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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

		torule rieasury	i reated as a Privato be able to use a copy of this		rting requirements	2010	
For calendar year 2010, or tax year beginning JUL 1, 2010 , and ending JUN 30, 2011							
G Check all that apply Initial return Initial return of a former public charity Final return Amended return Address change Name change							
Nar	ne of	foundation			A Employer identification	number	
BILL MCCARTY, III FOUNDATION 64-0872808							
Nur	nber a	and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number		
<u>L</u>		4032 PINEWOOD DRIVE	EXTENSION	701	601-982082	5	
City	or to	own, state, and ZIP code	ATTACLE		C If exemption application is p		
<u></u>		JACKSON, MS 39211	MITACHE	D	D 1. Foreign organizations	s, check here	
H (_	type of organization X Section 501(c)(3) ex		A	Foreign organizations me check here and attach co		
_ <u></u>		ction 4947(a)(1) nonexempt charitable trust arket value of all assets at end of year J Accounti	Other taxable private foundang method X Cash	Accrual	E If private foundation state	tus was terminated	
		· ' ' -	her (specify)	ACCIDAL	under section 507(b)(1)		
	\$	2,004,218. (Part I, colu		pasis.)	F If the foundation is in a (under section 507(b)(1)		
_	rt I		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for chantable purposes	
		necessarily equal the amounts in column (a))	expenses per books	Income	income	(cash basis only)	
	1	Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch. B	100,821.	······································	N/A		
	2	Interest on savings and temporary cash investments	16,071.	16,071.	<u> </u>	STATEMENT 1	
	4	Dividends and interest from securities	27,135.	27,135.		STATEMENT 2	
	1 -	Gross rents	2,7200				
		Net rental income or (loss)					
0	6a	Net gain or (loss) from sale of assets not on line 10	252,475.				
Ž	b	Gross sales price for all assets on line 6a 1,158,313.					
Revenue	7	Capital gain net income (from Part IV, line 2)		252,475.			
ш	8	Net short-term capital gain			, , , , , , , , , , , , , , , , , , ,	San San San	
	9	Income modifications Gross sales less returns		······	1 (1 The state of	<u> </u>	
	10a	and allowances	<u> </u>			·	
		Less Cost of goods sold Gross profit or (loss)			igh out to	2012 July	
	11	Other income				100	
	12	Total. Add lines 1 through 11	396,502.	295,681.	060=)	(1 € ²)	
	13	Compensation of officers, directors, trustees, etc	0.	0.	business are sawn	0.	
	14	Other employee salaries and wages					
ý	ı	Pension plans, employee benefits		•			
nse	ı	Legal fees	600.	300.		300.	
xpe		Accounting fees STMT 3 Other professional fees	600.	300.		300.	
Б Ш	17	Interest		·			
aţį	18	Taxes STMT 4	3,254.	2,643.		0.	
istr	19	Depreciation and depletion					
Ē	20	Occupancy					
J Ad	21	Travel, conferences, and meetings					
anc	22	Printing and publications	15.55	B 000			
いか	23	Other expenses STMT 5	15,656.	7,828.		7,828.	
109 2017 Loperating and Administrative Expenses	24	Total operating and administrative	19,510.	10,771.		Q 12Q	
್ಟ್ರ	25	expenses. Add lines 13 through 23 Contributions, gifts, grants paid	78,500.	10,//1.		8,128. 78,500.	
	٦	Total expenses and disbursements.	,500			, 0, 300.	
\equiv	- "	Add lines 24 and 25	98,010.	10,771.		86,628.	
ANNED JUL	27	Subtract line 26 from line 12					
لِيَّا	a	Excess of revenue over expenses and disbursements	298,492.				
	b	Net investment income (if negative, enter -0-)		284,910.			
4	C	Adjusted net income (if negative, enter -0-)			N/A		

LHA For Paperwork Reduction Act Notice, see the instructions.

