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Return of Private Foundation

OMB No 1545-0052

or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Notè. The foundation may be able to use a copy of this return to satisfy state reporting requirements 2011, and ending For calendar year 2011 or tax year beginning A Employer identification number Name of foundation 20-3955279 JACK & MARY MCCALL CHARITABLE FOUNDATION, INC Room/suite B Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) ( ) 312 MOUNT EDEN PLACE City or town, state, and ZIP code If exemption application is pending, check here CARY, NC 27518 G Check all that apply Initial return of a former public charity Initial return D 1 Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach Address change Name change computation . . . . . . X | Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here . J Accounting method | X Cash | Accrual Fair market value of all assets at end If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here . of year (from Part II, col (c), line 42,379. (Part I, column (d) must be on cash basis) 16) **►** \$ Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and (c) Adjusted net total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in (b) Net investment for charitable expenses per income income purposes books column (a) (see instructions)) (cash basis only) 50,399 Contributions, gifts, grants, etc., received (attach schedule) .

If the foundation is not required to 2 attach Sch B . . . . . . . . . 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 a Gross rents . . . . . . . . . . . . . . . . . b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . Net short-term capital gain . . Income modifications -10 a Gross sales less returns and allowances · · · · b Less Cost of goods sold . c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) . . . . . . 50,399. Total. Add lines 1 through 11 **⊊** •€3 Compensation of officers, directors, trustees, etc 74 95,45 Other employee salaries and wages . . . . . Pension plans, employee benefits . . . . . . 6a Legal fees (attach schedule) . . . . . . . . . 815 b Accounting fees (attach schedule) . . . . . c Other professional fees (attach schedule) . . . 6 ZUIZ SEP IV Taxes (attach schedule) (see instructions) . . . . . Depreciation (attach schedule) and depletion. Travel, conferences, and meetings . . . . . . Printing and publications . . . . Other expenses (attach schedule)  $\begin{picture}(0,0) \put(0,0){\line(0,0){100}} \put(0,0){\line(0$ 665 23 24 Total operating and administrative expenses 1,480 Add lines 13 through 23 . . . . . . . . . 25,090. 25,090 Contributions, gifts, grants paid . . . . . . 25,090 26,570 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 23,829 a Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) c Adjusted net Income (if negative, enter -0-).

For Paperwork Reduction Act Notice, see Instructions. 22L23C H448

Form 990-PF (2011)



Pa	rt II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
			amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ng	18,550.	42,379.	42,379
	2	Savings and temporary	cash investments			
-	3	Accounts receivable 📐				
		Less allowance for dou	btful accounts ▶			
						,
		Less allowance for dou	btful accounts ▶			
			officers, directors, trustees, and other			······································
		disqualified persons (att	ach schedule) (see instructions)			
			eceivable (attach schedule)			
			otful accounts ▶			
			e			
쓅	9	Prenaid expenses and d	eferred charges			
188			e government obligations (attach schedule)			
7			stock (attach schedule)			
- 1			bonds (attach schedule)			
1	1	Investments - land, buildings	s, <b>•</b>		<del></del>	
		and equipment basis Less accumulated deprecia	ttion			
1.	_	(attach schedule)				
1			loans		-	
i	4	Land, buildings, and	ch schedule)		<del>-</del> -	1
		equipment basis Less accumulated deprecia	tion D			
	_	(attach schedule)				<del> </del>
1			>)		<del>-</del>	<del></del>
1			completed by all filers - see the age 1, item I)	18,550.	42,379.	42,379
+-				10,550.	- 42/3/3.	42,575
1						
1						
Liabilities						
<b>∄</b> 2			rs, trustees, and other disqualified persons			
dei 2			tes payable (attach schedule)			1
- 2	2	Other liabilities (describe	· ▶)			
	_			o		:
2			s 17 through 22)		<u> </u>	!
			ow SFAS 117, check here			Ĺ
S		-	24 through 26 and lines 30 and 31.			1
<u>ğ</u> 2	4	Unrestricted				ı
<u>E</u> 2	5					1
<u>m</u> 2	6					1
s or Fund Balances			not follow SFAS 117,			1
Œ			plete lines 27 through 31. ▶ X	10 550	40 370	1
ō 2	7	Capital stock, trust princ	cipal, or current funds	18,550.	42,379.	1
2	8	Paid-in or capital surplus, or	land, bldg , and equipment fund			1
SS 2	9		lated income, endowment, or other funds	10 550	40 000	í
Net Assets	0		balances (see instructions)	18,550.	42,379.	1
ž 3			net assets/fund balances (see	10.550	40.070	i
_			<u></u>	18,550.	42,379.	
			inges in Net Assets or Fund B		<del> </del>	
			alances at beginning of year - Part II			10 550
е	nd-c	of-year figure reported	on prior year's return)		<u>1</u>	18,550
2 E	nter	amount from Part I, I	ine 27a		2	23,829
3 C	the	r increases not include				
		ines 1, 2, and 3			4	42,379
		eases not included in		<b></b>	5	
<u>6_T</u>	otal	net assets or fund ba	lances at end of year (line 4 minus lin	ne 5) - Part II, column (b),	line 30 6	42,379.

