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Form **990-PF**

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.

OMB No 1545-0052

14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 48, 375. 48, 375.			t of the Treasury venue Service	Note.	The foundation may		use a copy of this			rting requirements.	2009
See the IR Name of foundation See the IR Name of foundation See the IR Name of foundation See the IR Name of a street of 90 too number (final is not delivered to street address) Reprint Thumber and street of 90 too number (final is not delivered to street address) Reprint Thumber and street of 90 too number (final is not delivered to street address) Reprint Thumber and street of 90 too number (final is not delivered to street address) Reprint Thumber and street of 90 too number (205) 822 – 8445						, and e	nding	JUN 30, 2010	. I		
Abelia Medical CACALUM CHARITABLE POUNDATION, INC. See Specific The Continue and store to PO Dos number if mail is not delivered to areas accrease. Recombinate Policy of two, state, and 2P code Continue and store to PO Dos number if mail is not delivered to areas accrease. Recombinate Color State Color Sta	G Check all that apply: Initial return										
of yper. 2228 GARLAND DRIVE City or town, site, and ZIP code instructions Section 4947(a)(1) nonexempt character to the comparison of present value of all assets at end of year J Accounting method. XI Cash Account (from Part II, col. (c), line 16) Section 4947(a)(1) nonexempt character to the control of the contr	I	abel.			RITABLE F	OUNE					number
Instructions Strict Nation State Strict	0	type	. 2328 GAI	-		elivered to	street address)	-	Room/suite		445
Section 4947(a)(1) onexemptic haritable trust Other taxable provate foundation Fair market value of all assets at end of year J. Accounting method: X. Cash Accounting from Part II, col. (c), line 16 Other (specify) S	Inst	ructio	BIRMING	HAM,	AL 35216		vate foundation			D 1. Foreign organizations,	check here
Section 1 Analysis of Revenue and Expenses (The locater of anomals in columns to 10, 0, and representative and the content of the locater of anomals in columns to 10, 0, and representative and representative and the meant in columns to 10, 0, and representative and the meant in columns to 10, 0, and representative and representative and the meant in columns to 10, 0, and representative and the representative and the meant in columns to 10, 0, and representative and the represen	Fa	Se Ir ma	ction 4947(a)(1) non- irket value of all asset	exempt ch ts at end o	naritable trust	Other tax	able private founda od: X Cash		rual	E If private foundation state	us was terminated
The total of amounts in columns (b), (c), and (c) may not necessary equal the amounts in columns (b), (c), and (c) may not necessary equal the amounts in columns (b), (c), and (c) may not necessary equal the amounts in columns (b). (c), and (c) may not necessary equal the amounts in columns (b). (c), and (c) may not necessary equal the amounts in columns (b). (c), and (c) may not necessary equal the amounts in columns (c). (c) may not necessary equal the amounts in columns (c). (c) may not necessary equal the amounts in columns (c). (c) may not necessary equal the amounts in columns (c). (c) may not necessary equal the amounts in columns (c). (c) may not necessary equal the amounts in columns (c). (c) may not necessary equal the amounts in columns (c). (c) may not necessary equal the amounts in columns (c). (c) may not necessary equal the amounts in columns (c). (c) may not necessary equal the amounts in columns (c). (c) may not necessary equal the amounts in columns (c). (c) may not necessary equal the amounts in columns (c) may not necessary equal the amounts (c) may not necessary equal the amounts (c) may not necessary equal the	_	\$	···	3,0	75 . (Part I, colu						B), check here
2 Check	Pa		(The total of amounts in necessarily equal the a	n columns (t imounts in c	b), (c), and (d) may not column (a))	(a) exp	enses per books			income	for charitable purposes (cash basis only)
a chartered on asynogs and temporary a chart restamines 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Not gain or (loss) from table of assets not on line 10 6b Not solve income from Part IV, line 2) 3 Net short-term capital gain 9 Income modifications 10 Gross seles less returns 10 Loss seles less returns 10 Loss seles less returns 11 Other income 12 Total, Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees 16 Accounting fees 17 Color professional fees 18 Taxes 19 Depreciation and depletion 17 Travel, conferences, and meetings 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 Contributions, gifts, grants paid 26 Contributions, gifts, grants paid				•	•		42,321.			• N/A % % 3	
5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 cross sales pince for all assets on line 6a 3 Net spin or (loss) from sale of assets not on line 10 6 Net gain or (loss) from sale of assets not on line 10 6 Net gain or (loss) from sale of assets not on line 10 7 Gaing again et income (from Part IV, line 2) 9 Net Short-term capital gain 10a and allowances 10		3	Interest on savings and cash investments	temporary	·	•	6, , ,		* > '		· · · · · · · · · · · · · · · · · · ·
b Net rental income or (loss) 8 Net gain or (loss) from sale of assets not on line 10 10 assets on line 6 and a section of the section of t			_	st from se	ecurities						** ** *
68 Net gam or (toss) from sale of assets not on line 10 0 cross sales price for all 0 and sales price for all 0 cross sales sets on time 6 cross sales less returns 0 cross sales				ne)					x	£	·
Description and the protection and depletion To a contributions To Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications Gross sales less returns 10a and allowances D Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 42,321. O. 13 Compensation of officers, directors, trustees, etc O. O. O. O. O. O. WAR 14 20 OCCUPANCY OCCUPANC			•	· —	e not on line 10						and the second
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c Other professional fees In Interest		1		1	RECEIVE	ŧD.				· -·	
25 Contributions, gins, grams paid 46,373.	Exp	С	Other professional fe	ees			ပ				
25 Contributions, gins, grams paid 46,373.	ive	17	Interest	135	MAR 14 20	11	<u>)S</u>				
25 Contributions, gins, grams paid 46,373.	trat	18	Taxes	17	MIWIV T.Z. CO	<u> </u>					
25 Contributions, gins, grams paid 46,373.	inis			pletibn L			뜨				
25 Contributions, gins, grams paid 46,373.	Ę				OGDEN,	UT_					
25 Contributions, gins, grams paid 46,373.	δĀ				ings						· · · · · · · · · · · · · · · · · · ·
25 Contributions, gins, grams paid 46,373.	au		• •	tions	CMMM 1		1 033		0		0.
25 Contributions, gins, grams paid 46,373.	ţį		•	l adminiet			1,055.		<u> </u>		<u></u>
25 Contributions, gins, grams paid 46,373.	era	-7					1.033.		0.		0.
	ŏ	25	-		-		48,375.				48,375.
בט וטומו פגייפווסכס מווע עוסטעוסכוווכוווס.		26									
						L	49,408.		0.		48,375.
27 Subtract line 26 from line 12:		27	Subtract line 26 from	n line 12:							
a Excess of revenue over expenses and disbursements		a	Excess of revenue over	expenses a	nd disbursements		<7,087.	>			
b Net investment income (if negative, enter -0-)									0.		
c Adjusted net income (if negative, enter -0-) 2235010 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Form 990-PF (200	9235				••	And No.		4:		N/A	Form 990-PF (2009)

