check here City or town, state, and ZIP code Instructions. 1 Foreign organizations, check here CHESTERFIELD, MO 63005 2 Foreign organizations meeting the 85% test, check here and attach H Check type of organization: | X | Section 501(c)(3) exempt private foundation computation - Section 4947(a)(1) nonexempt chantable trust Other taxable private foundation If private foundation status was terminated J Accounting method: X Cash I Fair market value of all assets at end Accrual under section 507(b)(1)(A), check here . of year (from Part II, col. (c), line Other (specify) If the foundation is in a 60-month termination 16) ▶ \$ 47,068. (Part I, column (d) must be on cash basis.) under section 507(b)(1)(B), check here . Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and total of amounts in columns (b), (c), and (d) (b) Net investment (c) Adjusted net for charitable expenses per may not necessarily equal the amounts in income income purposes books column (a) (see page 11 of the instructions) (cash basis only) 18,371 Contributions, gifts, grants, etc., received (attach schedule) . if the foundation is not required to 2 attach Sch B. 344 344 ATCH 3 Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 4 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances . **b** Less Cost of goods sold c Gross profit or (loss) (attach schedule) 5,351 3,832. ATCH 2 Other income (attach schedule) 11 24,070. 3,832 348. Total. Add lines 1 through 11 . . 13 Compensation of officers, directors, trustees, etc 14 Other employee salanes and wages Expenses 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach schedule) c Other professional fees (attach schedule) . . . 17 7,405 _Taxes (attach_schedule)_(see page 14 of the instructions) RECEIVED 19 Depreciation (attach schedule) and depletion. 20 9 288 21 Travel, conferences, and meetings and SEP 2 2 Printing and publications က် 22 7,937. 875 Other expenses (attach schedule) ATCH 4 α 7,062. 23 OGDEN 24 Total operating and administrative expenses. 875 15,342 7,062. Add lines 13 through 23 49,997. 49,997 25 Contributions, gifts, grants paid 65,339 875 57,059 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: -41,269a Excess of revenue over expenses and disbursements 348. b Net investment income (if negative, enter -0-) 2,957. c Adjusted net income (if negative, enter -0-). .

JSA

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Р	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	year
			amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	ຸ 1	Cash - non-interest-bear	ing	21,642.	9,470.	9,470.
	2	Savings and temporary	cash investments			·
	3	Accounts receivable				
		Less: allowance for dou	btful accounts			
Ì	4	Pledges receivable ▶_				
		Less allowance for dou	btful accounts ▶			
	5					
	6		officers, directors, trustees, and other	·		
		disqualified persons (atta	ach schedule) (see page 16 of the instructions)			
	7		receivable (attach schedule)			
			btful accounts			
6	8		se			
Assets	9	Prepaid expenses and d	leferred charges			· · · · · · · · · · · · · · · · · · ·
Ass			te government obligations (attach schedule)			
_			e stock (attach schedule) ATCH 5	57,974.	28,338.	37,598.
			e bonds (attach schedule)			<u></u>
	11	Investments - land, building	S, •			·····
		(attach schedule)	ation			
	12	Investments - mortgage	loans			
	13 14	Investments - other (atta Land, buildings, and	ach schedule)			
	14		. •			
		(attach schedule)	ation			
	15	Other assets (describe	P)			
	16		pleted by all filers - see the			
_			page 1, item I)	79,616.		47,068.
	17	Accounts payable and a	accrued expenses	-452.	-657.	
	18	Grants payable				
es	19					
≣	20		ors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other no	otes payable (attach schedule)			
_	22	Other liabilities (describ	e ▶) L			
_	23	Total liabilities (add line	es 17 through 22)	-452.	-657.	
			llow SFAS 117, check here ▶			
		and complete lines	24 through 26 and lines 30 and 31.			
ces	24	Unrestricted				
ᆵ	25	Temporarily restricted				
Ba	26	Permanently restricted				
힏	24 25 26 27 28 29 30		not follow SFAS 117,			
Z		check here and com	plete lines 27 through 31. $\blacktriangleright X$			
ō	27	Capital stock, trust prin	cipal, or current funds			
ets	28		r land, bldg , and equipment fund			
SS	29	Retained earnings, accum	ulated income, endowment, or other funds	80,068.	38,465.	
it A	30	Total net assets or fun	d balances (see page 17 of the			
ž		. instructions)		80,068.	38,465.	
	31		t assets/fund balances (see page 17			
_		of the instructions)		79,616.	37,808.	
			anges in Net Assets or Fund E			
1			alances at beginning of year - Part II,	column (a), line 30 (must	agree with	
					<u>1</u>	80,068.
2	Ente	r amount from Part I,				-41,269.
3	Othe	er increases not includ	line 27a led in line 2 (itemize) ▶ATTACH	MENT 6	3	31.
4	Add	lines 1, 2, and 3				38,830.
5	Dec	reases not included in	line () (itemize) s		ا ء ا	
6	Tota	I net assets or fund b	alances at end of year (line 4 minus li	ne 5) - Part II, column (b),	line 30 6	38,830.

