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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a capy of the return to satisfy state ref

OMB No 1545-0052

2010

Inter	mai K	evenue Service N	ote. The foundati	on may	be able to u	se a copy of				ing requirements	
Fo	r ca	lendar year 2010, o	r tax year begi	nning			, 2010	, and endi	ng		, 20
G	Che	ck all that apply	Initial retur	'n	I <u>r</u>	nitial return	of a former p	oublic ch <u>ar</u>	ıty		Final return
			Amended	return		Addre	ss change		N:	ame change	
Nai	me o	f foundation	-							A Employer ident	ification number
JΑ	ACK	& MARY MCCAL	L CHARITAB	LE FO	UNDATI	ON, INC				` 20)-3955279
		and street (or P O box				<u>'</u>		Room/sui	te	B Telephone numb	er (see page 10 of the instructions)
						,					
31	.2 1	MOUNT EDEN PL	ACE							() -
Cit	y or i	town, state, and ZIP co	ode					1		C If exemption appl	
										pending, check he 1. Foreign organi	
CF	ARY	, NC 27518									zations meeting the
Н	Che	ck type of organizat	tion X Section	on 501(c)(3) exen	npt private	foundation				k here and attach
Г	\neg	ection 4947(a)(1) non	_				rivate founda	tion		·	
ī		market value of all		J Acco	unting me	thod X C	ash Acc	crual			tion status was terminated 7(b)(1)(A), check here.
	of ye	ear (from Part II, col	(c), line	o	ther (speci	ify)				F If the foundation	is in a 60-month termination
			.8,550.	(Part I,	column (d,) must be o	n cash basis)			under section 507	7(b)(1)(B), check here . ▶
P	art I	Analysis of Rever	nue and Expens	es (The	(a) Rev	enue and	(b) Not inv	octmont	10	Adjusted not	(d) Disbursements
		total of amounts in co may not necessarily	olumns (b), (c), and equal the amount:	d (d) s in	expen	ses per	(b) Net inve	I	(0) Adjusted net income	for charitable purposes
_		column (a) (see page	11 of the instruct	ions))	bo	oks	<u></u>				(cash basis only)
	1	Contributions, gifts, grants, e	etc , received (attach sch	nedule) .		18,555	.				
	2		oundation is not requ Sch B								
	3	Interest on savings and t	temporary cash inves	stments			<u></u>			·	
	4	Dividends and interes	st from securities				<u></u>				
	5 a	Gross rents					-				
	b	Net rental income or (los	s)			··					
Revenue		Net gain or (loss) from s Gross sales price for all assets on line 6a	sale of assets not on	line 10					•		
e	7	Capital gain net incor	me (from Part IV, I	ine 2) .							
~	8	Net short-term capita	ıl gaın								
	9	Income modifications									
1	0 a	Gross sales less returns and allowances · · · ·									
- 1	b	Less Cost of goods sold									
	C	Gross profit or (loss)	(attach schedule)					-			
<u> </u>	11	Other income (attach	schedule)			10 555					
<u>1</u>	12	Total. Add lines 1 thr	ough 11			18,555					
٠, ١	13	Compensation of officer		etc		0	 				
` ي <mark>و</mark>	14	Other employee salar	ied and wages .	1				+			- -
j se	15	Pension plans, emplo	1 (2g							
g.	16a	Lega fees (attach sch	nedule)	M · · ·		795					
)û		Accounting fees (atte		$\{1 \cdots \}$,,,,	 	-		 -	-
(≛)		Other professional fe		(e)				+			
ţ.	17	Interest OGD	en, ut	1							
n is	18	Taxes (attach schedule)									
풀.	19 20	Depreciation (attach	•	•							
ĕ	20 21	Occupancy Travel, conferences,								•	
E .	22	Printing and publicati					<u> </u>				
gr.	23	Other expenses (attach				529					
==	24	Total operating and									
ber		Add lines 13 through		-		1,324	1				
O.	25	Contributions, gifts, g				18,747	1				18,747
- 1	26	Total expenses and disbure				20,071					18,747
\neg	27	Subtract line 26 from									
ľ		Excess of revenue over exp		ents		-1,516	-				
		Net investment inco						0.			
		Adjusted net income				-					