orm 9	990-PF (2010) BILL MCCARTY, III FOUNDA)872808 Page 2
Par	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
	Column should be for one or year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	Cash - non-interest-bearing	12,610.	8,911.	8,911. 557,777.
	Savings and temporary cash investments	100,722.	557,777.	331,111.
3	Accounts receivable -			
	Less allowance for doubtful accounts			
4			-	
	Less allowance for doubtful accounts			
5				
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7	Other notes and loans receivable		†	
. .	Less allowance for doubtful accounts			
ets	F			
SS	Prepaid expenses and deferred charges			
~ 10	la Investments - U.S. and state government obligations	1 700 654	1 5/5 700	1 /27 520
	b Investments - corporate stock STMT 6	1,700,654.	1,545,790.	1,437,530.
	c Investments - corporate bonds			· · · · · · · · · · · · · · · · · · ·
11	Investments - land, buildings, and equipment basis		†	
	Less: accumulated depreciation			
12	F			
13				
14			†	
	Less: accumulated depreciation			
15	Other assets (describe ►)			
		1 012 006	2 112 470	2 004 210
16		1,813,986.	2,112,478.	2,004,218.
17	· · · · · · · · · · · · · · · · · · ·			
18				
<u>s</u> 19		-		
20 21 21 21	F T T T T T T T T T T T T T T T T T T T			
~ I	· · · · · · · · · · · · · · · · · · ·			
22	2 Other liabilities (describe ►)			
23	Total liabilities (add lines 17 through 22)	0.	0.	
- -	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
8 2		1,813,986.	2,112,478.	
E 25			· · · · · · · · · · · · · · · · · · ·	
Net Assets or Fund Balances	'			
֓֞֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Foundations that do not follow SFAS 117, check here			
2	and complete lines 27 through 31.			
င်္ဂ တို့ 2				
Sets				
Se 2				
30		1,813,986.	2,112,478.	
<u> </u>		• • • • • • • • • • • • • • • • • • • •	, , , , , , , , , , , ,	
3				
Par	till Analysis of Changes in Net Assets or Fund Ba	lances		
1 To	tal net assets or fund balances at beginning of year - Part II, column (a), line 3	10		
	ust agree with end-of-year figure reported on prior year's return)		1 1	1,813,986.
•	ter amount from Part I, line 27a		2	1,813,986. 298,492.
	ner increases not included in line 2 (itemize)		3	0.
-	d lines 1 2 and 3			2.112.478.

Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
(must agree with end-of-year figure reported on prior year's return)	1 1	1,813,986.
Enter amount from Part I, line 27a	2	298,492.
Other increases not included in line 2 (itemize)	3	0.
Add lines 1, 2, and 3	4	2,112,478.
Decreases not included in line 2 (itemize)	5	0.
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,112,478.
	(must agree with end-of-year figure reported on prior year's return) Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 Decreases not included in line 2 (itemize)	(must agree with end-of-year figure reported on prior year's return) 1 Enter amount from Part I, line 27a 2 Other increases not included in line 2 (itemize) 3 Add lines 1, 2, and 3 4 Decreases not included in line 2 (itemize) 5

,			01111 1 m						4 007	2000	
		SARTY, III For sample of the s						6	4-087	2808	Page 3
(a) List and desc	ribe the kir	nd(s) of property sold (e g or common stock, 200 shs	, real estate,	income	P	How ac - Purch - Dona	nase '	c) Date a	acquired ay, yr)	(d) Date (mo , da	
1a					"	- Dolla	LIUII			<u> </u>	
b SEE ATTACHED	STAT	TEMENTS					_			<u> </u>	
С											
d					ļ						
<u>e</u>					<u>L</u>					<u></u>	
(e) Gross sales price	(f) C	Depreciation allowed (or allowable)	107	t or other basis xpense of sale					ain or (loss s (f) minus		
<u>a</u>	ļ										
<u>b</u>										· · · · · · · · · · · · · · · · · · ·	
<u>c</u>	<u> </u>					<u> </u>					
e 1,158,313.				905,83	ı R					252	475.
e 1,158,313. Complete only for assets showl		column (h) and owned by i	he foundation	 	, , ,		(1) (Sains /C	ol. (h) gaın		1730
(i) F M V as of 12/31/69		j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (I) col (J), if any			col (k), but r	ot less tha (from col (n -0-) or	
a											
b											
C											
d										0.50	455
<u>e</u>	<u> </u>		L			ļ ,				252,	475.
2 Capital gain net income or (net c	apıtal loss)	If gain, also enter If (loss), enter -0	n Part I, line In Part I, line	7 7	}	2				252,	475.
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8	, column (d		ıd (6)		}				N/A		
If (loss), enter -0- in Part I, line 8 Part V Qualification U	Inder S	ection 4940(e) for	Reduced	Tay on Net	lov	<u> 3 </u>	ent Inco	me	N/A	<u>, </u>	
(For optional use by domestic private							icht moc				
If section 4940(d)(2) applies, leave			1340(a) tax on	not investment ii	100111	· /					
Was the foundation liable for the sec				-	rıod?					Yes	X No
If "Yes," the foundation does not qual 1 Enter the appropriate amount in					es						
(a)	Cucii Colui	(b)	actions botore	making uny onto	(c)	`				(d)	
Base periód years Calendar year (or tax year beginn	ing in)	Adjusted qualifying dis	tributions 6 , 775 .	Net value of no	oncha	ritable-	use assets 7 , 653 .		(d) Distribution ratio (col (b) divided by col (c)) 013962		
2009			3,953.				1,789				
2007			7,390.				5,952				
2006			8,481.				3,801.			.49	4689
2005			9,339.			44	5,592			.02	20959
2 Total of line 1, column (d)								2		. 68	<u> 34719</u>
3 Average distribution ratio for the	5-year bas	se period - divide the total (on line 2 by 5,	or by the number	r of ye	ears					
the foundation has been in exist	ence if less	than 5 years						3		• 1.	<u> 36944</u>
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5					4		2,078	209.			
5 Multiply line 4 by line 3					5		284	598.			
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)						6		2	849.
7 Add lines 5 and 6				7		287	447.				