(a) List and 2-story br	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr)		
1a SEE PART IV SCHE		·			
b					
С					
d					
e		_			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (k (e) plus (f) min	
a			<u> </u>		
b					
С			ļ <u>.</u>		
<u>d</u>					
e		10/04/00			
Complete only for assets sr		ned by the foundation on 12/31/69	-	Gains (Col (h) g	
(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col. (j), ıf any	COI	(k), but not less Losses (from co	
а			<u> </u>		
b			1	<u>.</u>	
С					
d			ļ <u></u>		
е			ļ		
2 Capital gain net income or	(net canital inset	f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	2		4.
- · · · · · · · · · · · · · · · · · · ·	or (loss) as defined in sections 1				
	line 8, column (c) (see pages 13				
If (loss), enter -0- in Part I, I	line 8	ر	3	<u>. </u>	
	·	butable amount of any year in the b	ase perio	d? □	Yes X N
		r; see page 18 of the instructions b	oforo mal	una any ontrios	
(a)			l lore mar	(d)	•
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution i	
2008	84,408.	102,934.		(cor (b) divided b	0.820021
2007	131,111.	144,080.			0.909988
2006	129,918.	151,502.	 		0.857533
2005	126,278.	152,870.		 -	0.826048
2004	105,056.	170,231.			0.617138
2 Total of line 1, column (d)			2		4.030728
		le the total on line 2 by 5, or by the			
number of years the found	dation has been in existence if les	ss than 5 years	3		0.806146
4 Enter the net value of non	ncharitable-use assets for 2009 fro	om Part X, line 5	4	<u> </u>	62,424.
5 Multiply line 4 by line 3			5		50,323.
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		3.
7 Add lines 5 and 6			7		50,326.
8 Enter qualifying distributio					

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	e ins	tructio	ns)
1 a	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 ruling letter if necessary - see instructions)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			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 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			
3	Add lines 1 and 2			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-			3.
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 12.			
	Exempt foreign organizations-tax withheld at source 6b 0.			
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
ď	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			12.
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			9.
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ 9 • Refunded ▶ 11			
Pai	t VII-A Statements Regarding Activities			
1 a	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?	1 a		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)?	1ь		X
	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.			
С	Did the foundation file Form 1120-POL for this year?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation \$ (2) On foundation managers \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	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			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
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?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u>
	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:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		.,	
	conflict with the state law remain in the governing instrument?	6	X	
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	Λ.	
.8a	-Enter_the_states_to_which_the_foundation_reports or with which it is_registered (see page 19 of the			-~
	instructions) ► MO,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		v	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
9	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			v
	27)? If "Yes," complete Part XIV	9	-	<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			Х
	names and addresses	10		^

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Form 990-PF (2009)

3 b

4a

3a Did the foundation hold more than a 2% direct or indirect interest in any business