Б	art II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	En	d of year
<u></u>	en C II	Dalalice Slicets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ng	20,066.	18,550	18,550.
	2		cash investments			
	3	Accounts receivable				
	!	Less allowance for dou	btful accounts ▶			
	4					
	5					
	6		officers, directors, trustees, and other			
			ich schedule) (see page 15 of the instructions)			
	7	•	eceivable (attach schedule)		 	
	,		btful accounts ▶			
			1			
Assets						
SS	9	•	eferred charges			
⋖			e government obligations (attach schedule).			
			, , , , , , , , ,			
	11 ^C	Investments - land, building:				
		Less accumulated deprecia	ation		<u> </u>	
	12		loans L			
	13	Investments - other (atta	ich schedule)			
	14	Land, buildings, and equipment basis				
		Less accumulated deprecia	tion			
	15	Other assets (describe	>)			
	16		completed by all filers - see the			
		instructions Also, see p	age 1, item I)	20,066.	18,550	18,550.
	17		,			
	18					
Š	19					
Liabilities	20					
ğ	21		tes payable (attach schedule)			
ڐ	22		→			\neg
		,				٦
	23	Total liabilities (add line	s 17 through 22)		(o.
_			low SFAS 117, check here ▶	•		
		and complete lines	24 through 26 and lines 30 and 31.			
S	24	Unrestricted	-			
2	25	Temporarily restricted				7
Sala	26	Permanently restricted				-
P	20	Foundations that do	not follow SFAS 117, plete lines 27 through 31. ▶ X cipal, or current funds			
Ë		check here and com	plete lines 27 through 31.			}
ř	27	Capital stock trust princ	cipal, or current funds	20,066.	18,550).l
S	28	Paid in or capital surplus or	land, bldg , and equipment fund		 	7
Net Assets	29		ulated income, endowment, or other funds	0.		5. l
As	30	- ·	fund balances (see page 17 of the		<u> </u>	
det	30		•	20,066.	18,550	o.l
_	31	Total liabilities and ne	t assets/fund balances (see page 17			-
	• •		· · · · · · · · · · · · · · · · · · ·	20,066.	18,550) .l
	art II	Analysis of Cha	inges in Net Assets or Fund B			
			alances at beginning of year - Part II		must agree with	
•			di on prior year's return)			20,066.
2						1 516
2	CHE?	r moreocce net melici	ine 27a			
			ed in line 2 (itemize)			10 550
4	Add	iines 1, 2, and 3	lan 2 (damana)			
5	Decr	eases not included in	ime z (itemize)		<u>5</u>	10 550
<u>6</u>	rota	net assets or fund ba	lances at end of year (line 4 minus line	ie ο) - Paπ II, column (b).	, line 30 6	10, 33U.

Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
(a) List an	d describe the kind(s) of property sold (rick warehouse, or common stock, 200		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a					
b			_		
C					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_a			_		
<u>b</u>					
<u>c</u>					
<u>d</u>					
<u>e</u>					
Complete only for assets	showing gain in column (h) and owne			Gains (Col (h) g	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
b					
С				_	
d					
е					
2 Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
3 Net short-term capital gair	n or (loss) as defined in sections 12	222(5) and (6)			
If gain, also enter in Part I	line 8, column (c) (see pages 13	and 17 of the instructions)			
If (loss), enter -0- in Part I,	line 8	<u> </u>	3		
Part V Qualification	Jnder Section 4940(e) for Re	duced Tax on Net Investment I	ncome		
		outable amount of any year in the bi Do not complete this part	ase period	1 2	Yes X No
		, see page 18 of the instructions be	efore mak	ing any entries	
(a) Base penod years Catendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	
2009	11,794.	0.			0.000000
2008	18,783.	0.			0.000000
2007	16,900.	0.			0.000000
2006	13,368.	0.			0.000000
2005	0.	0.		_	0.000000
2 Total of line 1, column (d) 3 Average distribution ratio	for the 5-year base period - divide	e the total on line 2 by 5 or by the	2		0.00000
•	•	s than 5 years	3		0.000000
4 Enter the net value of nor	ncharitable-use assets for 2010 fro	om Part X, line 5	4		0.
5 Multiply line 4 by line 3			5	· · - · · · · · · · · · · · · · · · · ·	0.
6 Enter 1% of net investme	nt income (1% of Part I, line 27b)		6	· · · · · · · · · · · · · · · · · · ·	0.
7 Add lines 5 and 6			7		0.
8 Enter qualifying distributed If line 8 is equal to or grant VI instructions on page 1.		in Part VI, line 1b, and complete t	8 hat part	using a 1% ta	18,747.