	describe the kind(s) of property sold (	e n real estate			(4)		
b	ck warehouse, or common stock, 200		P-Purchase D-Donation	(c) Date acquired (mo., day, yr)	(d) Date s (mo , day,		
				ļ	ļ		
<u>c</u>			<u> </u>				
			ļ				
<u>d</u>			ļ				
<u>e</u>		<del></del>			<u> </u>		
(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			ļ				
<u>b</u>							
C				·			
<u>d</u>							
е							
Complete only for assets sh	howing gain in column (h) and owne	ed by the foundation on 12/31/69	(1)	Gains (Col. (h) d	ain minus		
	(j) Adjusted basis	(k) Excess of col (i)		(i) Gains (Col (h) gain minus col (k), but not less than -0-) or			
(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	ol (h)) ´		
a							
b		<del> </del>	<del> </del>				
<u> </u>							
<u>d</u>			ļ				
<b>e</b>		J	ļ <u>r</u>				
Capital gain net income or (r	net capital loce)	gain, also enter in Part I, line 7					
, •	· · · · · · · · · · · · · · · · · · ·	(loss), enter -0- in Part I, line 7	2				
Net short-term capital gain of	or (loss) as defined in sections 12	222(5) and (6)					
If gain, also enter in Part	I, line 8, column (c) (see inst	ructions) If (loss), enter -0- in $\}$					
Part I, line 8	<u> </u>	J	3				
Part V Qualification Ur	nder Section 4940(e) for Re-	duced Tax on Net Investment I	ncome				
		outable amount of any year in the b	ase period	<b>1</b> ?	Yes X		
"Yes," the foundation does no	ot qualify under section 4940(e)	• •	·		Yes X		
"Yes," the foundation does not Enter the appropriate amou	ot qualify under section 4940(e) unt in each column for each year (b)	Do not complete this part  , see the instructions before making  (c)	any entri	es (d) Distribution re	atio		
"Yes," the foundation does not Enter the appropriate amout (a)  Base penod years Calendar year (or tax year beginning in)	ot qualify under section 4940(e) unt in each column for each year (b) Adjusted qualifying distributions	Do not complete this part see the instructions before making	any entri	es (d)	atio		
"Yes," the foundation does not Enter the appropriate amou (a) Base penod years Calendar year (or tax year beginning in) 2010	ot qualify under section 4940(e) unt in each column for each year (b) Adjusted qualifying distributions 18,747.	Do not complete this part  , see the instructions before making  (c)	any entri	es (d) Distribution re	atio		
"Yes," the foundation does not Enter the appropriate amout (a)  Base penod years Calendar year (or tax year beginning in)  2010 2009	ot qualify under section 4940(e) unt in each column for each year (b) Adjusted qualifying distributions 18,747. 11,794.	Do not complete this part  , see the instructions before making  (c)	any entri	es (d) Distribution re	atio		
"Yes," the foundation does not Enter the appropriate amout (a)  Base penod years Calendar year (or tax year beginning in)  2010  2009  2008	ot qualify under section 4940(e) unt in each column for each year (b) Adjusted qualifying distributions  18,747.  11,794.  18,783.	Do not complete this part  , see the instructions before making  (c)	any entri	es (d) Distribution re	atio		
"Yes," the foundation does not Enter the appropriate amout (a)  Base penod years Calendar year (or tax year beginning in)  2010 2009	ot qualify under section 4940(e) unt in each column for each year  (b) Adjusted qualifying distributions  18,747.  11,794.  18,783.  16,900.	Do not complete this part  , see the instructions before making  (c)	any entri	es (d) Distribution re	atio		
Enter the appropriate amou  (a)  Base period years Calendar year (or tax year beginning in)  2010  2009  2008	ot qualify under section 4940(e) unt in each column for each year (b) Adjusted qualifying distributions  18,747.  11,794.  18,783.	Do not complete this part  , see the instructions before making  (c)	any entri	es (d) Distribution re	atio		
Enter the appropriate amou  (a)  Base penod years Calendar year (or tax year beginning in)  2010  2009  2008  2007	ot qualify under section 4940(e) unt in each column for each year  (b) Adjusted qualifying distributions  18,747.  11,794.  18,783.  16,900.	Do not complete this part  , see the instructions before making  (c)	any entri	es (d) Distribution re	atio		