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

X

X

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Pai	rt VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continu	ıed)		
5 a	During the year did the foundation pay or incur any amou	nt to					
	(1) Carry on propaganda, or otherwise attempt to influer		4945(e))?	Yes	X No		
·	(2) Influence the outcome of any specific public election	(see section 4955); o	r to carry on,				
	directly or indirectly, any voter registration drive?			Yes	X No		
	(3) Provide a grant to an individual for travel, study, or oth				X No		
	(4) Provide a grant to an organization other than a chari				_		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?	see page 22 of the ins	structions)	Yes	X No		
	(5) Provide for any purpose other than religious, chantal		,	. —			
	purposes, or for the prevention of cruelty to children of	•		Yes	X No		
ь	If any answer is "Yes" to 5a(1)-(5), did any of the trans						
_	Regulations section 53 4945 or in a current notice regard	• •	•			5ь	
	Organizations relying on a current notice regarding disast			-	: П	• • •	
c	If the answer is "Yes" to question 5a(4), does the foundary						
Ŭ	because it maintained expenditure responsibility for the gi	•		Yes	No		
	If "Yes," attach the statement required by Regulations sec.						
6.						l i	
va	Did the foundation, during the year, receive any funds, on a personal benefit contract?			Yes	XNo		
ь						6ь	l x
-	If "Yes" to 6b, file Form 8870.	any or indirectly, on a	personal benefit contrat	л'		· · 00	
7 a	At any time during the tax year, was the foundation a pa	rty to a prohibited tay	shalter transaction?	Yes	X No		
	If yes, did the foundation receive any proceeds or have a	•	•			7b	
	rt VIII Information About Officers, Directors						
	and Contractors		_				
<u>'</u>	List all officers, directors, trustees, foundation m	(b) Title, and average		(d) Contribution		tions). (e) Expens	o account
	(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter	employee benef			
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · ·			other all	owances
ייי ע		asvoiga to position	-0-)	and deferred com		otner all	
<u> 17</u> 1	TACHMENT 7	develop to postacin	- 0-)			otner all	_
<u>u</u> i			-0-)		pensation	other all	_
<u></u>	TACHMENT 7	STORE TO DESIGN	-0-)		pensation	other all	_
<u></u>			-0-)		pensation	other all	_
			-0-)		pensation	otner all	C
			-0-)		pensation	otner all	_
			-0-)		pensation	other all	_
2	Compensation of five highest-paid employees (ot		0.	and deferred com	O.		_
2			0.	and deferred com	0.		_
2	Compensation of five highest-paid employees (ot If none, enter "NONE."	her than those inc	0 .	e page 23 of (d) Contribut employee b	the instru	uctions).	e account,
2	Compensation of five highest-paid employees (ot	her than those inc	0.	e page 23 of	the instru	uctions).	e account,
2 (ε	Compensation of five highest-paid employees (ot If none, enter "NONE." a) Name and address of each employee paid more than \$50,000	her than those inc	0 .	ee page 23 of (d) Contribut employee b plans and de	the instru	uctions).	e account,
2 (ε	Compensation of five highest-paid employees (ot If none, enter "NONE." a) Name and address of each employee paid more than \$50,000	her than those inc	0 .	ee page 23 of (d) Contribut employee b plans and de	the instru	uctions).	e account, owances
2	Compensation of five highest-paid employees (ot If none, enter "NONE." a) Name and address of each employee paid more than \$50,000	her than those inc	luded on line 1 - se	ee page 23 of (d) Contribut employee b plans and de	the instru	uctions).	e account, owances
2	Compensation of five highest-paid employees (ot If none, enter "NONE." a) Name and address of each employee paid more than \$50,000	her than those inc	luded on line 1 - se	ee page 23 of (d) Contribut employee b plans and de	the instru	uctions).	e account, owances
2	Compensation of five highest-paid employees (ot If none, enter "NONE." a) Name and address of each employee paid more than \$50,000	her than those inc	luded on line 1 - se	ee page 23 of (d) Contribut employee b plans and de	the instru	uctions).	e account, owances
2	Compensation of five highest-paid employees (ot If none, enter "NONE." a) Name and address of each employee paid more than \$50,000	her than those inc	luded on line 1 - se	ee page 23 of (d) Contribut employee b plans and de	the instru	uctions).	e account, owances
2	Compensation of five highest-paid employees (ot If none, enter "NONE." a) Name and address of each employee paid more than \$50,000	her than those inc	luded on line 1 - se	ee page 23 of (d) Contribut employee b plans and de	the instru	uctions).	e account, owances
2	Compensation of five highest-paid employees (ot If none, enter "NONE." a) Name and address of each employee paid more than \$50,000	her than those inc	luded on line 1 - se	ee page 23 of (d) Contribut employee b plans and de	the instru	uctions).	e account, owances
2 (ε	Compensation of five highest-paid employees (ot If none, enter "NONE." a) Name and address of each employee paid more than \$50,000	her than those inc	luded on line 1 - se	ee page 23 of (d) Contribut employee b plans and de	the instru	uctions).	e account, owances
2 (ε	Compensation of five highest-paid employees (ot If none, enter "NONE." a) Name and address of each employee paid more than \$50,000	her than those inc	luded on line 1 - se	ee page 23 of (d) Contribut employee b plans and de	the instru	uctions).	e account,

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Part VIII	Information About Officers, Directors, Trustees, Foundation and Contractors (continued)		Page 7
3 Five high	est-paid independent contractors for professional services (see p	age 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			
			
			
			
