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#### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements 7/1/2009 and ending For the 2009 calendar year, or tax year beginning 6/30/2010 Please D Employer identification number Check if applicable C Name of organization McCarthy Charity Golf Classic Corporation use IRS Address change Doing Business As 43-1712186 label or print or Name change Number and street (or P O box if mail is not delivered to street address) E Telephone number type Initial return See 1341 North Rock Hill Road (314) 968-3300 Specific Terminated City or town, state or country, and ZIP + 4 Instruc-G Gross receipts \$ Amended return St Louis MO 63124 228,333 tions Application pending Name and address of principal officer H(a) Is this a group return for affiliates? J Douglas Audiffred 1341 North Rock Hill Road, St Louis, MO 63124 H(b) Are all affiliates included? X 501(c) ( If "No," attach a list (see instructions) Tax-exempt status 3) ◀ (insert no) 4947(a)(1) or Website: ▶ H(c) Group exemption number ▶ K Form of organization X Corporation Trust Association Other > L Year of formation 1995 M State of legal domicile Summary Part 1 Briefly describe the organization's mission or most significant activities The corporation will raise funds, primarily through annual golf tournaments, from which the entire net proceeds will be donated to various unaffiliated organizations ) DEC 21 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of employees (Part V, line 2a) 5 Total number of volunteers (estimate if necessary). 6 25 Total gross unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34. **Current Year** Contributions and grants (Part VIII, line 1h) 137,125 140,410 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 13,969 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) (3,382)12 133,751 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 154,388 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 100.500 116,500 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e). Total fundraising expenses (Part IX, column (D), line 25) 28,986 17 Other expenses (Part IX, column (A), lines 11a-11d, 177=241) 28,389 30,492 Total expenses Add lines 13-17 (must equal Part IX, column A) Sine 25 ED 18 128,889 146.992 Revenue less expenses Subtract line 18 from line 12 19 4,862 7,396 Beginning of Current Year **End of Year** C 20 Total assets (Part X, line 16) 63,616 71,012 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 OGDFN 63,616 71,012 Signature Block Part II Under penalties of perjury, 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, confect parer (other than officer) is based on all information of which preparer has any knowledge 11/15/2010 Sign Date Here or print name and title Preparer's Date Check If Preparer's identifying number signature self-(see instructions) Paid employed Preparer's Firm's name (or yours EIN **Use Only** if self-employed), Phone no address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? (see instructions)

No

Yes

Г	Statement of Program Service Accom	npusnments		
1	Briefly describe the organization's mission			
•	· · · · · · · · · · · · · · · · · · ·			
	The corporation will raise funds primarily through annu	uai goir tournaments, ire	om which the entire het procee	as will be gonated to
	various unaffiliated organizations			
2	Did the organization undertake any significant program	n services during the ve	ear which were not listed on	
_				Yes X No
		• • •	• • • • •	Yes X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make signif	ficant changes in how it	conducts, any program	
	services?		, ,, ,	Yes X No
			• • • •	
	If "Yes," describe these changes on Schedule O			
4	Describe the exempt purpose achievements for each			
	Section 501(c)(3) and 501(c)(4) organizations and sec	ction 4947(a)(1) trusts a	ire required to report the amou	nt of grants and
	allocations to others, the total expenses, and revenue	, if any, for each progra	m service reported.	_
			·	
4a	(Code. ) (Expenses \$ 25,000	including grants of \$	) (Revenue \$	)
-				
	Donation to Habitat for Humanity			
	•••••			
	•••••			
	***************************************			
	••••			
4b	(Code. ) (Expenses \$ 17,500	including grants of \$	) (Revenue \$	·
	Denotion to Make A Wish Equadation	molading grants or $\psi_{\perp}$	) (Nevende ψ	/
	Donation to Make-A-Wish Foundation			
	•••••			
4c	(Code: ) (Expenses \$ 15,000	including grants of \$	) (Revenue \$	)
	Donation to Andrea's Closet	moraumy grames of \$	/ (Noronae 4	/
	Donation to Andrea's Closet			
	•••••			
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ 59,000 including grants of	f <b>\$</b>	(Revenue \$	)
40	Total program service expenses ▶	116,500	· · · · · · · · · · · · · · · · · · ·	
4e	I VIGI DI VII GIII SEI VICE EXDENSES			