Par	t VI' Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	ne inst	ructio	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
•	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			<u>0.</u>
	here \blacktriangleright X and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			$\frac{0.}{0.}$
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			
6	Credits/Payments			
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a			
	Exempt foreign organizations-tax withheld at source			
	Tax paid with application for extension of time to line (1 of the 0000)			
d	Backup withholding erroneously withheld			0.
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Par	t VII-A Statements Regarding Activities			
$\overline{}$	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
та	participate or intervene in any political campaign?	1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
U	of the instructions for definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
c	Did the foundation file Form 1120-POL for this year?	1 c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
_	(1) On the foundation ▶\$(2) On foundation managers ▶\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			Х
	conflict with the state law remain in the governing instrument?	1 1	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7		
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
_	instructions) NC,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8 b	x	
•	(or designate) of each state as required by General Instruction G? If "No," attach explanation	00		
9	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9		х
4.0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
10	names and addresses	10		Х
		-cm 99	0 DE /	2040

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
•	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?			Х
14	The books are in care of LINDSEY, LINDSEY & MUELLER Telephone no 919-787	-89	95	
	Website address ►N/A The books are in care of ► LINDSEY, LINDSEY & MUELLER Telephone no			\top
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		• • •	. ——
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter			
	the name of the foreign country	ļ		
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u>l</u>	Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No	ŀ		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	۱.,		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1 c		х
	were not corrected before the first day of the tax year beginning in 2010?	16		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and			
	oe, Fall Ally for tax year(s) beginning before 2010.			
	If "Yes," list the years . Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
L.	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see page 22 of the instructions)	2 b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
·	•			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year? Yes X No			
b	of "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2010)	<u>3</u> b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	ļ	<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			v
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4 b		<u> X</u>

Pa	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requi	ired (continued)					
5a	During the year did the foundation pay or incur any amou	nt to							
••	(1) Carry on propaganda, or otherwise attempt to influer		4945(e))?	Yes X No	,				
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,								
	directly or indirectly, any voter registration drive?								
	(3) Provide a grant to an individual for travel, study, or other similar purposes?								
	(3) Provide a grant to an organization other than a charitable, etc., organization described in								
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?	-		Yes X No	,				
		. •							
	(5) Provide for any purpose other than religious, charital	-		Yes X No					
	purposes, or for the prevention of cruelty to children o				'				
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans					1			
	Regulations section 53 4945 or in a current notice regard	-	· · · ·		<u>5</u> b				
	Organizations relying on a current notice regarding disast	er assistance check h	ere	▶ 📖					
C	If the answer is "Yes" to question 5a(4), does the foundation	ition claim exemption	from the tax						
	because it maintained expenditure responsibility for the gi	ant?		Yes X No	•				
	If "Yes," attach the statement required by Regulations section.	ion 53 4945-5(d)							
6 a	Did the foundation, during the year, receive any funds, d	irectly or indirectly, to	pay premiums						
-	on a personal benefit contract?			. Yes X No	,				
b	Did the foundation, during the year, pay premiums, direct			::17	6 b	X			
-	If "Yes" to 6b, file Form 8870	, ,,,							
7 2	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes X No	,				
	If "Yes," did the foundation receive any proceeds or have					X			
	t VIII Information About Officers, Directors	. Trustees. Foun	dation Managers.	Highly Paid Empl	ovees.				
	and Contractors								
1_	List all officers, directors, trustees, foundation m	anagers and their (b) Title, and average	compensation (see	(d) Contributions to					
	(a) Name and address	l hours per week l	(c) Compensation (if not paid, enter	employee benefit plans	(e) Expens other all				
		devoted to position	-0-)	and deferred compensation					
	macument o		0.	o.l		0			
AI	TACHMENT 2		0.						
		<u> </u>	·						
2	Compensation of five highest-paid employees (ot If none, enter "NONE."	her than those inc	luded on line 1 - se	e page 23 of the inst	tructions).				
		(b) Title, and average		(d) Contributions to	(e) Expens	e account			
(á) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	other all				
		devoted to position	·	compensation	_				
					_	_			
	NONE								
-									
Tati	I number of other employees paid over \$50,000 .					•			
104									

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If n	one, enter "NONE.
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
MONE	
NONE	
Total number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 PROVIDE MEDICAL, DENTAL, EDUCATIONAL AND HOUSING ASSISTANCE	
FOR DISADVANTAGED CHILDREN THROUGH NO FAULT OF THEIR OWN.	10.74
(SEE SCHEDULE OF GRANTS/CONTRIBUTIONS PAID)	18,74
3	
4	
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE	Amount
1 NONE	
2	
All other program-related investments See page 24 of the instructions	
3 NONE	
	l:
Total. Add lines 1 through 3	