86,628.

See the Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate

' Form	1990-PF(2010) BILL MCCARTY, III FOUNDATION 64-08	372808		Page 4
_	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		5,6	98.
	of Part I, line 27b			
	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-)	<u> </u>		0.
3	Add lines 1 and 2		5,6	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-		5,6	98.
	Credits/Payments			
	2010 estimated tax payments and 2009 overpayment credited to 2010			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld			^
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached.			1/.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 7 9		5,7	15.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be Credited to 2011 estimated tax			
	rt VII-A Statements Regarding Activities		Voc	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		res	X
_	any political campaign?	1 <u>a</u>		X
B	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b	-	<u> </u>
	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.		1	х
	Did the foundation file Form 1120-POL for this year?	1 c	ļ	├ ^-
ų	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation \$\Bigs \text{ Q . (2) On foundation managers} \Bigs \text{ \$\Bigs \text{ Q . }}			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
6	managers > \$ 0.			1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	Ì	x
	If "Yes," attach a detailed description of the activities.	-		1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	Ì	X
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	-	X
	If "Yes," has it filed a tax return on Form 990-T for this year?			<u> </u>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
·	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	•		
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	Х	
	If "Yes," complete Part II, col. (c), and Part XV			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	MS			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	_		
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If *Yes,* attach a schedule listing their names and addresses	10		X

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b If "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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2010.)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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X

3b

4a

4h

N/A

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to						
	Ŧ.					
 1 1	ŧ					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?						
(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?						
(4) 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)?	1					
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for	1					
	ŧ					
	1					
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? N/A 5b	Ť					
Organizations relying on a current notice regarding disaster assistance check here	1					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained	1					
expenditure responsibility for the grant? N/A Yes No	1					
If "Yes," attach the statement required by Regulations section 53 4945-5(d).						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on	1					
a personal benefit contract? Yes X No	1					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b	X					
If "Yes" to 6b, file Form 8870.	1					
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No						
b if "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b						
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly						
raid Employees, and Contractors						
1 List all officers, directors, trustees, foundation managers and their compensation.	·					
1 to 3 of a manufacture of the state of the	Expense ount, other					
(a) Name and address hours per week devoted (If not paid, and deferred and deferred to position enter -0-) compensation all	owances					
W.B. MCCARTY, III PRES/DIRECTOR						
JACKSON, MS						
0.00 0.	0.					
HARRISON RUSSELL MCCARTY SEC-TREAS/DIR						
JACKSON, MS						
0.00 0.	0.					
BETH MCCARTY HARRIS DIRECTOR						
YAZOO CITY, MS						
0.00 0.	0.					
0.00						
						
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."						
(b) Title and average (d) Contributions to (e)	Expense					
(a) Name and address of each employee paid more than \$50,000 hours per week (c) Compensation employee benefit plans acc	ount, other					
devoted to position compensation all	owances					
NONE						
Total number of other employees paid over \$50,000	0					

BILL MCCARTY, III FOUNDATION		<u>087280</u>	8 Page /
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion 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	(2) 1) po 01 3011/100		Companion
HOND	1		
,	 		
	-		
	- 		
	4		
	<u> </u>		
	4		
Total number of others receiving over \$50,000 for professional services	<u> </u>	▶	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produ	cal information such as the	Ехр	enses
1 N/A	333, 333	<u> </u>	
1			
2			
2			
^			
3			
4			
		L	
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lin	nes 1 and 2	Am	ount
1 <u>N/A</u>			
2			
All other program-related investments. See instructions			
3	ļ		
		i	

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Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndatior	ns, see instructions)
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	1,682,936.
b		1b	1,682,936. 426,921.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	2,109,857.
e	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	2,109,857.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	31,648.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,078,209.
6	Minimum investment return. Enter 5% of line 5	6	103,910.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part)	nd certa	
1	Minimum investment return from Part X, line 6	1	103,910.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI)	1 1	
C	Add lines 2a and 2b	2c	5,698.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	5,698. 98,212.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	98,212.
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	98,212.
_	art XII Qualifying Distributions (see instructions)	··········	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1	06.600
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	86,628.
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	
3	Amounts set aside for specific charitable projects that satisfy the		
a		3a	
þ	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	86,628.
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	86,628.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	qualifies	for the section