Total numb	er of others receiving over \$50,000 for professional services		▶ NONE
Part IX-A	Summary of Direct Charitable Activities		
	dation's four largest direct charitable activities during the tax year. Include relevant stations and other beneficianes served, conferences convened, research papers produced, et		Expenses
1 N/A	ons and other beneficialies served, conferences convened, research papers produced, et	· · · · · · · · · · · · · · · · · · ·	· ·
1 N/A			
2			
	·		
3			
4			
			
Part IX-B	Summary of Program-Related Investments (see page 23 of	the instructions)	<u> </u>
	two largest program-related investments made by the foundation during the tax year on		Amount
1 NONE			
2			
All other pro	gram-related investments See page 24 of the instructions	-	
3 NONE			
Total. Add	lines 1 through 3	<u></u> .	·
	·		Form 990-PF (2009)

Ра	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	47,819.
b	Average of monthly cash balances Fair market value of all other assets (see page 24 of the instructions)	1b	15,556.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	63,375.
е	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and		_
	1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	63,375.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	951.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	62,424.
6	Minimum investment return. Enter 5% of line 5	6	3,121.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	3,121.
2a	l 1		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	3.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,118.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	3,118.
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	3,118.
Da		<u> </u>	
Ρć	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	57,059.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the:		
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	57,059.
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	3.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	57,056.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w qualifies for the section 4940(e) reduction of tax in those years.	hether the foundation	1

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Pa	rt XIII Undistributed Income (see page	26 of the instructions)						
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009			
	line 7				3,118.			
2	Undistributed income, if any, as of the end of 2009							
а	Enter amount for 2008 only							
	Total for prior years 20 07 ,20 06 ,20 05		0.					
3	Excess distributions carryover, if any, to 2009 From 2004 96,888.							
b								
ت ام	100.0							
	From 2007							
	Total of lines 3a through e	541,149.						
4	Qualifying distributions for 2009 from Part XII,							
-	line 4: ▶ \$ 57,059.							
а	Applied to 2008, but not more than line 2a							
	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)							
c	Treated as distributions out of corpus (Election							
Ū	required - see page 26 of the instructions)							
d	Applied to 2009 distributable amount				3,118.			
е	Remaining amount distributed out of corpus	53,941.						
5	Excess distributions carryover applied to 2009			· · · · · · · · · · · · · · · · · · ·				
	(If an amount appears in column (d), the same amount must be shown in column (a))							
6	Enter the net total of each column as indicated below:							
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	595,090.						
b	Pnor years' undistributed income. Subtract							
С	line 4b from line 2b Enter the amount of prior years' undistributed		0.	· <u> </u>				
	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.					
е	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.							
7	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							
8	instructions)	96,888.						
	instructions)							
9	Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	498,202.						
10	Analysis of line 9:							
а	Excess from 2005 118, 652.							
b	Excess from 2006 122, 379.							
C	Excess from 2007 123, 947.							
d	Excess from 2008							
<u>e</u>	Excess from 2009 53, 941.							

Form **990-PF** (2009)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment								
3 Grants and Contributions Paid Durin	ng the Year or Appr		Future Payment					
Recipient (harrown)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business) a Paid during the year	or substantial contributor	recipient						
a Paid during the year								
ATTACHMENT 8								
]				
				10.005				
Total	· · · · · · · · · · · · · · · · · · ·	<u></u>	▶ 3a	49,997.				
b Approved for future payment								
		 						
Total	<u> </u>	I	▶ 3b					
	<u></u>			l .				

ter gross a	amounts unless otherwise indicated.	Unrelate	ed business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
						
			=-			
-					-	
e						
f						
g Fees	and contracts from government agencies					
_	ship dues and assessments				·	
	n savings and temporary cash investments			14	344.	
Dividends	s and interest from securities					
Net renta	al income or (loss) from real estate:					
a Debt-	-financed property		<u> </u>			
	debt-financed property					
	income or (loss) from personal property .		<u></u>			
Other inv	vestment income					
Gain or (lo	oss) from sales of assets other than inventory		a	18	4.	
Net incor	me or (loss) from special events					
Gross pr	ofit or (loss) from sales of inventory				· · · · · · · · · · · · · · · · · · ·	
Other rev	venue: a					
b MIS	C. INCOME			01	5,351.	<u> </u>
c						
d e	Add columns (b), (d), and (e)				5,699.	
d e ! Subtotal.	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)				-	
d e Subtotal. Total. Ad ee worksh	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	to verify calcula	ations.) omplishment of I	Exempt Purp	oses	5,699
e Subtotal. Total. Adee worksh	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,699
e Subtotal. Total. Adee worksh art XVI-	Add columns (b), (d), and (e)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh art XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh art XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh art XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh art XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh art XVI- ine No.	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh art XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh art XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh art XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh art XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh art XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh art XVI- ine No.	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh art XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh art XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh art XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions.)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions.)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions.)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,69
e Subtotal. Total. Adee worksh art XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activithe accomplishment of the for page 29 of the instructions.)	to verify calcula to the Acc	ations.) omplishment of I	Exempt Purp	oses (e) of Part XVI-A cor	5,699