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions)	gn foundat	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3		3	0.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
		4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here and do not complete this property in the complete this property is a section of the com		
1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2010 from Part VI, line 5 2a 0.		
b	Income tax for 2010 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	0.
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	18,747.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	18,747.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	18,747.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when call		
	qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2010)

Рa	TOXIII Undistributed income (see page	20 Of the mondello	113/		
	Det Mi	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1	Distributable amount for 2010 from Part XI,	Corpus	Todio phoi to 2000	2000	0.
	line 7				
2	Undistributed income, if any, as of the end of 2010			0.	
а	Enter amount for 2009 only		0.		
b	Total for pnor years 20 08 ,20 07 ,20 06		0.		
3	Excess distributions carryover, if any, to 2010				
	From 2005				
	From 2006				
C	From 2007				
d	From 2008 18, 783.				
e	From 2009	_ _	ĺ		
f	Total of lines 3a through e	47,477.			
4				}	
	line 4 ▶ \$18,747.				
а	Applied to 2009, but not more than line 2a			0.	
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)	·-·-			
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2010 distributable amount	10 515			0.
e	Remaining amount distributed out of corpus	18,747.		·	
5	Excess distributions carryover applied to 2010	0.			0.
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:			ļ	
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	66,224.			
b	Prior years' undistributed income Subtract		0.		
	line 4b from line 2b		0.		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable	İ	0.		
	amount - see page 27 of the instructions				
-	4a from line 2a Taxable amount - see page			0.	
	27 of the instructions				
f	Undistributed income for 2010 Subtract lines				
	4d and 5 from line 1 This amount must be				0.
7	distributed in 2011				
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)				
Ĭ	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2011.	66,224.			
4.0	Subtract lines 7 and 8 from line 6a			1. <u>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</u>	
	Analysis of line 9 Excess from 2006				
d h	Excess from 2006				
	Excess from 2008				
d	Excess from 2009 11,794.				
	Excess from 2010 18,747.				
		<u>. </u>	!		

Pa	rt XIV Private Oper	ating Foundations	see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has foundation, and the ruling					
ь	Check box to indicate wh					1)(3) or 4942(j)(5)
_		Tax year	F	Prior 3 years		Ţ <u>, , , , , , , , , , , , , , , , , , , </u>
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	I or the minimum investment					
	return from Part X for each year listed					
h	85% of line 2a					
_	Qualifying distributions from Part					
·	XII, line 4 for each year listed .					
d	Amounts included in line 2c not					
	used directly for active conduct of exempt activities					
e	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)					
D	"Endowment" alternative test- enter 2/3 of minimum invest-				,	
	ment return shown in Part X,					
_	line 6 for each year listed					
C	"Support" alternative test - enter (1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)),					
	or royalties) (2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-					
	port from an exempt organization					
_	(4) Gross investment income			<u></u>		
Pa	rt XV Supplement	ary Information (C during the year - se	omplete this part	only if the founda	ation had \$5,000	or more in assets
4	Information Regarding			structions.	· · · · · · · · · · · · · · · · · · ·	
' a	List any managers of			than 2% of the tota	L contributions receiv	ed by the foundation
u	before the close of any					
	N/A					
	List any managers of	the foundation who	own 10% or more of	the stock of a corpo	oration (or an equally	large portion of the
_	ownership of a partner	ship or other entity) of	which the foundation	has a 10% or greater	interest	g.
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:		
						ind does not accept
	unsolicited requests f				28 of the instruction	ins) to individuals or
					o addragad	
a 	The name, address, a N/A	na telephone number	or the person to whoh	applications should b	e addressed	
b	The form in which app	lications should be sul	omitted and information	on and materials they	should include	
	N/A		<u></u>			
С	Any submission deadli	nes				
	N/A			unbugal erges shows	blo fiolds lands of	inotifictions or other
đ	Any restrictions or li factors	mitations on awards	such as by geogra	ipnicai areas, charita	bie lielas, kinas or	msututions, or other
	N/A					

Part XV Supplementary Information (continued)		Tutura Davimant	
3 Grants and Contributions Paid Durin	ng the Year or Appr			
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				
3 mm 3 000 000 0		}		
ATTACHMENT 3				
		1		
		,		
Total	L			18,747.
b Approved for future payment		<u> </u>		
2 rapprovou for retaine payment				
		1		
		1		
Total			▶ 3b	