2009.05060 MCCALLUM CHARITABLE FOUNDAT MCC19

Part Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o		
ட	dı t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing	10,162.	3,075.	3,075.	
	2	Savings and temporary cash investments				
	3	Accounts receivable ►	e di Maria di	(A) (1) 图 图 (A) (A)	Ž	
		Less: allowance for doubtful accounts				
	4	Pledges receivable ▶		澳 州、	- , ^>	
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable			-	
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons			ı	
	7	Other notes and loans receivable	* ***			
		Less: allowance for doubtful accounts ▶	Annu bennegarish di papatagan. A ny taoni Madagan Masagan aris	THE RESIDENCE OF THE PARTY AND		
g	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges		-	~	
Ą	10a	Investments - U.S. and state government obligations			<u></u>	
		Investments - corporate stock				
		Investments - corporate bonds				
		Investments - land, buildings, and equipment basis				
	•	Less accumulated depreciation				
	12	Investments - mortgage loans				
		Investments - other	· · · · · · · · · · · · · · · · · · ·			
		Land, buildings, and equipment: basis ► 2,694.				
		Less accumulated depreciation STMT 2 2,694.	÷	* *	• •	
	15	Other assets (describe ►)				
	"					
	16	Total assets (to be completed by all filers)	10,162.	3,075.	3,075.	
	17			0,0.00	0,0,00	
		Grants payable			•	
ທ	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			ı	
Ē	21	Mortgages and other notes payable				
Ë	l	Other liabilities (describe STATEMENT 3)	825.	825.		
			0_0			
	23	Total liabilities (add lines 17 through 22)	825.	825.		
		Foundations that follow SFAS 117, check here				
		and complete lines 24 through 26 and lines 30 and 31.				
ės	24	Unrestricted				
Fund Balances	i .	Temporarily restricted		-		
Bal	ı	Permanently restricted				
덛		Foundations that do not follow SFAS 117, check here				
		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds	0.	0.		
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
Ass	29	Retained earnings, accumulated income, endowment, or other funds	9,337.	2,250.		
et	30	Total net assets or fund balances	9,337.	2,250.		
_						
	31	Total liabilities and net assets/fund balances	10,162.	3,075.		
Ξ			-	•		
LP	art	III Allalysis of Changes in Net Assets of Fulld B	alances			
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30			
	(mus	st agree with end-of-year figure reported on prior year's return)		1	9,337.	
2	•	r amount from Part I, line 27a	2	<7,087.>		
		r increases not included in line 2 (itemize)		3	0.	
		lines 1, 2, and 3		4	2,250.	
		eases not included in line 2 (itemize)		5	0.	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	2,250.	
Ť			V. p		Form 990-PF (2009)	