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Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2009	(¢) 2009	(d) 2010
1	Distributable amount for 2010 from Part XI,	·	,		
	line 7	:			98,212.
2	Undistributed income, if any, as of the end of 2010				
ä	a Enter amount for 2009 only			0.	
Ì	Total for prior years		0.		
3	Excess distributions carryover, if any, to 2010		•		
	a From 2005				
ı	From 2006 252,026.				
	From 2007 33,136.				
(1 From 2008 34,365.				
	e From 2009				
1	Total of lines 3a through e	319,527.		-	
4	Qualifying distributions for 2010 from				
	Part XII, line 4 ►\$ 86,628.				-
i	a Applied to 2009, but not more than line 2a			0.	
1	Applied to undistributed income of prior	:			
	years (Election required - see instructions)		0.		
1	Treated as distributions out of corpus	^		:	
	(Election required - see instructions)	0.			06 620
	d Applied to 2010 distributable amount				86,628.
_	e Remaining amount distributed out of corpus	0.			11,584.
5	Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	11,584.			11,564.
6	Enter the net total of each column as indicated below:	1			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	307,943.			
١	b Prior years' undistributed income Subtract	· :	_		
	line 4b from line 2b		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.		
-	d Subtract line 6c from line 6b Taxable	3	0.		
	amount - see instructions		V •		
	e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see instr			0.	
	Undistributed income for 2010 Subtract			<u> </u>	
	lines 4d and 5 from line 1. This amount must				
	be distributed in 2011				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 2005				
	not applied on line 5 or line 7	0.			
9	Excess distributions carryover to 2011.				
	Subtract lines 7 and 8 from line 6a	307,943.			
0	Analysis of line 9				
	a Excess from 2006 240,442.	1			<u> </u>
	b Excess from 2007 33,136.	İ			
	c Excess from 2008 34,365.				
	d Excess from 2009				<u> </u>
	e Excess from 2010				Form QQ0 - DF (2010)

BILL MCCARTY, III FOUNDATION

Form 990-PF (2010)

023601 12-07-10

64-0872808

Page 10

3 Grants and Contributions Paid During the	Year or Approved for Future F	ayment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient		
a Paid during the year				
SEE STATEMENT 10				
Total			▶ 3a	78,500
b Approved for future payment				
NONE				
Total			▶ 3b	0.
1 14 14 1				

023621 12-07-10

Form **990-PF** (2010)

Part XVI-A Analysis of Income-Producing Activities	rt XVI-A		of Income-	Producing	Activitie
--	----------	--	------------	------------------	-----------

Enter gross amounts unless otherwise indicated	Unrelated	business income		ded by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	sion	Amount	function income
a					
b					
C					
	1 1				
				· · · · · · · · · · · · · · · · · · ·	
f	<u> </u>				
g Fees and contracts from government agencies	<u> </u>				
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
Investments			İ		16 071
4 Dividends and interest from securities					16,071. 27,135.
	<u> </u>		ļ		27,133.
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property			<u> </u>		
6 Net rental income or (loss) from personal					
property	-				
7 Other investment income	-				
8 Gain or (loss) from sales of assets other					
than inventory	ļ				<u>252,475.</u>
9 Net income or (loss) from special events			<u> </u>		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue				İ	
a					
b					
C					
d					-
e					
12 Subtotal Add columns (b), (d), and (e)		0.		0.	295,681.
13 Total. Add line 12, columns (b), (d), and (e)				13	295,681.
(See worksheet in line 13 instructions to verify calculations)				_	
Part XVI-B Relationship of Activities	to the Asser	mplichment of Ev	omn	t Durnaga	
neiationship of Activities	to the Accor	inplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which inco	me is reported in	column (e) of Part XVI-A	contrib	uted importantly to the accom	plishment of
the foundation's exempt purposes (other than				•	•
3,4 THE INCOME REPORTED RE 8 CONTRIBUTES TO THE ABI	LATES TO	INVESTMENT	AC	TIVITY WHICH	
8 CONTRIBUTES TO THE ABI	LITY OF	THE ORGANIZ	ATI	ON TO FUND IT	S
CHARITABLE COMMITMENTS	•				
				· · · · · · · · · · · · · · · · · · ·	
					
					···
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
					- · · · · · · · · · · · · · · · · · · ·
					
					

ra	Ef VAII	Exempt Organi		siers io a	and Transactions a	iliu nelatiolisi	iips witti Noncha	IIIabit	,	
1	Did the c	organization directly or indir		f the followin	o with any other organization	on described in secti	on 501(c) of	T	Yes	No
		(other than section 501(c)					on 00 1(0) 01			
		s from the reporting founda								
	(1) Cas	· ·			,			1a(1)		Х
		er assets						1a(2)		X
	• •	insactions								
	(1) Sale	es of assets to a noncharitat	ble exempt organizati	on				16(1)		X
		chases of assets from a nor						1b(2)		X
	(3) Ren	tal of facilities, equipment, o	or other assets	•		_		1b(3)		X
	(4) Reir	nbursement arrangements						1b(4)		X
	(5) Loa	ns or loan guarantees						1b(5)		X
	(6) Perf	formance of services or mei	mbership or fundrais	ıng solicitatio	ns			1b(6)		<u>X</u>
C	Sharing	of facilities, equipment, mai	ılıng lısts, other asset	s, or paid em	ployees			10		X
d	If the ans	swer to any of the above is '	"Yes," complete the fo	ollowing sche	dule Column (b) should al	ways show the fair m	arket value of the goods,	other ass	ets,	
	or servic	es given by the reporting fo	oundation If the foun	dation receive	ed less than fair market valu	ie in any transaction	or sharing arrangement, s	how in		
		(d) the value of the goods, o								
(a) ⊔	ne no	(b) Amount involved	(c) Name of		exempt organization	(d) Description	of transfers, transactions, and	shanng ar	rangeme	nts
				N/A						
	-									
										