Part XVI	-A Analysis of Income-Produ	cing Activ	vities			
Enter gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e) Related or exempt
1 Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a						
b					_	
c						
d						
е				ļ		
f						
-	and contracts from government agencies					
	ship dues and assessments					
	on savings and temporary cash investments					
	ds and interest from securities			_	-	
	al income or (loss) from real estate					<u> </u>
	-financed property			 		
	debt-financed property			 	··	·
	I income or (loss) from personal property .vestment income					
	loss) from sales of assets other than inventory	_				
•	ome or (loss) from special events		·			
	rofit or (loss) from sales of inventory.			· · · · ·		
	venue a					
е						
12 Subtotal	Add columns (b), (d), and (e)					
13 Total. Ad	dd line 12, columns (b), (d), and (e)				13	
	neet in line 13 instructions on page 29 t				·-·.	
Part XVI-						
Line No.	Explain below how each activity accomplishment of the foundation					
	instructions)				·	·
					·	
					_ 	
						
					····	·
				· · · · · · · · · · · · · · · · · · ·		
						
				· · · · · · · · · · · · · · · · · · ·	-	
						<u></u>
						
						·
					···	

Part	XVII	Information Exempt Orga		ansfers To and Tr	ansacti	ons and Rel	ationships With N	lonc	harit	able
II		on 501(c) of the C		ngage in any of the fosection 501(c)(3) organi					Yes	No
	_		oundation to a non-	charitable exempt organiza	tion of					
								1a(1)		Х
										X
		ansactions								
(1) Sale	es of assets to a noncl	narıtable exempt org	anization				1b(1)		X
				mpt organization						X
(3) Ren	tal of facilities, equipm	ent, or other assets					1b(3)		X
(4) Reir	nbursement arrangeme	ents					1b(4)		Х
(5) Loa	ns or loan guarantees						1b(5)		X
(6) Peri	formance of services of	or membership or fu	ndraising solicitations				1b(6)		X
c 5	Sharing	of facilities, equipmer	nt, mailing lists, othe	er assets, or paid employee	s			1c_		X
d i	fthe	answer to any of	the above is "Ye	s," complete the follow	ving sche	dule Column (I	o) should always show	the	faır r	narke
٧				es given by the report						
٧	alue ır	n any transaction of	r sharing arrange	ment, show in column	(d) the	value of the go	oods, other assets, or	service	es rec	eived
(a) Line	e no	(b) Amount involved	(c) Name of nor	ncharitable exempt organization			ansfers, transactions, and shar	ing arra	ngemei	ıts
		N/A				N/A		-		
						_ .				
		- _{1,-} .								
							<u></u>			
										
			<u> </u>	·						
					<u> </u>					
			<u> </u>							
				 .						
				·····						
			ļ							
2a	s the	foundation directly	or indirectly affil	lated with, or related	to, one	or more tax-ex	empt organizations			
		ed in section 501(c) of complete the followin		in section 501(c)(3)) or in	section 52	⁷ °	l	Ye	es []	No E
		(a) Name of organizatio	n	(b) Type of organiz	ation		(c) Description of relations	hip		
		·								
	_									
	, .									
Sign	belief	r penalties of perjury, I d , it is true, correct, and co	eclare that I have examplete Declaration of	amined this return, including preparer (other than taxpayer	accompany or fiduciary	ing schedules and s) is based on all infor	statements, and to the best of mation of which preparer has	any kn	nowled owledge	ge and
Here		ignature of officer or truste			Date	10101	Title		-	
	1. 3	Print/Type preparer's		Preparer's signature		Date	1	PTIN	_	
		, into type preparers	,	//	-		Check	· ·		
Paid				1/2 Take	, GPA	9.2	3-2011 self-employed	P005	2171	L7
Prep	arer	Eurm's name T.T	INDSEY, LINE	SEY & MUELLER	-		Firm's EIN ▶ 56-1			
Use	Only			AVENUE - SUIT	E 102		THIN CHAP - 3			

RALEIGH,

NC

Phone no 919-787-8995

27612

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

Schedule of Contributors

OMB No 1545-0047

2010

or 990-PF)
Department of the Treasury
Internal Revenue Service

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

Name of the organization

JACK & MARY MCCALL CHARITABLE FOUNDATION, INC

Employer identification number

20-3955279

	20-3955279						
Organization type (check one)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See						
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or one contributor. Complete Parts I and II						
Special Rules							
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the 00 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts						
the year, aggregate	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						
the year, contributi aggregate to more year for an exclusiv applies to this orga	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during ons for use exclusively for religious, charitable, etc., purposes, but these contributions did not than \$1,000. If this box is checked, enter here the total contributions that were received during the ely religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule inization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more.						
990-EZ, or 990-PF), but it mu	t is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, set 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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