(a) List and descri 2-story brick war	be the kind(s) of property sold (e. ehouse; or common stock, 200 sh	g., real estate, ns. MLC Co.)		I P	How acquired - Purchase - Donation	1 1	e) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a								
b NON	TE			<u> </u>		\perp		
C	· · · · · · · · · · · · · · · · · · ·			 -				
<u>d</u>				-		+		
<u>e</u>	(f) Decree internal	(=) (=)	t az athaz basia	_			(h) Com or (lose	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (loss (e) plus (f) minus) (g)
<u>a</u>		<u> </u>						
<u>b</u>		 						
d		1						
e	·							
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69			(I) G	ains (Col. (h) gain	minus
	(j) Adjusted basis		cess of col. (1)			col. (k	;), but not less tha	n -0-) or
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any			ι	osses (from col. (h))
a		 		_				
b	- 	1						_ .
C	 							
d	, <u>, , , , , , , , , , , , , , , , , , </u>							
е	· -						-	
-	∫ If gain, also ente	er in Part I. line	7	٦				
2 Capital gain net income or (net cap				}	2			
3 Net short-term capital gain or (loss	s) as defined in sections 1222(5) a	ind (6):						
If gain, also enter in Part I, line 8, o		(-/-] [
If (loss), enter -0- in Part I, line 8		<u> </u>		للي	3			
Part V Qualification U	<u>``</u>					Inco	me 	
(For optional use by domestic private	foundations subject to the section	494U(a) tax on	net investment ir	ncome	9.)			
If section 4940(d)(2) applies, leave the	s part blank.							
Was the foundation liable for the secti	on 4042 tay on the distributable a	mount of any w	ar in the bace on	riod?				Yes X No
If "Yes," the foundation does not quali			•	i lou i				165 INU
1 Enter the appropriate amount in e				es.	· · · · · ·			
(a)	(b)			(c))		Dieterk	(d) oution ratio
Base period years Calendar year (or tax year beginnin	. Adjusted auglifying di	stributions	Net value of no			sets	(col. (b) div	rided by col. (c))
2008		55,300.			16,7	78.		3.295983
2007	4	42,976.			18,8	65.		2.278081
2006		23,545.			16,2	43.		1.449547
2005		30,162.			14,6			2.059402
2004		7,250.			25,5	79.		.283436
2 Total of line 1, column (d)						!	2	9.366449
3 Average distribution ratio for the 5	•	l on line 2 by 5,	or by the number	r of ye	ars			
the foundation has been in existen	ce if less than 5 years						3	1.873290
4 Enter the net value of noncharitable	e-use assets for 2009 from Part X	, line 5					4	12,052.
							.	00 555
5 Multiply line 4 by line 3							5	22,577.
								0
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)						6	0.
7 • • • • • • • • • • • • • • • • • • •							_	22 577
7 Add lines 5 and 6							7	22,577.
9. Enter qualifying distributions for	Dort VII. lung 4							48,375.
8 Enter qualifying distributions from	•		.t		0		8	40,373.
If line 8 is equal to or greater than See the Part VI instructions	line /, check the box in Part VI, lin	e 1b, and comp	plete that part usir	ng a 1	% tax rate.			
923521 02-02-10								orm 990-PF (2009)