	,				1
Part XVII	Information Regarding	Transfers To	and Transaction	ons and Relationship	s With Noncharitable
	Exempt Organizations				

С	in secondaria Transf (1) Ca (2) Other (1) Sa (2) Pt (3) Re (5) Lo (6) Pe Sharin if the value	ne organization directly cition 501(c) of the Cozations? ers from the reporting foash	ode (other than bundation to a not arritable exempt of a nonchantable eent, or other assents	rganization xempt organization turn tis fundraising solid her assets, or porger, complete ices given by	mpt organizempt or	ration of cation	or in se	ection 527,	relating to	political	1b(5) 1b(6) 1c the than	fair n	narket
,						. 1							
(a) L	ine no	(b) Amount involved	(c) Name of r	oncharitable exe	mpt organiza	tion		ription of transf	ers, transactio	ons, and sha	ng arra	ngemer	nts
		N/A					N/A						
						+							
			-									·	
								•••				•	
					-							-	
									· -				
		<u> </u>		 		1					_		
2a		foundation directly or	•	· ·	=			. •			٦.,		7
L		n 501(c) of the Code (oth		ou1(c)(3)) or in	section 527	····					Ye	s <u></u>	∐ No
D	IT TYES	s," complete the following (a) Name of organization		(b) T	ype of organ	ızatıon			(c) Description	on of relation	ship		
		(a) Hamo or organization		(D) 1	,pc or organ	40011			(e) posciibile	or relation			
												-	
		penalties of perjury, I declar											
-	Deliei,	it is true, correct, and comp	Declaration (<u>-</u>	yer or nauc	~	l 			i iidS d	y Kno	wieuge
) –	Minise "	ttegan	S YES	SECURITY		4/14	10	<u>Ire</u>	aser	<u>res</u>	7	
a l	Sı	gnature of officer or trustee	00			,	Date	<u>'</u>	Title				
Sign Here	Paid Preparer's Use Only	Preparer's signature	Haw E	3		Date)-10	Check if self-employ	ed □	Preparer's number (S page 30 of	ee Signa	áture o	37
ری	Paid Preparer's Use Only	Firm's name (or yours if	- RUBIN	BROWN LLP		, , ,		_1	EIN ▶ 4	3-0765	316	- /	<u>. </u>
	ξž	self-employed), address,		ORTH BREN	TWOOD								
		and ZIP code			MO		631	105	Phone no.	314-2	90-3	300	
													(2009)

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization **Employer identification number** JOSEPH & ELSIE MCBRIDE CHARITABLE FOUNDATION, INC. 43-1353387 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (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 990-PF). For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

JSA

for Form 990, 990-EZ, or 990-PF.

age	of	of Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)				Page ofo	f Part
Name of organization JOSEPH & ELSIE MCBRIDE CHARITABLE FOUNDATION, INC.			E	Employer identification number 43-1353387	
Part I Contribut	tors (see instructions)				
(a)	(b)		(c)	(d)	

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MCBRIDE & SON EMPLOYEES #11 MCBRIDE & SON CORPORATE CENTER	\$8,150.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	VARIOUS OTHER CONTRIBUTORS < \$5,000	\$9,856.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) _No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

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

PART I - INTEREST ON TEMPORARY CASH INVESTMENTS FORM 990PF,

	NET	INVESTMENT	INCOME	
REVENUE	AND	EXPENSES	PER BOOKS	
			-	_

INTEREST INCOME

344.

344.

344.

DESCRIPTION

TOTAL

344.

PAGE 17

ATTACHMENT

 -	_	

OTHER INCOME		
OTHER	FUNDRAISING	
PART I -	IDRA]	
ART	FUN	
FORM 990PF, P	DESCRIPTION MISCELLANEOUS	INCOME
FORM	DESCR	MISC.

ADJUSTED NET INCOME 3,832.

3,832.

5,351.