					· · · · · · · · · · · · · · · · · · ·					
										
						- 				
					· · · - · · · · · · · · · · · · · · · ·					
2a	Is the fo	undation directly or indirect	lly affiliated with, or re	elated to, one	or more tax-exempt organi	zations described				
		n 501(c) of the Code (other	•					Yes	X	No
		complete the following sche		(0), 01 000.		•			-	
	,	(a) Name of org			(b) Type of organization		c) Description of relations	hip		
		N/A								
		der penalties of perjury, I declare t complete Declaration of prepa						lief, it is tr	ие, согге	ct,
Sig	gn	a complete Declaration of prepar	le (oulle) trail taxpayer o	i ilduciary) is Di	ased on all mornation of which	preparer has any known	7			
He	re 📐	V Was My	W ==		V6.	<u> - </u>	TRUSTEE			
		Signature of officer or tru			Date		itle			
		Print/Type preparer's na	ime	Preparer's s	ignature 🗷	Date	Check X if PTIN			
_	_	Hai C	n		D Z 1 0 -	15/24/2	self- employed			
Pa		1176 04	atel	WH	Xue	7/27/	T			
	eparer		MERS, GRE	EN, &	LEROUX, LLP		Firm's EIN			
Us	e Only		00 - 55							
		Firm's address ► 45			SUITE 213			000	000	_
		JA	CKSON, MS	39211			Phone no 601-	<u> 982-</u>	<u>082</u>	<u> </u>

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization

BILL MCCARTY, III FOUNDATION

64-0872808

Organization type (check one):

Filers of: Section:

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
	zation is covered by the General Rule or a Special Rule . n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
Note. Only a section	1 501(c)(/), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one . Complete Parts I and II.
Special Rules	
509(a)(1) ar	on 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 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% unt on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
aggregate o	on 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or tion of cruelty to children or animals. Complete Parts I, II, and III.
contribution If this box is purpose. D	on 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, as for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. It is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., on not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively haritable, 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).

LHA 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)

	1	7	
Page	⊥ of	⊥ of Part I	

Name of organization

Employer identification number

DITI	$MCC\LambdaDMV$	TTT	FOUNDATION	т
יותדם	MCCARTY.	111	I OUNDATION	٧

64-0872808

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WILLIAM B. MCCARTY, III 4032 PINEWOOD DRIVE JACKSON, MS 39211	\$	Person Payroll Noncash X (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
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
23452 12-2	3- IU	2cueanis R (Folm	990, 990-EZ, or 990-PF) (2010)

Name of organization

Page 1 of 1 of Part II
Employer identification number

BILL MCCARTY, III FOUNDATION

64-0872808

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
1	7,699 SHARES OF DNB NOR ASA NOK10		12/13/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(2)		\$	
(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
		 \$	90 990-F7 or 990-PF) (2010

Name of organization

Employer identification number

of Part I

64-0872808 BILL MCCARTY, III FOUNDATION Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating Part III 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 (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (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 (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

FORM 990-PF	OTHER E	XPENSES	STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM			
BANK CHARGES / INVESTMENT FEES	15,656.	7,828.		7,828.		
TO FORM 990-PF, PG 1, LN 23	15,656.	7,828.		7,828.		
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6		
DESCRIPTION		во	OK VALUE	FAIR MARKET VALUE		
FIDELITY			1,545,790.	1,437,530.		
	I, LINE 10B	·	1,545,790.	1,437,530.		

FC	RM	g	9	n	_	P	F
10	ניטוי			v		_	т.

GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

STATEMENT 10

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
GREATER BELHAVEN NEIGHBORHOOD JACKSON, MS	RELIGIOUS, EDUCATIONAL, CHARITABLE		1,000.
HINDS COUNTY SHERIFF RESERVE JACKSON, MS	RELIGIOUS, EDUCATIONAL, CHARITABLE		5,000.
MS HERITAGE TRUST JACKSON, MS	RELIGIOUS, EDUCATIONAL, CHARITABLE		500.
MS KIDNEY FOUNDATION JACKSON, MS	RELIGIOUS, EDUCATIONAL, CHARITABLE		1,000.
NEW STAGE THEATER JACKSON, MS	RELIGIOUS, EDUCATIONAL, CHARITABLE		53,000.
EDWARDS UNITED METHODIST CHURCH JACKSON, MS	RELIGIOUS, EDUCATIONAL, CHARITABLE		6,000.

	describe the kind(s) of property sold ick warehouse, or common stock, 20		(b) How acquir P - Purchase D - Donation	(d) Date sold (mo, day, yr) (mo, day, yr)
1a CHINA BIOTICS	INC.		P	09/30/0909/21/10
b CHINA SKY ONE	MED		P	06/14/1009/10/10
c SPAREBANK NORD	NORGE		P	08/30/1005/20/11
d CHINA BIOTICS	INC.		P	04/18/0809/23/10
e CHINA FARM EQU	IPMENT		P	05/07/0809/23/10
f CHINA ZENITH CI	HEMICAL GR		P	02/11/0812/30/10
g CHINA ZENITH CI	HEMICAL GR		P	08/20/0904/14/11
h FAR EASTONE TE	LECOMMUN		P	01/23/0804/28/11
FUSHI INTL INC	. COM		P	04/17/0809/16/10
FUSHI INTL INC	• COM		P	04/21/0809/17/10
k FUSHI INTL INC	• COM		P	10/17/08/01/06/11
FUSHI INTL INC			P	12/30/08/01/07/11
m FUSHI INTL INC			P	12/30/08/01/11/11
n FUSHI INTL INC			P	12/30/08/01/12/11
o FUSHI INTL INC	. COM		P	12/30/08/01/13/11
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (loss)) plus (f) minus (g)
a 15,209.		22,500.	···	<7,291.>
b 11,869.		21,005.		<9,136.>
c 1,212.		1,266.		<54.>
d 924.		998.		<74.>
e 4,017.		8,101.		<4,084.>
f 12,389.		19,863.		<7,474.>
g 36,366.		50,798.		<14,432.>
h 30,177.		29,208.		969.
7,761.		16,919.		<9,158.>
j 7,821.		16,795.		<8,974.>
k 28,956.		40,571.		<11,615.>
139,194.		105,848.		33,346.
m 145,161.		106,429.		38,732.
n 272,403.		194,574.		77,829.
o 141,963.		83,734.		58,229.
Complete only for assets showin	g gain in column (h) and owned by t	he foundation on 12/31/69		osses (from col (h))
(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	Gains (exces bu	ss of col. (h) gain over col. (k), t not less than "-0-")
a				<7,291.>
b				<9,136.>
c				<54.> <74.>
d				<u> </u>
e				<4,084.>
f				<7,474.>
g				<14,432.>
h				969.
1				<9,158.>
				<8,974.>
<u>k</u>				<11,615.>
1				33,346.
m	<u> </u>		<u></u> .	38,732.
<u>n</u>				77,829.
0				58,229.
2 Capital gain net income or (net ca	pital loss) { If gain, also enter "-0	ın Part I, line 7 -" ın Part I, line 7	2	
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,	s) as defined in sections 1222(5) an			
If (loss), enter "-0-" in Part I, line 8		<u> </u>	3	

BILL MCCARTY, III FOUNDATION

Part IV | Capital Gains and Losses for Tax on Investment Income

T CIT TA Capital Gains and En	2262 IOL 14X OIL WASSIIIGUT IUCOILIE					
	d describe the kind(s) of property sol			(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo, day, yr)
				D - Donation		
1a FUSHI INTL INC				P		01/19/11
b FUSHI INTL INC				P		01/20/11
	. COM			P		03/07/11
d HENG TAI CONSU				P		07/20/10
e PEOPLE S FOOD				P		312/03/10
† RCG HOLDINGS L	TD HK			P	10/05/09	10/21/10
g SINGAPORE REIN	SURANCE	·		P	02/25/08	311/26/10
h SINGAPORE REIN	SURANCE			P	01/23/08	311/29/10
1 TAIWAN MOBILE	CO LTDSHS			P	11/21/07	04/18/11
CAPITAL GAINS	DIVIDENDS			-		
k						
1						
m						
n						
0						
	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (loss)	<u> </u>
(e) Gross sales price	(or allowable)	plus expense of sale			olus (f) minus (g)	
a 70,119.		23,012.			() (0)	47,107.
b 69,002.		32,410.		•		36,592.
22 020		15,596.				18,332.
20 600		36,150.				
						3,549.
e 34,424.		23,608.				10,816.
f 9,820.		21,470.				<11,650.>
g 11,321.		11,030.				291.
h 4,142.		3,836.				306.
30,434.		20,117.				10,317.
<u>j</u> 2.						2.
k						
<u></u>						
<u>m</u>						
<u>n</u>					·	
0						
Complete only for assets shown	ng gain in column (h) and owned by	the foundation on 12/31/69			sses (from col (h)	
(i) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (i)			of col (h) gain ove not less than "-0-")	er col (k),
	as of 12/31/69	over col (j), if any			iot iess than -0-)	
<u>a</u>						47,107.
<u>b</u>						36,592.
C						18,332.
d						3,549.
е						10,816.
f						<11,650.>
9						291.
ħ						306.
1				•		10,317.
ı						2.
k						
1				•		
m					•	
n						
0						
					·····	
2 Capital gain net income or (net ca	apital loss) { If gain, also enter =-(r in Part I, line 7	2			252,475.
			-			
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) ar	nd (6)				
If (loss), enter "-0-" in Part I, line 8		f	3		N/A	
		/ 1			~~, ~ ~	