Part VIII Information About Officers, Directors, Trustees, Fou Paid Employees, and Contractors (continued)	ndation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none,	enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant s number of organizations and other beneficiaries served, conferences convened, research papers	statistical information such as the sproduced, etc.	Expenses
1 N/A		
-		
2		
	-	
3		
4		
Devil V D I O		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year	or on lines 1 and 2	Amount
1 N/A	ar on mes rand 2.	Aniouni
1 N/A		
-		
2		
	· · · · · · · · · · · · · · · · · · ·	
All other program-related investments See instructions.		
3		1
		1
		1
Total. Add lines 1 through 3	•	0.
		Form 990-PF (2009)

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, se	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	7.4	
a	Average monthly fair market value of securities	1a	0.
b		1b	12,236.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	12,236.
е	Reduction claimed for blockage or other factors reported on lines 1a and	`	· · ·
	1c (attach detailed explanation) 1e 0.	- '	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	12,236.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	184.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,052.
6	Minimum investment return. Enter 5% of line 5	6	603.
P	art XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	603.
2a	Tax on investment income for 2009 from Part VI, line 5	2 MS	
b	Income tax for 2009. (This does not include the tax from Part VI.)	· ;	
C	Add lines 2a and 2b	2c	0. 603.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	603.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	603.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	603.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1/2	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	48,375.
þ	• • • • • • • • • • • • • • • • • • • •	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	· · · · · · · · · · · · · · · · · · ·
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	48,375.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	48,375.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for th	ne section

Part/XIII/ Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	2			
line 7	· 14			603.
2 Undistributed income, if any, as of the end of 2009	*		0.	
a Enter amount for 2008 only b Total for prior years:	, %	3	Contestination and	- /- / × · · ·
g rotarior prior years.	*	0.		
3 Excess distributions carryover, if any, to 2009:	\$e			* ,
a From 2004 5,971.				4
bFrom 2005 29,430.	, , , , , , , , , , , , , , , , , , , ,	€ € - 2		
c From 2006 22,737.	,			- W
dFrom 2007 42,035.	, ,			
eFrom 2008 54,461.	**			
f Total of lines 3a through e	154,634.	,		
4 Qualifying distributions for 2009 from	,		11 35 M. M. M. M.	ž- ·
Part XII, line 4: ►\$ 48,375.	, ,	1, 2: -		172
a Applied to 2008, but not more than line 2a	* 1	·	0.	, ,
b Applied to undistributed income of prior	•	_		
years (Election required - see instructions)		0.		1.0
c Treated as distributions out of corpus		4 40 S (A) 1	· \/ \/*339 - /.	*
(Election required - see instructions)	0.		, i	503
d Applied to 2009 distributable amount	47 770	A (5) A W 1/ 1/		603.
e Remaining amount distributed out of corpus	47,772.	* * * * * *		
5 Excess distributions carryover applied to 2009 (if an amount appears in column (d), the same amount must be shown in column (a))	0.	/ ₃ x	*	0.
6 Enter the net total of each column as indicated below:	,			^ .
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	202,406.		å *,	^
b Prior years' undistributed income. Subtract line 4b from line 2b	٧ .	0.		
c Enter the amount of prior years'		•		
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.	Š. p	
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line	· · · · · · · ·			
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract	,			
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	E 071			
not applied on line 5 or line 7	5,971.			
9 Excess distributions carryover to 2010.	196,435.			
Subtract lines 7 and 8 from line 6a	130,433.		·	
10 Analysis of line 9. a Excess from 2005 29,430.	ļ			
b Excess from 2006 22,737.	1			
c Excess from 2007 42,035.				
d Excess from 2008 54,461.				
e Excess from 2009 47,772.	1			
923581		•		Form 990-PF (2009)

Part XV Supplementary Information	n (continued)			
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	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)	or substantial contributor	recipient		
a Paid during the year SEE STATEMENT 6	or substantial contributor	recipient		
Total	·	, , , , , , , , , , , , , , , , , , ,	▶ 3a	48,375.
b Approved for future payment NONE				0.
Total			▶ 3b	
923611 02-02-10			F.	orm 990-PF (2009)