"Yes," the foundation does not Enter the appropriate amout (a)  Base penod years Calendar year (or tax year beginning in)  2010 2009 2008 2007 2006	ot qualify under section 4940(e) unt in each column for each year (b) Adjusted qualifying distributions  18,747.  11,794.  18,783.  16,900.  13,368.	Do not complete this part see the instructions before making (c) Net value of nonchantable-use assets	any entri	es (d) Distribution re	atio		
"Yes," the foundation does not Enter the appropriate amout (a)  Base penod years Calendar year (or tax year beginning in)  2010 2009 2008 2007 2006  Total of line 1, column (d)	ot qualify under section 4940(e) unt in each column for each year (b) Adjusted qualifying distributions  18,747.  11,794.  18,783.  16,900.  13,368.	Do not complete this part see the instructions before making (c) Net value of nonchantable-use assets	g any entri	es (d) Distribution re	atio		
"Yes," the foundation does not a like the appropriate amout (a)  Base penod years Calendar year (or tax year beginning in)  2010  2009  2008  2007  2006  Total of line 1, column (d)  Average distribution ratio fo	ot qualify under section 4940(e) unt in each column for each year (b) Adjusted qualifying distributions  18,747.  11,794.  18,783.  16,900.  13,368.  or the 5-year base period - divided	Do not complete this part  see the instructions before making (c)  Net value of nonchantable-use assets  et the total on line 2 by 5, or by the	g any entri	es (d) Distribution re	atio		
Enter the appropriate amou  (a)  Base penod years Calendar year (or tax year beginning in)  2010  2009  2008  2007  2006  Total of line 1, column (d)  Average distribution ratio fo	ot qualify under section 4940(e) unt in each column for each year (b) Adjusted qualifying distributions  18,747.  11,794.  18,783.  16,900.  13,368.  or the 5-year base period - divided	Do not complete this part see the instructions before making (c) Net value of nonchantable-use assets	any entri	es (d) Distribution re	atio		
Enter the appropriate amou  (a)  Base penod years Calendar year (or tax year beginning in)  2010  2009  2008  2007  2006  Total of line 1, column (d)  Average distribution ratio fo number of years the foundar	ot qualify under section 4940(e) unt in each column for each year  (b) Adjusted qualifying distributions  18,747.  11,794.  18,783.  16,900.  13,368.  or the 5-year base period - divide ation has been in existence if less	Do not complete this part  see the instructions before making (c)  Net value of nonchantable-use assets  et the total on line 2 by 5, or by the	any entri	es (d) Distribution re	atio		
Enter the appropriate amou  (a)  Base penod years Calendar year (or tax year beginning in)  2010  2009  2008  2007  2006  Total of line 1, column (d)  Average distribution ratio fo number of years the founda  Enter the net value of nonch	ot qualify under section 4940(e) unt in each column for each year (b) Adjusted qualifying distributions  18,747. 11,794. 18,783. 16,900. 13,368.  or the 5-year base period - divide ation has been in existence if less thankalleruse assets for 2011 fro	Do not complete this part  see the instructions before making (c)  Net value of nonchantable-use assets  ethe total on line 2 by 5, or by the sthan 5 years	g any entro	es (d) Distribution re	atio		
"Yes," the foundation does not Enter the appropriate amout (a)  Base penod years Calendar year (or tax year beginning in)  2010 2009 2008 2007 2006  Total of line 1, column (d) Average distribution ratio for number of years the foundate.  Enter the net value of nonchem (a)  Multiply line 4 by line 3	ot qualify under section 4940(e) unt in each column for each year (b) Adjusted qualifying distributions  18,747.  11,794.  18,783.  16,900.  13,368.  or the 5-year base period - divide ation has been in existence if less than table-use assets for 2011 fro	Do not complete this part  see the instructions before making (c)  Net value of nonchantable-use assets  et the total on line 2 by 5, or by the sthan 5 years  om Part X, line 5	2 3	es (d) Distribution re	atio		