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	,	Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	<u> </u>		
Ū	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b> </b>		<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u></u>
	Schedule D, Parts XI, XII, and XIII	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax  Yes No	-		
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> .	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	$\vdash$	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	$\vdash$	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20	If "Yes," complete Schedule G, Part III	20	$\vdash$	X
20	Did the diganization operate one of more hospitals in ites, complete scribbille in	1 20	1 1	_ ^

Гаі	Checkinst of Required Schedules (Continued)			
24	Did the appropriate second second the CE 000 of second and at her secions as the second secon		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			١
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		_X_
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b></b>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del> </del>
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	270		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
00	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		$\overline{x}$
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	204		<u> </u>
_	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		
32	Part I	31		X
02	If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			,,
37	organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	7,		<del>  ^-</del>
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
		<del></del>	لننا	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
4.	Estable number reported in Day 2 of Form 4000. Assure Comment and Transmitted of		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return  2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
¢	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Χ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7		
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Ľ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter	1	'	1
а	Gross income from members or shareholders			l
b	Gross income from other sources (Do not net amounts due or paid to other sources	7		1
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			

Part VI

McCarthy Charity Golf Classic Corporation 43-1712186

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

<u>Sect</u>	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	<u> </u>		<u>'</u>
b	Enter the number of voting members that are independent	ŀ		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		_	'
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?.	4	<u> </u>	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	1		
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			'
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		<u>X</u>
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done.	12c	L	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	ŀ		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			!
а	The organization's CEO, Executive Director, or top management official.	15a		
b	Other officers or key employees of the organization	15b	L	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			1
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	L
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► MO			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
	available for public inspection. Indicate how you make these available Check all that apply			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	he		
	organization <sup>.</sup> ► J Douglas Audiffred (314) 968-3	300		
	1341 North Rock Hill Road, St. Louis, MO 63124			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

X Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)				(0	<del>;</del> )		(D)	(E)	(F)
Name and Title	Average						that app	Reportable	Reportable	Estimated
	hours per week	or director	Individual trustee	Institutional trustee	Officer	Key employee employee Compensation from the organizations (W-2/1099-MISC)  Compensation from related organizations (W-2/1099-MISC)		amount of other compensation from the organization and related organizations		
J Douglas Audiffred President		1. >			х				1,810,056	
James A Staskiel Secretary		1 >			х				1,429,281	
James A Fletcher Treasurer		1			х				228,133	
Julie A Roberts Asst Treasurer		1			х				781,505	
							_			
							-			

43-1712186

Form 990 (2009)

	(A)	(B)				C)			(D)	(E)		(F)	)
	Name and title	Average hours per week	or director	institutional trustee	(chec Officer	Key employee	Highest compensated employee	•	Reportable compensation from the organization (W-2/1099-MISC)	Reportabl compensat from relate organizatio (W-2/1099-M	ion ed ns	Estima amour othe compens from to organiza and rel organiza	nt of er sation the ation lated
			<b></b>				<u> </u>					-	
	· · · · · · · · · · · · · · · · · · ·					_		_			-		
							<u> </u>			··· ··· ···			
										-			.,
													-
			<u> </u>										
1b	Total		<u> </u>					<b>•</b>		4,248	,975		
2	Total number of individuals (including but no reportable compensation from the organizal		se lis	ted a	bove	e) w	ho re	ceiv	ed more than \$1	00,000 in		-	
	reportable compensation from the organization	11011										Yes	No
3	Did the organization list any <b>former</b> officer, employee on line 1a? <i>If "Yes," complete Sci</i>					yee	, or h	ighe	st compensated		3		Х
4	For any individual listed on line 1a, is the su	ım of reportable	com	pens	satio								
	the organization and related organizations gindividual	greater than \$15	-			-	ompl		Schedule J for s	uch	4	X	-
5	Did any person listed on line 1a receive or a services rendered to the organization? If "You										5		X
Sec	tion B. Independent Contractors	<u> </u>								•			
1	Complete this table for your five highest cor compensation from the organization	npensated inde	pend	ent d	contr	acto	rs th	at re	ceived more tha	n \$100,000	of		
	(A) Name and business a	address							(B) Description of ser	vices	Com	(C) pensation	
		<del></del>						┼					
								$\Box$					
2	Total number of independent contractors (in more than \$100,000 in compensation from the state of			ed to	thos	se lis	sted a	abov	e) who received				