Part XVI-A	Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.	Unrelate	d business income		ided by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b			Ì		
c					
d					
e					
f					
g Fees and contracts from government agencies			†	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
2 Membership dues and assessments					
3 Interest on savings and temporary cash	h	···			
investments					
4 Dividends and interest from securities	 		\vdash		
5 Net rental income or (loss) from real estate:			 	z* *	
a Debt-financed property			 		
b Not debt-financed property		-	\vdash		
			 		
6 Net rental income or (loss) from personal			l		
property -	<u> </u>		<u> </u>	·	
7 Other investment income			-		
8 Gain or (loss) from sales of assets other	i		ļ		
than inventory			ļ		
9 Net income or (loss) from special events			ļ		
O Gross profit or (loss) from sales of inventory			<u> </u>		
1 Other revenue:					
a					
b	Ĺ				
C					
ď					
e					
2 Subtotal. Add columns (b), (d), and (e)		0.		0.	0.
3 Total. Add line 12, columns (b), (d), and (e)				13	0.
See worksheet in line 13 instructions to verify calculations.)				_	
Part XVI-B Relationship of Activities t	o the Acce	mplichment of Ex	,omn	t Burnosos	
relationship of Activities t	o tile Acct	inpusinient of La	(CIII)	it Fulposes	
Line No. Explain below how each activity for which income	me is reported i	n column (e) of Part XVI-A	contrit	outed importantly to the accor	nplishment of
the foundation's exempt purposes (other than	by providing fui	nds for such purposes).			

					· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·					
	 ,				
					
		_		· · · · · · · · · · · · · · · · · · ·	
					
					

923621 02-02-10

Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

7		-	rectly engage in any of the followin			section 501(c) of	res No
		•)(3) organizations) or in section 52		rganizations?		
ŧ	Trans	fers from the reporting founda	ation to a noncharitable exempt or	ganization of:			
	(1) C	•				1a(1) X	
	(2) 0	ther assets					1a(2) X
t	Other	transactions:					لنشيب المششين
	(1) S	ales of assets to a noncharita	ble exempt organization				1b(1) X
	(2) P	urchases of assets from a no	ncharitable exempt organization				1b(2) X
	(3) R	ental of facilities, equipment,	or other assets				1b(3) X
	(4) R	eimbursement arrangements					1b(4) X
	(5) L	oans or loan guarantees					1b(5) X
	(6) P	erformance of services or me	embership or fundraising solicitatio	ons			1b(6) X
(Sharır	ng of facilities, equipment, ma	uling lists, other assets, or paid em	ployees			1c X
(I If the	answer to any of the above is	"Yes," complete the following sche	edule. Column (b) shoul	d always show the	fair market value of the good	s, other assets,
	or ser	vices given by the reporting fo	oundation. If the foundation receive	ed less than fair market	value in any transa	ction or sharing arrangemen	t, show in
	colum	n (d) the value of the goods,	other assets, or services received.				
(a)	Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Desci	ription of transfers, transactions, a	nd sharing arrangements
			N/A				
_							
							.'
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_							
_		for a data and another an advanta	http://www.commons.com				
28		=	tly affiliated with, or related to, one		ganizations describ	eu	Yes X No
		, ,	r than section 501(c)(3)) or in sect	tion 52/ /			Yes X No
) IT Yes	s," complete the following sch		(b) Type of organizati	on [(c) Description of relation	anchin
		(a) Name of org	jamzanum	(b) Type of organizati	011	(c) Description of relatio	monih
		N/A					
_							
_				ļ			
_	Hader	andton of name (darles 4 - 11)	and anominal thin server in the direction	manung sekadulah adalah	latamanta and to the	ages of my knowledge and helpful	t in true correct
			nave examined this return, including according the transfer or fidurality) is based on				r is true, correct,
		()1 D. C	7 (1 / 2/11				24.4
ט	_	carles)	i wy owing	<u>>v 3-5-1</u>		Cancer Blitze	
ב ב	▼ Si	gnature of officer or trustee	_	Date	Title	LOberto W	
=	w_	Preparer's	u 1		Date	Check if Pres	parer's identifying number
signature / mmi & learning, wa					228.11	employed >	
	Paid Preparer's Use Only	Firm's name (or yours FROS	'I COLLIERIOD IID'		LLC	EIN ▶	
	Pre Us	, ,	. PARK PLACE NOR	•	900		
		address, and ZIP code BIRM	INGHAM, AL 3520	3			5)939-0227
							Form 990-PF (2009)