TOTALS

ATTACHMENT 2

2:02:38 PM V 09-7.3

9/8/2010 A71288 1315

FORM 990PF, PART I - TAXES

INTERNAL REVENUE SERVICE

REVENUE AND

EXPENSES PER BOOKS

DESCRIPTION

7,405.

7,405. TOTALS

1,430. 897.

875.

CHARITABLE PURPOSES

ADJUSTED NET

REVENUE

OTHER EXPENSES

ı

PART

FORM 990PF,

AND

PER BOOKS EXPENSES

CALENDAR EXPENSES

DESCRIPTION

OFFICE EXPENSES EVENT EXPENSES

RENT-STORAGE

BANK CHARGES VEHICLE EXPENSES

INCOME

128.

128. 2,272. 897. 1,430.

7,937.

TOTALS

7,062.

875.

ATTACHMENT

9/8/2010 A71288 1315

	⊢
_	CORPORATE
	ı
	דאעם
	990PF

ATTACHMENT 5	ENDING ENDING BOOK VALUE FMV	14,887. 23,904. 1,485. 1,728. 11,966. 11,966.	28,338.
FORM 990PF, PART II - CORPORATE STOCK	DESCRIPTION	E.I. DUPONT - 600 SHARES CENTEX CORP - 132 SHARES UBS CASH FUND, INC.	TOTALS

A71288 1315 9/8/2010

AMOUNT

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

BASIS ADJUSTMENT 31.

> TOTAL ____31.

ATTACHMENT 7	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	.0	.0	0.
	COMPENSATION	.0	Ö	0.
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CHAIRMAN 1.00	DIRECTOR 1.00	GRAND TOTALS
OF OFFI			CENTER	
FORM 990PF, PART VIII - LIST	NAME AND ADDRESS	RICHARD C. MCBRIDE, SR. #11 MCBRIDE & SON CORPORATE CHESTERFIELD, MO 63005	RICHARD T. SULLIVAN, JR. #11 MCBRIDE & SON CORPORATE CHESTERFIELD, MO 63005	

43-1353387

CHARITABLE
MCBRIDE
ELSIE
æ
JOSEPH

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	ID DURING THE YEAR	ATTACHKENT	
_			
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
UTILITY COMPANIES (AMEREN, LACLEDE GAS, ETC) ST LOUIS, MO	NONE N/A	FOUNDATION PAYS MONTHLY UTILITY BILLS ON BEHALE OF INDIGENT FAMILIES IN THE ST LOUIS AREA	12,158.
	NONE N/A	FOUNDATION PAYS MONTHLY HOUSING RENTAL FOR VARIOUS INDIGENT FAMILIES IN THE ST LOUIS AREA	8,494
PEOPLES COMMUNITY CHURCH 9501 WEYBURN DRIVE ST LOUIS, MO 63136	NONE EXEMPT	GENERAL FUNDING	8,100.
OPERATION TIFF FOOD BASKET PO BOX 32 TIFF, MO 63674	NONE EXEMPT	GENERAL FUNDING	1,700
ORGANIZATIONS TO HELP THE POOR AND INDIGENT ST LOUIS, MO	NONE EXEMPT	FOUNDATION SUPPORTS VARIOUS ORGANIZATIONS THAT HELP THE POOR & INDIGENT WITH EVERYDAY LIVING EXPENSES. THEY ALSO PAY BILLS AND LIVING EXPENSES DIRECTLY FOR FAMILIES IN NEED	19,545.

8,494.

8,100.

12,158.

TOTAL CONTRIBUTIONS PAID

49,997

19,545.

ATTACHMENT 8 PAGE 24

3055-60

2 02:38 PM

A71288 1315 9/8/2010

V 09-7.3

FEDERAL FOOTNOTES

PART VII-B, LINE 1(A)(3)

THE ORGANIZATION SHARES FACILITIES AND EMPLOYEES WITH MCBRIDE & SON ENTERPRISES. THE ORGANIZATION REIMBURSES MCBRIDE & SON FOR CERTAIN OCCUPANCY EXPENSES. THE VALUE OF THE BENEFITS RECEIVED IS APPROXIMATELY \$7000.

FORM 990-PF - PART IV

` Kind of Property		NS AND LOSSES FOR TAX ON INVEST			P or	Date acquired	Date sold	
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over		Gain or	1
expenses of sale	allowable	basis	12/31/69	12/31/69	adj basis	++	(loss)	
7.		PUBLICLY T	RADED SECURI	TIES			4.	
, -								
OTAL GAIN(I	Loss)						4.	
		•						
						Ш		
								·