"Yes," the foundation does not Enter the appropriate amout (a)  Base penod years Calendar year (or lax year beginning in)  2010  2009  2008  2007  2006  Total of line 1, column (d)  Average distribution ratio fo number of years the foundate in the net value of nonches the foundate in the net value of nonches in the net investment in the net investmen	ot qualify under section 4940(e) unt in each column for each year (b) Adjusted qualifying distributions  18,747.  11,794.  18,783.  16,900.  13,368.  or the 5-year base period - divide ation has been in existence if less than the section of the section of the section (1% of Part I, line 27b).	Do not complete this part  see the instructions before making (c)  Net value of nonchantable-use assets  et the total on line 2 by 5, or by the sthan 5 years  om Part X, line 5	2 3 4	es (d) Distribution re	atio		
"Yes," the foundation does not Enter the appropriate amout (a)  Base penod years Calendar year (or lax year beginning in)  2010 2009 2008 2007 2006  Total of line 1, column (d) Average distribution ratio for number of years the foundate in the net value of nonchem to the foundate in the net value of nonchem to the foundate in the net investment and lines 5 and 6	ot qualify under section 4940(e) unt in each column for each year (b) Adjusted qualifying distributions  18,747. 11,794. 18,783. 16,900. 13,368.  or the 5-year base period - divide ation has been in existence if less than table-use assets for 2011 fro	Do not complete this part  see the instructions before making (c)  Net value of nonchantable-use assets  et the total on line 2 by 5, or by the sthan 5 years  om Part X, line 5	2 3 4 5 6 7	es (d) Distribution re (col (b) divided by	col (c))		
"Yes," the foundation does not Enter the appropriate amout (a)  Base penod years Calendar year (or tax year beginning in)  2010 2009 2008 2007 2006  Total of line 1, column (d) Average distribution ratio for number of years the foundate in the foundate in the second of the second o	ot qualify under section 4940(e) unt in each column for each year (b) Adjusted qualifying distributions  18,747. 11,794. 18,783. 16,900. 13,368.  or the 5-year base period - divide ation has been in existence if less than table-use assets for 2011 fro	Do not complete this part  see the instructions before making (c)  Net value of nonchantable-use assets  et the total on line 2 by 5, or by the sthan 5 years  om Part X, line 5	2 3 4 5 6 7	es (d) Distribution re (col (b) divided by	atio col (c))		
"Yes," the foundation does not Enter the appropriate amout (a)  Base penod years Calendar year (or lax year beginning in)  2010 2009 2008 2007 2006  Total of line 1, column (d) Average distribution ratio for number of years the foundate in the net value of nonches and the second se	ot qualify under section 4940(e) unt in each column for each year (b) Adjusted qualifying distributions  18,747. 11,794. 18,783. 16,900. 13,368.  or the 5-year base period - divide ation has been in existence if less than table-use assets for 2011 fro	Do not complete this part  see the instructions before making (c)  Net value of nonchantable-use assets  et the total on line 2 by 5, or by the sthan 5 years  om Part X, line 5	2 3 4 5 6 7	es (d) Distribution re (col (b) divided by	25,090 c rate See		
Enter the appropriate amount in the appropri	ot qualify under section 4940(e) unt in each column for each year (b) Adjusted qualifying distributions  18,747. 11,794. 18,783. 16,900. 13,368.  or the 5-year base period - divide ation has been in existence if less than table-use assets for 2011 fro	Do not complete this part  see the instructions before making (c)  Net value of nonchantable-use assets  et the total on line 2 by 5, or by the sthan 5 years  om Part X, line 5	2 3 4 5 6 7	es (d) Distribution re (col (b) divided by	atio col (c))		