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

Schedule of Contributors

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Employer identification number

MCCALLUM CHARITABLE FOUNDATION, INC. 63-1184013 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 Form 990-PF 501(c)(3) exempt private foundation 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** 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 I For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% 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 during the year. \$ 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 Form 990, 990-EZ, or 990-PF.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

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

Employer identification number

MCCAT.T.TM	CHARTMARI.E	FOUNDATION.	TNC

63-1184013

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CHARLES A. MCCALLUM JR. 2328 GARLAND DRIVE BIRMINGHAM, AL 35216	\$ 42,321.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Oncash 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 Oncash Occupiete 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 Oncash Ocomplete 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 Occash 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)

Employer identification number

MCCALLUM CHARITABLE FOUNDATION, INC.

63-1184013

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - \$	
923453 02-01	1-10		90, 990-EZ, or 990-PF) (2009

Schedule B (Form 990, 990-EZ, or 990-PF) (2009) of Part III Name of organization Employer identification number MCCALLUM CHARITABLE FOUNDATION, INC. 63-1184013

Part III, Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once. See instructions.) > \$ (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

1	۵١	Transfer	ωf	nift
1	~,	110113101	•	9116

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Transfer of gift	

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Relationship of transferor to transferee

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

Asset No	Description	Date Acquired	Method	Life	Line	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	10RGANIZATION COSTS * TOTAL 990-PF PG 1 DEPR & AMORT	102296		W 09	43	2,694.	1	•	2,694.	2,694.	0	0.00
	1	1 2		,	1			***************************************	43 3 3 4 5 4 5 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5			
	,	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	denous .	, de la companya de l	\$ \$ \$	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		annappen un a servapon	The state of the s	4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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					,		1 1	,	5 J		**	

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990-PF	ОТН	ER E	XPENSES			STAT	EMENT	1
DESCRIPTION	(A) EXPENS PER BO	ES		ST-	(C) ADJUSTEI NET INCOM		(D) HARITA PURPOS	
ACCOUNTING FEES POSTAGE	1,	025. 8.		0.				0.
TO FORM 990-PF, PG 1, LN 23	1,	033.		0.				0.
FORM 990-PF DEPRECIATION OF	ASSETS	NOT	HELD FOR	INVI	ESTMENT	STAT	EMENT	2
DESCRIPTION	0		T OR BASIS		MULATED RECIATION	В00	K VALU	E
ORGANIZATION COSTS			2,694.		2,694.			0.
TOTAL TO FM 990-PF, PART II,	LN 14	-	2,694.		2,694.			0.
FORM 990-PF	OTHER	LIA	BILITIES	- .		STAT	EMENT	3
DESCRIPTION				BO	AMOUNT	EOY	AMOUNT	
DUE TO DR. MCCALLUM			-		825.		8:	25.
TOTAL TO FORM 990-PF, PART II	, LINE	22	- -		825.		8:	25.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 4
NAME OF CONTRIBUTOR	ADDRESS	
CHARLES A. MCCALLUM	2328 GARLAND DRIVE, 35216	BIRMINGHAM, ALABAMA

	LIST OF OFFICERS, DAND FOUNDATION MANA		STAT	EMENT 5
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
CHARLES A MCCALLUM JR 2328 GARLAND DRIVE BIRMINGHAM, AL 35216	DIRECTOR 1.00	0.	0.	0.
SCOTT A MCCALLUM 5894 DOGWOOD CIRCLE MCCALLA, AL 35111	DIRECTOR 0.50	0.	0.	0.
CHARLES A MCCALLUM III 3018 PANORAMA BROOK CIRCLE BIRMINGHAM, AL 35216	DIRECTOR 0.50	0.	0.	0.
PHILLIP W MCCALLUM 2301 VESTAVIA DRIVE BIRMINGHAM, AL 35216	DIRECTOR 0.50	0.	0.	0.
CHRISTOPHER J MCCALLUM 3343 CHERRY TREE LANE BIRMINGHAM, AL 35216	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	0.	0.	0.