9	of	of Part I

	B- (Form 990, 990-EZ, or 990-PF) (2010)		Page of of Part
Name of o	rganization JACK & MARY MCCALL CHARITABLE FOUNDA	TION, INC	Employer identification number 20-3955279
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	VARIOUS CONTRIBUTORS (LESS THAN \$500 EA) N/A	\$11,586.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution

(Complete Part II if there is a noncash contribution)

Person Payroll Noncash

ATTACHMENT 1

FORM 990PF, PART I - OTHER EXPENSES

REVENUE
AND
EXPENSES
PER BOOKS

DESCRIPTION
POSTAGE & DELIVERY
CONTRACT LABOR
BANK SERVICE CHARGES

88. 184.

TOTALS

529.

257.

ATTACHMENT 2

ATTACHMENT 2

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

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

ATTACHMENT 3

JACK & MARY MCCALL CHARITABLE FOUNDATION, INC

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

AMOUNT	2,000.	1,000.	1,000.	1,064.	3,795.	3,136.
PURPOSE OF GRANT OR CONTRIBUTION	TO PROVIDE INSIGHT FOR AREA EDUCATORS ON HOW TO HELP LATINO STUDENTS SUCCEED IN SCHOOL. PAYMENT WAS MADE DIRECTLY TO WORLD VIEW.	TO ENDOW THE PERCUSSION CHAIR FOR THE TRIANGLE YOUTH PHILHARMONIC. PAYMENT MADE DIRECTLY TO THE PHILHARMONIC ASSOCIATION.	TO PROVIDE SCHOLARSHIPS FOR THE YOUNG NATURALISTS CLUB. PAYMENT WAS MADE DIRECTLY TO WAKE AUDUBON.	TO PAY FOR UNINSURED CHILD TO HAVE URGENT ROOT CANAL AND CROWN PROCEDURE. PAYMENT MADE DIRECTLY TO DR. MERCEDES N. AYBAR-DIAZ.	TO PROVIDE "MY READER 3 CCTV" WHICH WILL PROVIDE LITERACY SKILLS TO VISUALLY IMPAIRED PRESCHOOLERS. PAYMENT WAS MADE DIRECTLY TO QUINTEX OF ASHEVILLE.	TO PROVIDE ASSISTANCE FOR CHILDREN IN NEED OF MEDICAL, DENTAL, VISION, EDUCATIONAL, ETC. SERVICES.
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE	NONE	NONE	NONE
RECIPIENT NAME AND ADDRESS	WORLD VIEW UNC CAMPUS BOX 8011 CHAPEL HILL, NC 27599	PHILHARMONIC ASSOCIATION, INC. PO BOX 782 CARY, NC 27512-0782	WAKE AUDUBON 5532 BRIDFORD PLACE RALEIGH, NC 27613	DR. MERCEDES N. AYBAR-DIAZ 6308 FALLS OF THE NEAUSE ROAD, SUITE 400 RALEIGH, NC 27610	QUINTEX OF ASHEVILLE 101 CHARLES ROAD ASHEVILLE, NC 28807	MISCELLIANEOUS GRANTS (LESS THAN \$500) N/A

JACK & MARY MCCALL CHARITABLE FOUNDATION, INC

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

PURPOSE OF GRANT OR CONTRIBUTION	TO PAY FOR CHILDREN TO ATTEND A THREE DAY EDUCATIONAL AND ENVIRONMENTAL FOCUSED FIELD TRIP WITH THE 5TH GRADE CLASS TO THE NORTH CAROLINA COAST. PAYMENT MADE DIRECTLY TO MORRIS GROVE ELEMENTARY SCHOOL.	TO PROVIDE VISION CARE FOR UNDERPRIVILEGED CHILDREN WHO NEED SERVICES. PAYMENT WAS MADE DIRECTLY TO DR. CHRISTOPHER BATEMAN.	TO PROVIDE VISION CARE FOR UNDERPRIVILEGED CHILDREN WHO NEED SERVICES. PAYMENT WAS MADE DIRECTLY TO DR. CHRISTOPHER BATEMAN.	TO PROVIDE WINTER CLOTHING FOR FIVE HOMELESS CHILDREN. PAYMENTS MADE DIRECTLY TO MICHELE LESNIAK
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE	NONE
RECIPIENT NAME AND ADDRESS	MORRIS GROVE ELEMENTARY SCHOOL 215 EUBANKS ROAD CHAPEL HILL, NC 27516	DR. CHRISTOPHER BATEMAN 1527 GARNER STATION ROAD RALEIGH, NC 27603	NATIONAL VISION, INC. 1725 NEW HOPE CHURCH ROAD RALEIGH, NC 27609	MICHELE LESNIAK 3810 WAKE FOREST ROAD DURHAM, NC 27703

665.