FORM 990-PF INTEREST ON SAVI	NGS AND TE	MPORARY C	ASH IN	IVESTMENTS	STATEMENT
SOURCE					AMOUNT
FIDELITY INVESTMENTS TRUSTMARK					16,059 12
TOTAL TO FORM 990-PF, PART I,	LINE 3, C	OLUMN A			16,071
FORM 990-PF DIVIDEND	S AND INTE	REST FROM	SECUF	RITIES	STATEMENT
SOURCE	GROS	S AMOUNT		TAL GAINS	COLUMN (A) AMOUNT
FIDELITY INVESTMENTS		27,137.		2.	27,135
TOTAL TO FM 990-PF, PART I, I	N 4	27,137.		2.	27,135
FORM 990-PF	ACCOUNT	ING FEES			STATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM	
ACCOUNTING	600	· ·	300.	····	300
TO FORM 990-PF, PG 1, LN 16B	600) <u>.</u>	300.		300
FORM 990-PF	T.A	AXES			STATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM	
EXCISE TAXES FOREIGN TAXES	611 2,643		0. ,643.		0
TO FORM 990-PF, PG 1, LN 18	3,254	2	,643.		

BILL MCCARTY, III FOUNDATION		64-0872808
ST ANDREW'S CATHEDRAL JACKSON, MS	RELIGIOUS, EDUCATIONAL, CHARITABLE	5,000.
OPERATION SHOESTRING JACKSON, MS	RELIGIOUS, EDUCATIONAL, CHARITABLE	1,000.
OMEGAPHI DONATION ARC JACKSON, MS	RELIGIOUS, EDUCATIONAL, CHARITABLE	5,000.
HINDS COMMUNITY COLLEGE DEVELOPMENT FUND JACKSON, MS	RELIGIOUS, EDUCATIONAL, CHARITABLE	500.
RMHC RONALD MCDONALD HOUSE JACKSON, MS	RELIGIOUS, EDUCATIONAL, CHARITABLE	500.
TOTAL TO FORM 990-PF, PART XV,	LINE 3A	78,500.

Form **8868** (Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 1-2011)

ightharpoonsyou are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part Lonly All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Employer identification number Name of exempt organization Type or print 64-0872808 BILL MCCARTY, III FOUNDATION File by the Number, street, and room or suite no. If a P O. box, see instructions. due date for filing your 4032 PINEWOOD DRIVE return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions JACKSON, MS 39211 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) Return Application Return **Application** Code Code Is For Is For n 990 Form 990-T (corporation) 07 02 Form 1041-A 80 . Jim 990-BL 09 Form 990-EZ 03 Form 4720 04 Form 5227 10 Form 990-PF 05 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 06 Form 8870 Form 990-T (trust other than above) W.B. MCCARTY, III The books are in the care of ▶ 4032 PINEWOOD DRIVE - JACKSON, MS 39211 Telephone No. ► 601-981-1675 FAX No. If the organization does not have an office or place of business in the United States, check this box . If this is for the whole group, check this If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box . If it is for part of the group, check this box ... and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year or ► X tax year beginning JUL 1, 2010 ____ , and ending <u>JUN 30 , 2011</u> If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

by using EFTPS (Electronic Federal Tax Payment System). See instructions

For Paperwork Reduction Act Notice, see Instructions.