FORM 990-PF

6

STATEMENT

	DURING THE YEAR	- JIAI	
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
ALABAMA SYMPHONY ORCHESTRA 3621 6TH AVENUE SOUTH BIRMINGHAM, AL 35222	NONE TO PROMOTE ENTERTAINMENT AND ART EDUCATION	CHARITABLE CORPORATIO	6,000.
BIRMINGHAM MUSEUM OF ART 2000 8TH AVENUE NORTH BIRMINGHAM, AL 35203	NONE TO PROMOTE ART APPRECIATION	ART MUSEUM	2,000.
FRESH WATER LAND TRUST 900 ARKADELPHIA ROAD BIRMINGHAM, AL 35254	NONE TO PROMOTE ACQUISITION AND STEWARDSHIP OF LAND & WATER	NON-PROFIT ORG	200.
MCWANE SCIENCE CENTER 200 19TH STREET NORTH BIRMINGHAM, AL 35203	NONE TO PROMOTE SCIENCE EDUCATION	CHARITABLE CORPORATIO	1,000.
THE ALYS ROBINSON STEPHENS PERFORMING ARTS CENTER 1530 THIRD AVENUE SOUTH BIRMINGHAM, AL 35294	NONE TO PROMOTE ENTERTAINMENT AND ARTS EDUCATION	CHARITABLE CORPORATIO	5,000.
TUFTS COLLEGE 711 WASHINGTON STREET BOSTON, MA 02111	NONE TO PROMOTE EDUCATIONAL EXCELLENCE	PRIVATE UNIVERSITY	2,500.
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1919 7TH AVENUE SOUTH BIRMINGHAM, AL 35294	NONE TO PROMOTE EDUCATIONAL EXCELLENCE	PUBLIC UNIVERSITY	21,150.
WESLEYAN UNIVERSITY 164 NORTH VERNON STREET MIDDLETOWN, CT 06459	NONE TO PROMOTE EDUCATIONAL EXCELLENCE	PRIVATE UNIVERSITY	500.

GRANTS AND CONTRIBUTIONS

MCCALLUM CHARITABLE FOUNDAY	LTON,	INC.
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63-1184013

,			
WILBRAHAM MONSON ACADEMY 423 MAIN STREET WILBRAHAM, MA 01095	NONE TO PROMOTE EDUCATIONAL EXCELLENCE		2,000.
BIRMINGHAM INTERNATIONAL CENTER 1728 5TH AVENUE NORTH BIRMINGHAM, AL 35203	NONE TO PROMOTE ART EDUCATION	NON-PROFIT ORG	150.
COLLAT JEWISH FAMILY SERVICES 3940 MONTCLAIR ROAD BIRMINGHAM, AL 35213	NONE TO PROMOTE SOCIAL SERVICES	NON-PROFIT ORG	100.
COMMUNITY FOUNDATION OF GREATER BIRMINGHAM 2100 1ST AVENUE NORTH SUITE 700 BIRMINGHAM, AL 35203	TO SUPPORT COMMUNITY		2,000.
DOCTORS WITHOUT BORDERS 333 7TH AVENUE, 2ND FLOOR NEW YORK, NY 10001	NONE TO SUPPORT INTERNATIONAL HEALTH CARE CAUSES	NON-PROFIT ORG	75.
EXCEPTIONAL FOUNDATION 1616 OXMOOR ROAD BIRMINGHAM, AL 35209	NONE TO PROMOTE EDUCATIONAL EXCELLENCE	NON-PROFIT ORG	50.
FOUNDATION FOR THE NATIONAL INSTITUTE OF HEALTH 9650 ROCKVILLE PIKE BETHESDA, MD 20814	NONE TO PROMOTE MEDICAL RESEARCH	NON-PROFIT ORG	250.
INSTITUTE OF MEDICINE ANNUAL FUND 500 FIFTH STREET NW WASHINGTON, DC 20001	TO PROMOTE MEDICAL	NON-PROFIT ORG	100.
JEFFERSON STATE COMMUNITY COLLEGE 2663 VALLEYDALE ROAD BIRMINGHAM, AL 35244	NONE TO PROMOTE EDUCATIONAL EXCELLENCE	PUBLIC COLLEGE	1,250.
ORAL & MAXILLOFACIAL SURGERY FOUNDATION 9700 W. BRYN MAWR ROSEMONT, IL 60018	NONE TO PROMOTE MEDICAL RESEARCH & EDUCATION	NON-PROFIT FOUNDATION	1,500.