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1a	Federated campaigns					
Contributions, gifts, grants and other similar amounts	b	Membership dues					
و ق		Fundraising events					
fts ra	C						i
Contributions, gifts, and other similar an	d	<u> </u>					
Simis	е	Government grants (contributions) . 1e					į
er s	f	All other contributions, gifts, grants, and					ŀ
혈		similar amounts not included above . 1f	140,410				
d tr	g	Noncash contributions included in lines 1a-1f. \$					'
<u>ة ن</u>	h	Total. Add lines 1a-1f	. ▶	140,410			
e			Business Code				
en en	2a	***************************************					
ě	b						
9	c						
چ	d						
n S	e				-		
Jra		All other program service revenue					
Program Service Revenue	-	· •	<b>•</b>				
	g	Total. Add lines 2a–2f					<u></u> i
	3	Investment income (including dividends, interest, an					
		other similar amounts)		9			
	4	Income from investment of tax-exempt bond proceed	ds . ▶L				
	5	Royalties	▶				
		(ı) Real	(II) Personal				
	6a	Gross Rents					1
	b	Less. rental expenses .					Ì
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<b>•</b>	-			
	_	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory	(, 55				
	b	Less: cost or other basis					
	D						ļ
	_	and sales expenses .					r
		Gain or (loss) .					
	d	Net gain or (loss)	<b>•</b>				
ø	8a	Gross income from fundraising					
2		events (not including \$	ŀ				
ķ		of contributions reported on line 1c).					
æ		See Part IV, line 18	87,914				
ìer	b	Less direct expenses b	73,945				
Other Revenue	C	Net income or (loss) from fundraising events	, , , , , ▶	13,969			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
		Net income or (loss) from gaming activities	<b>•</b>	· · · · · · · · · · · · · · · · · · ·			
		Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b	<del>  </del>				
			<b>———</b>				
	С	Net income or (loss) from sales of inventory .  Miscellaneous Revenue	,				<del> </del>
	44 -	wiscenaneous Revenue	Business Code				نـــ ـ ــــنا
	11a						
	b		ļ				<del></del> -
	С						
į	d	All other revenue					
	е	Total. Add lines 11a–11d	▶				
	12	Total revenue. See instructions	▶ [	154,388			

solicitation

Pai	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(				
	All other organizations must complete column not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) but are not req (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to governments and	116 500	116 500		
2	organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in	116,500	116,500		
2	the U.S. See Part IV, line 22.				
3	Grants and other assistance to governments,		*		
J	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members		İ		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified		Ī		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).		j		
а	Management .				
b	Legal				
C	Accounting				
ď	Lobbying				
e	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees				
g 12	Advertising and promotion			· · · · · · · · · · · · · · · · · · ·	······································
13	Office expenses	178			178
14	Information technology	.,,		· · · · · · · · · · · · · · · · · · ·	
15	Royalties				
16	Occupancy				
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below ) Prizes and trophies	25,585			25,585
a b	Prizes and trophies Printing and Publications	903			903
C	Donk Chasses	1,506		1,506	903
d	Miscellaneous	2,320		1,500	2,320
e		2,020			2,320
f	All other expenses				<del></del>
25	Total functional expenses. Add lines 1 through 24f	146,992	116,500	1,506	28,986
<del></del> 26	Joint costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				