1,905.

AMOUNT

ATTACHMENT 3 (CONT'D)

1,418.

1,800.

18,747.	
RIB	

964.

HYPOPLASIA. PAYMENTS MADE DIRECTLY TO CAROLINA CEREBRAL PALSY, HEARING LOSS AND OPTIC NERVE TO PROVIDE A WHEEL CHAIR FOR A STUDENT WITH

NONE

CAROLINA MOBILITY AND SEATING

1001 AMERICAN WAY APEX, NC 27502 MOBILITY AND SEATING.

ATTACHMENT 3

INFORMATION PROVIDED PURSUANT TO ADOPTION OF RECURRING ITEM EXCEPTION (REGS. 1.461-3T ANSWER 7 (b) AND PROPOSED REGS. 1.46-5(d)

THE RECURRING ITEM EXCEPTION IS BEING USED FOR THE BUSINESS LISTED BELOW:

NAME:	<u>JACK</u>	<u>&</u>	MARY	MCCALL	CHARITABLE	FOUNDATION,	INC.
FEDERAL	ı ID	NUM	BER:		20-39	55279	

THE RECURRING ITEM EXCEPTION IS BEING USED FOR THE FOLLOWING ITEMS:

- 1. ALL TAXES INCLUDING STATE AND LOCAL INCOME TAXES, PROPERTY TAXES, SALES TAXES, ETC.,
- 2. INSURANCE CONTRACTS,
- 3. SERVICE AND WARRANTY CONTRACTS,
- 4. AWARDS, PRIZES, REBATES AND REFUNDS,
- 5. ANY AND ALL OTHER ITEMS QUALIFYING FOR THE RECURRING ITEM EXCEPTION.

(Rev January 2011)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenu	le Service	► File a	a separate a	application for each return.	[
	If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
				nsion, complete only Part II (on pag				
				utomatic 3-month extension on a pre		38 .		
				ou need a 3-month automatic exten itomatic) 3-month extension of time				
8868 to red	quest an ext	ension of time to file any of the	forms list	ed in Part I or Part II with the exce	eption of Form 8870,	Information		
Return for	Transfers A	ssociated With Certain Personal	al Benefit his form vi	Contracts, which must be sent to sit www.irs.gov/efile and click on e-I	o the IRS in paper t file for Charties & Non	format (see		
		Month Extension of Time. Or			10 101 011011100 0 11011	prome.		
				atic 6-month extension - check this i	hox and complete			
=	•	•			•			
All other cor	norations (u	ncluding 1120-C fulers) partnersh	ons REMI		request an extension	of time		
to file incom		-	.,po, 1121,,,1	oo, and tracto must use to om to the	, aquadi un antanara			
Type or		empt organization			Employer identification	n number		
print	JACK &	MARY MCCALL CHARITABL	E FOUNI	DATION, INC	20-3955279)		
File by the Number, street, and room or suite no. If a P.O. box, see instructions								
due date for 312 MOUNT EDEN PLACE								
filing your return. See	City, town o	r post office, state, and ZIP code For	a foreign ac	ldress, see Instructions.				
Instructions	CARY, N	IC 27518						
Enter the Re	turn code fo	or the return that this application	is for (file a	a separate application for each return)	0 4		
Application			Return	Application		Return		
ls For			Code	ls For		Code		
Form 990			01	Form 990-T (corporation)		07		
Form 990-BL			02	Form 1041-A		08		
Form 990-EZ			03	Form 4720		09		
Form 990-PF			04	Form 5227		10		
		or 408(a) trust)	05	Form 8069		11		
Form 990-T (trust other t	han above)	06	Form 8870		12		
• The books	are in the c	are of ▶ LINDSEY, LINDS	EY & MU	ELLER				
Telephone	No. > 9	19 787-8995		AX No ▶ 919 787-4315				
				the United States, check this box				
				up Exemption Number (GEN)		•		
				rt of the group, check this box				
		EINs of all members the extension		it of the group, enough the bex	/ and and			
				quired to file Form 990-T) extension	of time			
until				anization return for the organization		dension is		
for the o	rganization'	s return for		3				
►X c	alendar yea	r 20 10 or						
▶ ta	ax year begi	inning	, 20	, and ending	, 20 .			
2 If the tax	year entere			reason: Initial return F				
3a If this a	pplication is	for Form 990-BL, 990-PF, 990)-T, 4720.	or 6069, enter the tentative tax,	less any			
		ts See instructions			3a \$ NE	WE_		
				6069, enter any refundable cre	dits and			
		nts made Include any prior year		·		DNJE		
				ent with this form, if required, by usir				
		ax Payment System) See instruc			3c \$ N	ONE		
		to make an electronic fund wi	thdrawal v	with this Form 8868, see Form 84	53-EO and Form 887	79-EO for		
ayment instru								
or Paperwork	Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1,2011)							