MCCALLUM CHARITABLE FOUNDATION,	INC.	6	3-1184013
RED MOUNTAIN THEATRE COMPANY P.O. BOX 278 BIRMINGHAM, AL 35201	NONE TO PROMOTE THEATRICAL EDUCATION	NON-PROFIT ORG	150.
RONALD MCDONALD HOUSE CHARITIES OF ALABAMA 1700 4TH AVENUE SOUTH BIRMINGHAM, AL 35233	NONE TO PROMOTE SOCIAL SERVICES	NON-PROFIT ORG	500.
SIBYL TEMPLE FOUNDATION P.O. BOX 660645 VESTAVIA HILLS, AL 35266	NONE TO PROMOTE SOCIAL SERVICES	NON-PROFIT ORG	1,200.
THE SALVATION ARMY 2100 11TH AVENUE NORTH BETHESDA, AL 35234	NONE TO PROMOTE ACCESS TO HEALTHCARE FOR THE UNDERSERVED	NON-PROFIT ORG	200.
BRANSCOMB-BRIGGS FUND FOT 1203 1530 3RD AVENUE SOUTH BIRMINGHAM, AL 35294	NONE TO PROMOTE MEDICAL RESEARCH	NON-PROFIT FOUNDATION	500.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A	`	48,375.

Form 8	868 (Rev. 1·2011)					Page 2
	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, e	complete only Part II and check this bo	ox .		X
Note.	Only complete Part II if you have already been granted an a	automatic	3 month extension on a previously filed	Form	8868	
If yo	u are filing for an Automatic 3-Month Extension, comple					
Part	II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	opies r	needed).	
Туре о	Name of exempt organization			Employer identification number		
print File by th	MCCALLUM CHARITABLE FOUNDATION, INC.			63-1184013		
extended due date	Number, street, and room or suite no. If a PO box, see instructions					
filing your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions						
matructio	BIRMINGHAM, AL 35216	oreign auc	areas, accurations			
Enter t	he Return code for the return that this application is for (file	e a separa	ate application for each return)			0 4
Application		Return	Application			Return
ls For		Code	ls For			Code
Form 990		01	<u></u>			
Form 990 BL		02	orm 1041-A			08
Form 990 EZ		03	Form 4720			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
	190 T (trust other than above)	06	Form 8870	oly file	d Earm 8969	12
STUP!	Do not complete Part II if you were not already granted books are in the care of ► DR • CHARLES MCC	TAT.T.T	M 2328 GARLAND DR -	BHA	M. AL 3521	6
Tele	ephone No. ► 205-822-8445	<u> </u>	FAX No ►			
	e organization does not have an office or place of business	s in the Ui	· · · · · · · · · · · · · · · · · · ·			
	is is for a Group Return, enter the organization's four digit			is is fo	r the whole group, c	heck this
box 🕨		n '	ach a list with the names and EINs of all			
4 1	request an additional 3-month extension of time until MAY 15, 2011					
5 F	For calendar year, or other tax year beginning JUL 1, 2009 , and ending JUN 30, 2010					
	If the tax year entered in line 5 is for less than 12 months, check reason: Initial return					
Change in accounting penod						
7 State in detail why you need the extension TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE						
_	RETURN					
-						
8a	f this application is for Form 990 BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
<u>r</u>	nonrefundable credits. See instructions			8a	\$	0.
b 1	f this application is for Form 990-PF, 990 T, 4720, or 6069,	enter any	refundable credits and estimated			
t	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid			<u></u>		•
	previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form			th this form, if required, by using			^
E	EFTPS (Electronic Federal Tax Payment System). See instructions				\$	0.
			nd Verification		e landet et	-1:-4
Under p	enaities of perjury, I declare that I have examined this form, include, correct, and complete, and that I am authorized to prepare this fo	ing accomp	panying schedules and statements, and to the	e best o	r my knowledge and bi	enet,
	1.11.11 11 11	1	PA	Date	-3/4/11	
Signatu	The production of the producti		I IN	Uale	Form 8868 (Re	ov 12011)
	1	•			1 OHH 0000 (N	,. 12011)