				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		63,616	1	71,012
	2	Savings and temporary cash investments	[		2	<u> </u>
	3	Pledges and grants receivable, net	[		3	· · · · · · · · · · · · · · · · · · ·
	4	Accounts receivable, net		*	4	
	5	Receivables from current and former officers, directors,	rustees, key			
		employees, and highest compensated employees Comp				
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined	under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(				
		Part II of Schedule L			6	
ţ	7	Notes and loans receivable, net	·-	7		
Assets	8	Inventories for sale or use			8	<del></del>
Ą	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or 10a				
		other basis Complete Part VI of Schedule D				
	Ь	Less: accumulated depreciation			10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11	ļ		12	
	13	Investments—program-related See Part IV, line 11.	r		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	, ·	63,616		71,012
	17	Accounts payable and accrued expenses	'	00,010	17	71,012
	18	Grants payable	ŀ		18	<del></del>
	19	Deferred revenue	ŀ		19	
	20	Tax-exempt bond liabilities		20	<del>7'-'</del>	
Ø	21	Escrow or custodial account liability Complete Part IV or		21		
Liabilities	22	Payables to current and former officers, directors, truster				
Ē		employees, highest compensated employees, and disqu	•			
Ë		persons Complete Part II of Schedule L	l'		22	
	23	Secured mortgages and notes payable to unrelated third			23	· ***
	24	Unsecured notes and loans payable to unrelated third pa			24	
	25	Other Irabilities. Complete Part X of Schedule D			25	<del></del>
	26	Total liabilities. Add lines 17 through 25.	· · · · ·		26	
			7 1			<del></del>
S		Organizations that follow SFAS 117, check here ►	and			
ဋ		complete lines 27 through 29, and lines 33 and 34.				
a	27	Unrestricted net assets .	•		27	
ä	28	Temporarily restricted net assets	-		28	<del> </del>
낕	29	Permanently restricted net assets	· ·	<del></del>	29	
or Fund Balances		Organizations that do not follow SFAS 117, check he and complete lines 30 through 34.	re▶∟_			
ţ	20					
Se	30	Capital stock or trust principal, or current funds	· · ·	63.646	30	74.040
Net Assets	31	Paid-in or capital surplus, or land, building, or equipmen	P.	63,616	-	71,012
let	32	Retained earnings, endowment, accumulated income, or	orner runas	00.040	32	74.040
_	33	Total net assets or fund balances	. }	63,616	-	71,012
	34	Total liabilities and net assets/fund balances	. 1	63,616	34	71,012

Part	XI Financial Statements and Reporting			
	• • • • • • • • • • • • • • • • • • •		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ĺ
	Schedule O		L !	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			ĺ
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		L
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			İ
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	İ		ĺ
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► See separate instructions.

	_		Classic Corpora						L		/12186		
Pai	_			narity Status (All org			•			nstructio	ns.		
_	orga		•	ation because it is: (Fo		•		•	•				
1	닏			rches, or association of			ed in sec	tion 170(	b)(1)(A)(i	1).			
2	닏			on 170(b)(1)(A)(ii). (At									
3	Щ	A hospital or	a cooperative h	nospital service organi	zation de	scribed in	section '	170(b)(1)	(A)(iii).				
4	Ш		search organiza me, city, and sta	ation operated in conju ate	inction wi	th a hospi	tal descri	bed in <b>se</b>	ction 170	)(b)(1)(A)	(iii). Ent	er the	
5		-		r the benefit of a collect (Complete Part II)	ge or univ	ersity owr	ned or ope	erated by	a govern	mental ui	nit descr	ibed	
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit d	escribed	ın <b>sectio</b> r	170(b)(	1)(A)(v).				
7		-		y receives a substanti (1)(A)(vi). (Complete l	-	its suppoi	t from a g	jovernme	ntal unit o	or from th	e genera	al publ	ic
8		A community	trust described	in section 170(b)(1)	( <b>A)(vi).</b> (C	omplete f	Part II)						
9	$\overline{\mathbf{x}}$	-		y receives (1) more th		•	-	om contri	butions, r	members	hip fees,	and g	ross
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10		An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety Se	ee sectio	n 509(a)(	4).			
11		An organizat	lion organized a	nd operated exclusive	ly for the	benefit of	, to perfor	m the fun	ctions of,	or to car	ry out th	е	
		purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h											
		a Type		Type II c		e III–Fund	•	•		_	ype III-		
е	Ш			y that the organization			-	-	-				
			er than foundations section 509(a)(2	on managers and othe	er than on	e or more	publicly s	supported	l organiza	itions des	cribed ii	n secti	on
_				-	a frana dha	IDC 4ha4	itin a Tru	a I Tuna	II on Tue	- III			
f		-	, check this box	a written determinatior	i iromi tne	iks mai	it is a Typ	е і, туре	ii, or Typ	e iii supp	orting		
g		-		the organization acce	pted any	aift or con	tribution f	rom anv	of the	•	•		
-		following per		J	,	<b>9</b>							
				or indirectly controls,				persons o	described	in (ıi)		Yes	No
				verning body of the su		rganızatio	in? .	•		•	11g(i)		
				person described in (i)		:/::\ abaa				•	11g(ii)		
h				y of a person describe ation about the suppor		• •				•	11g(iii)		
	M		(ii) EIN	(ili) Type of organization			(v) Did y	ou notify	(vi)	ls the	(vii)	Amount	of
(I)		e of supported janization	(II) EIN	(described on lines 1–9 above or IRC section			-	nization in		tion in col	'	support	
				(see instructions))	governing	document?	col (i) supp	or your oort?		zed in the S?			
			]		Yes	No	Yes	No	Yes	No	1		
						-		<del></del>			<u> </u>		
										<del> </del>			
											ļ		
Fota													