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If you are filing	for an Additional (Not Automatic) 3-Month Ex	ktension, c	complete only Part II and check this b	ΟX	•	\mathbf{x}		
	olete Part II if you have already been granted an				8868.			
	for an Automatic 3-Month Extension, comple							
Part II A	dditional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no o	opies	needed).			
Type or Nam	e of exempt organization				Employer identification number			
print PTT.	אריראסייע דדד יירוואוראיידר	NT		6	64-0872808			
File by the					14-00/2000			
	tended Number, street, and room or suite no. If a P.O box, see instructions.							
ming your	town or post office, state, and ZIP code. For a fe	oreign add	ress see instructions					
	KSON, MS 39211					<u> </u>		
Enter the Peturn	code for the return that this application is for (file	o a copara	to application for each return)			0 4		
	code for the return that this application is for the	e a sepaia	e application for each return)			<u></u>		
Application		Return	Application			Return		
Is For		Code	Is For			Code		
Forn 990		01	<u> </u>					
Form 990-BL		02	Form 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		
	other than above)	06	Form 8870			12		
STOP! Do not co	mplete Part II if you were not already granted		<u>natic 3-month extension on a previou</u>	sly file	ed Form 8868.			
	W.B. MCCARTY,							
	in the care of ► 4032 PINEWOOD I	DRIVE		·				
•	► 601-981-1675		FAX No					
	tion does not have an office or place of busines					Ш		
	Group Return, enter the organization's four digit	•	· · · · · · · · · · · · · · · · · · ·					
	t is for part of the group, check this box		ch a list with the names and EINs of all	memb	ers the extension is	for.		
•	additional 3-month extension of time until		15, 2012	TTTST	20 2011			
	ar year, or other tax year beginning					·		
′	ear entered in line 5 is for less than 12 months, c	heck rease	on: Initial return	Final r	return			
	ge in accounting period							
	ail why you need the extension ATION NECESSARY TO FILE	7 ((0)	ADTEME AND ACCURAME	mxv	DEMIDN TO	MOII		
			FILE IS RESPECTFULL			MOT		
ILI AV	AILABLE: ADDITIONAL III	ME IU	FIDE 19 KESPECIFULL	II K	EQUESTED.			
8a If this applic	cation is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any					
nonrefunda	ble credits. See instructions.			8a	\$	0.		
b If this applic	cation is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated					
tax paymen	ts made. Include any prior year overpayment all	owed as a	credit and any amount paid	<u></u>				
previously	with Form 8868.			8b	\$	0.		
c Balance du	e. Subtract line 8b from line 8a. Include your pa	yment witl	n this form, if required, by using					
EFTPS (Elec	ctronic Federal Tax Payment System). See ınstru	uctions.		8c	\$	0.		
	Signa	ature an	d Verification					
Under penalties of p	erjury, I declare that I have examined this form, including	ing accomp	anying schedules and statements, and to the	best o	f my knowledge and be	lief,		
it is true, correct, an	d complete, and that I am authorized to prepare this fo	orm.	01		26/			
Signature 🕨 🗡	Title >	4	47	Date	► 411C			
		,			Form 8868 (Re	v. 1-2011)		

Form 886	88 (Rev 1:2011)					Page 2	
If you :	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this bo	ЭX	>	X	
Note. On	ly complete Part II if you have already been granted an a	automatic	3-month extension on a previously filed	Form	8868		
If you a	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).		
Type or	Name of exempt organization				Employer identification number		
print	BILL MCCARTY, III FOUNDATION			6	4-0872808		
File by the extended due date for filing your	Number, street, and room or suite no. If a P.O box, standard PINEWOOD DRIVE	ee instruc	tions.	_			
return See instructions	City, town or post office, state, and ZIP code. For a for JACKSON, MS 39211	oreign add	lress, see instructions.			-	
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Applicati	on	Return	Application			Return	
ls For		Code	is For			Code	
Form 990)	01				!	
Form 990	-BL	02	Form 1041-A			08	
Form 990		03	Form 4720			09	
Form 990		04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		···	11	
	-T (trust other than above)	06	Form 8870			12	
STOP! D	o not complete Part II if you were not already granted	an auton	natic 3-month extension on a previou	sly file	ed Form 8868.		
	W.B. MCCARTY,						
	poks are in the care of ▶ 4032 PINEWOOD I	DRIVE	- JACKSON, MS 39211				
Teleph	none No. ► 601-981-1675		FAX No. ▶				
If the o	organization does not have an office or place of business	s in the Ur	nited States, check this box		>		
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If th	is is fo	r the whole group, c	heck this	
box ►	If it is for part of the group, check this box 🕨		ich a list with the names and EINs of all	memb	ers the extension is	for.	
	quest an additional 3-month extension of time until		<u>15, 2012</u> .				
5 For	calendar year, or other tax year beginning	JUL 1	, 2010 , and ending _	JUN	30, 2011	<u> </u>	
6 If th	ne tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final r	eturn		
	Change in accounting period						
7 Sta	te in detail why you need the extension						
IN	FORMATION NECESSARY TO FILE	A COI	MPLETE AND ACCURATE	TAX	RETURN IS	NOT	
YE	ET AVAILABLE. ADDITIONAL TIME	ME TO	FILE IS RESPECTFULI	Y R	EQUESTED.		
8a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any				
nor	refundable credits. See instructions.			8a	\$	0.	
b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated				
tax	payments made. Include any prior year overpayment all	owed as a	a credit and any amount paid	:			
pre	eviously with Form 8868.		·	8b	\$	0.	
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using							
	FPS (Electronic Federal Tax Payment System). See instru	-		8c	\$	0.	
			d Verification				
Under pen It is true, c	alties of perjury, I declare that I have examined this form, includi orrect, and complete, and that I am authorized to prepare this fo	ing accomp		e best o	f my knowledge and b	elief,	
Signature	► Title ►			Date	>		
			·· .		.		