Form 8868 (Re	ev 1-2011)				Page	
If you are	e filing for an Additional (Not Automatic) 3-N	Ionth Exte	nsion, complete only Part II and che	eck this box	<u></u> X	
	complete Part II if you have already been gra				В	
	filing for an Automatic 3-Month Extension,			_		
Part II	Additional (Not Automatic) 3-Month E			copies needed).		
Type or	Name of exempt organization			Employer Identification	n number	
print	JACK & MARY MCCALL CHARITABI	LE FOUNI	DATION, INC	20-3955279	€	
File by the	Number, street, and room or suite no. If a P.O. bo			<u> </u>		
extended	312 MOUNT EDEN PLACE					
due date for filing your	City, town or post office, state, and ZIP code For	r a foreign ac	idress, see instructions.			
return See	CARY, NC 27518					
instructions	O/M(1) NO 27310					
Enter the Re	turn code for the return that this application	is for (file a	a separate application for each return)	. 04	
Application		Return	Application		Return	
ls For		Code	Is For		Code	
Form 990		01		, , , , , , , , , , , , , , , , , , ,		
Form 990-BL		02	Form 1041-A		08	
Form 990-EZ		03	Form 4720		09	
Form 990-PF		04	Form 5227		10	
	(sec 401(a) or 408(a) trust)	05	Form 6069		11	
					12	
	STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.					
	are in the care of LINDSEY, LINDS			, , , , , , , , , , , , , , , , , , ,		
	No ▶ 919 787-8995		AX No > 919 787-4315			
	nization does not have an office or place of b				.	
	a Group Return, enter the organization's fou				e ie	
	group, check this box If					
	ames and EINs of all members the extension		to the group, check this box , ,	P [] and alla	icria	
	t an additional 3-month extension of time uni		11/15 , 2	n 11		
					n	
	ndar year <u>2010</u> , or other tax year beginnin		, 20 , and ending		20	
r1	year entered in line 5 is for less than 12 mo	ontas, check	c reason: Initial return	Final return		
	ange in accounting period detail why you need the extension _TAXPAY	שמט משע	NOT DECETIVED ATT THE NE	ירקפפאטע		
	ATION NEEDED TO COMPLETE THE			CBOJAKI		
TIVE OTCH	ATTOR NEEDED TO COMPLETE THE	KETOKIV	· · · · · · · · · · · · · · · · · · ·	, ., .,		
						
9a If this on	oplication is for Form 990-BL, 990-PF, 990	T 4720	or 6060 onter the tentature toy	loop spul		
	dable credits. See instructions.	J-1, 4720,	of 6009, enter the tentative tax,	8a \$ NOI	n) =	
		(700	COCO		V E	
	application is for Form 990-PF, 990-T, 4			i l		
	tax payments made Include any prior	r year ov	erpayment allowed as a credit a		m 4 1 7	
	aid previously with Form 8868	 			ONE	
	Due. Subtract line 8b from line 8a Include yo		nt with this form, if required, by usin		NE	
(Electroni	c Federal Tax Payment System) See instruct			8c \$ NC	1106	
	_		Verification			
	perjury. I declare that I have examined this form, inc ad complete, and that I am authorized to prepare this form.		panying schedules and statements, and to	the best of my knowledge	and belief,	
	-					
. 9	Fin B Phiday		. 000	. 01,-1	1.,	
Signature 🕨 '	CA C PHARASTERS		Title \ (\V/\)	Date ► 8 15 / Form 8868 (R	1)	
				Form 8868 (R	ev 1-2011)	