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . . . . . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4. . 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources . . . . . . . Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) . . . . . . 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . . Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 15 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how

the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

90 or 990-EZ) 2009 McCarthy Charity Golf Classic Corporation

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

Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and		•			- 1	
	membership fees received. (Do not include any "unusual grants.")	85,840	80,581	136,923	137,125	140,410	580,879
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose	61,410	54,180	93,720	92,904	87,914	390,128
3	Gross receipts from activities that are not an	5,,,,,	<u> </u>			57,57	000,120
	unrelated trade or business under section 513	1					
4	Tax revenues levied for the organization's				`		
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5.	147,250	134,761	230,643	230,029	228,324	971,007
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	50,700	47,800	42,900	41,400	40,550	223,350
h	Amounts included on lines 2 and 3 received						
_	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	16,250	11,983	5,000	10,000	10,000	53,233
С	Add lines 7a and 7b	66,950	59,783	47,900	51,400	50,550	276,583
8	Public support (Subtract line 7c from						<u>,                                      </u>
	line 6 )						694,424
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	147,250	134,761	230,643	230,029	228,324	971,007
-	Gross income from interest, dividends,	711,200	101,701	200,040	200,020	220,324	37 1,007
	payments received on securities loans,	l					
	rents, royalties and income from similar						
	sources	112	56	23	8	9	208
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	112	56	23	8	9	208
11	Net income from unrelated business						
	activities not included in line 10b,	1					
	whether or not the business is regularly	1					
40	carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV)	l					
13	Total support. (Add lines 9, 10c, 11,	<b></b>					
10	and 12.)	147,362	134,817	230,666	230,037	228,333	071 215
14	First five years. If the Form 990 is for the org						971,215
	organization, check this box and stop here .		t, 0000110, time	2, 100/11, 0/ 11/11	itax year as a	30011011 301(0)(	` <b>`</b>
Sec	tion C. Computation of Public Support				<u> </u>	•	<u> </u>
15	Public support percentage for 2009 (line 8, co		d by line 12 or	olumn (ft)	<u> </u>	45	74 500/
16	Public support percentage from 2008 Schedu				•	15 16	71.50%
	tion D. Computation of Investment Inco			<del></del>	<u> </u>	_ 10	67 51%
17	Investment income percentage for 2009 (line			o 13. column (f	<u>,,                                   </u>	17	0.029/
18	Investment income percentage for 2008 (fine				"	18	0 02% 0 03%
19a							ud line 17 is
	not more than 33 1/3%, check this box and st						
b	33 1/3% support tests–2008. If the organization di						· · · · • 🔼
-	line 18 is not more than 33 1/3%, check this box ar						▶ □
20	Private foundation. If the organization did no					•	

	1 990 or 990-EZ) 2009	McCarthy Charity Golf Classic Corporation	43-1712186	Page 4
Part IV	Supplemental	Information. Complete this part to provide the explanations required	by Part II, line 10	0,
	Part II. line 17a	or 17b, and Part III, line 12. Provide any other additional information	See instructions	
				<del></del>
	• • • • • • • • • • • • • • • • • • • •			
			• • • • • • • • • • • • • • • • • • • •	
	• • • • • • • • • • • • • • • • • • • •			
	• • • • • • • • • • • • • • • • • • • •			
	• • • • • • • • • • • • • • • • • • • •	••••••		
			*********	

SCHEDULEI (Form 990) Internal Revenue Service Name of the organization

McCarthy Charity Golf Classic Corporation

Part I

Department of the Treasury

s and Other Assistance to Organizations,	, and Individuals in the United States
<b>Grants and Other</b>	Governments, and

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

Open to Publ

OMB No 1545-0047

Employer Identification number

43-1712186

General Information on Grants and Assistance	
oes the organization maintain records to substantiate the amount of the grants or assistance, and	[
he selection criteria used to award the grants or assistance?	res No
escribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

Form 990, Part IV, line 21, for any recipient that received more that Part IV and Schedule I-1 (Form 990) if additional space is needed	line 21, for any le I-1 (Form 95	recipient that rec (0) if additional sp	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	erved more than \$5,000. Check this box if no one recipient received more than \$ ace is needed	if no one recipient re	eceived more than	55,000 Use ►
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Habitat for Humanity P O Box 20186 Phoenix, AZ 85036	74-2401708	501(c)(3)	25,000		FMV		general donation
Make-A-Wish Foundation 8251 Maryland Ave, Suite 10 Clayton, MO 63	43-1550697	501(c)(3)	17,500		FMV		general donation
Andrea's Closet P O Box 42358 Phoenix, AZ 85080	34-2048629	501(c)(3)	15,000		FMV		general donation
Wyman Center 600 Kwans Drive Eureka, MO 63025	43-0653263	501(c)(3)	9,500		FMV		general donation
Edgewood Children's Center 330 N Gore Ave St Louis, MO 63119	43-0653305	501(c)(3)	14,000	li li	FMV		general donation
Ranken Jordan 11365 Dorset Road Maryland Heights, MO 6	43-0666765	501(c)(3)	13,600		FMV		general donation
Our Little Haven P O Box 23010 St Louis, MO 63156	43-1567500	501(c)(3)	5,500		FMV		general donation
Howard Park Center 15834 Clayton Road Ellisville, MO 63011	43-0965295	501(c)(3)	5,100		FMV		general donation

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

Enter total number of section 501(c)(3) and government organizations.

Enter total number of other organizations

Schedule I (Form 990) 2009

(HTA)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV

Schedule I (Form 990) 2009

#### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

McCarthy Charity Golf Classic Corporation

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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2009

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Schedule J (Form 990) 2009

Employer identification number 43-1712186

**Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b explain . . . . . . . . . . . . Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment?. 4a 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: The organization? 5a Any related organization? . . . 5b If "Yes" to line 5a or 5b, describe in Part III 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a The organization? Any related organization?. 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retrement and			(F) Compensation
(A) Name		(i) Base	(ii) Bonus & incentive	(iii) Other	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(I)—(D)	reported in prior
				compensation	compensation			Form 990-EZ
	ε							
J Douglas Audiffred	(ii)	1,810,056	١ ١				1,810,056	1,111,819
	(!)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	
James A Fietcher	(ii)	228,133					228,133	229,803
Injie A Roberts	€		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1			1	
	(ii)	781,505					781,505	333,145
Ismes A Stackiel	€							1
Jailles A Glaskiel	€	1,429,281	1				1,429,281	1,436,029
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Schedule J (Form 990) 2009

43-1712186 Page <b>3</b>
r descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part
Part II. All Officers of McCarthy Charity Golf Classic Corporation are employeed by McCarthy Building Companies, Inc. and volunteer their time at McCarthy Charity.
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Schedule J (Form 990) 2009

**SCHEDULE J-1** (Form 990)

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Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

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Attach to Form 990 to list additional information for Schedule J (Form 990), Part II. ▶ See Instructions for Schedule J (Form 990).

**Employer identification number** 

(F) Compensation reported in prior Form 990 or Form 990-EZ (E) Total of columns (B)(I)–(D) 43-1712186 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II) (D) Nontaxable benefits (C) Retirement and other deferred compensation (B) Breakdown of W-2 and/or 1099-MISC compensation compensation (iii) Other reportable (ii) Bonus & incentive compensation (I) Base compensation € €  $\in$ € € € ε €  $\equiv$  $\equiv$  $\equiv$  $\equiv$  $\Xi$ ΞΞ  $\equiv$ (ii)  $\equiv$  $\Xi$  $\equiv$  $\equiv$  $\equiv$  $\equiv$  $\equiv$ Ξ Ξ  $\equiv$ McCarthy Charity Golf Classic Corporation (A) Name Name of the organization Part I

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

Schedule J-1 (Form 990) 2009

## SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047

2009

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Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

McCarthy Charity Golf Classic Corporation	43-1712186
Form 990 Part VI Section A Line 2 All officers of McCarthy Charity Golf Classic Corporation ar	re employed by McCarthy Building
Companies, Inc. and volunteer their time at McCarthy Charity Golf Classic Corporation McCar	thy Chariy Golf Classic
Corporatoin has no payroll expense and no employees.	
Form 990 Part VI Line 11A. A copy of the Form 990 is furnished to the Board for a review	
Form 990 Part VI Line 19 The organization's governing documents are available upon request	t
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