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Part VIII Information About Officers, Directors, Trustees, Foundation Mar and Contractors (continued)	nagers, Highly Paid Employ	/ees,
3 Five highest-paid independent contractors for professional services (see instr	uctions). If none, enter "NONE	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	·	
		· · · · · · · · · · · · · · · · · · ·
Total number of others receiving over \$50,000 for professional services	<u></u> <u></u>	<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical organizations and other beneficianes served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 PROVIDE MEDICAL, DENTAL, EDUCATIONAL AND HOUSING ASSIS	TANCE	
FOR DISADVANTAGED CHILDREN THROUGH NO FAULT OF THEIR O	wn.	
(SEE SCHEDULE OF GRANTS/CONTRIBUTIONS PAID)		25,090
2		
3		
	<u></u>	·
<b>"</b>		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 an	d 2	Amount
1 NONE		
2		
4		
All other program-related investments. See instructions		
3 NONE		
Total. Add lines 1 through 3		

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Forr	1 990-PF (2011)		Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions)	ign foundatio	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		1b	
С	Fair market value of all other assets (see instructions)	1c	· · · · · · · · · · · · · · · · · · ·
d	Total (add lines 1a, b, and c)	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)1e		
2	Acquisition indebtedness applicable to line 1 assets		
3		<del></del>	
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
•		4	
5	Instructions)  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	
_	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		<del></del>
Га	foundations and certain foreign organizations check here and do not complete this	part)	
1	Minimum investment return from Part X, line 6	1	
2 a	Tax on investment income for 2011 from Part VI, line 5	<del></del>	<del></del> -
b	Income tax for 2011. (This does not include the tax from Part VI)	<del>-</del>	
c	· · · · · · · · · · · · · · · · · · ·	- 2c	
3	Add lines 2a and 2b  Distributable amount before adjustments Subtract line 2c from line 1	3	<del></del>
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add by a Const 4	5	
6		6	<del></del>
7	Deduction from distributable amount (see instructions)  Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	<del>                                     </del>	
•		7	n
=	<u>line 1 </u>		<u></u>
Pa	rt XII Qualifying Distributions (see 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	25,090.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	25,090.
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 instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	25,090.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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	rt XIII Undistributed Income (see instruc	ctions)	<del></del>		rage 3
Fa	A XIII Ondistributed income (see instruc	(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,	Corpus	Years prior to 2010	2010	2011
•	Undistributed income, if any, as of the end of 2011		<del></del>		1
2	Enter amount for 2010 only				
a h	Total for pnor years 20 09 20 08 20 07		<del></del>		
3	Excess distributions carryover, if any, to 2011.				
-	From 2006				
	From 2007 16,900.				1
	From 2008				
	11 794				į
	From 2009				
	Total of lines 3a through e	66,224.			
	Qualifying distributions for 2011 from Part XII,			_	
•	line 4 ▶ \$ 25,090.				
а	Applied to 2010, but not more than line 2a				i
	Applied to undistributed income of prior years				
b	(Election required - see instructions)	-			1
С	Treated as distributions out of corpus (Election required - see instructions)				
а	Applied to 2011 distributable amount				
	Remaining amount distributed out of corpus	25,090.			
5	Excess distributions carryover applied to 2011				
_	(If an amount appears in column (d), the same				}
6	amount must be shown in column (a) ) Enter the net total of each column as	•			
	indicated below:	91,314.			
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	91,314.	·	· · ·	
b	Prior years' undistributed income Subtract line 4b from line 2b				
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				
a	Subtract line 6c from line 6b Taxable				1
u	amount - see instructions				<u> </u>
e	Undistributed income for 2010 Subtract line				
	4a from line 2a Taxable amount - see				··-
	Undistributed income for 2011 Subtract lines				
T	4d and 5 from line 1. This amount must be				
	distributed in 2012				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				;
	170(b)(1)(F) or 4942(g)(3) (see instructions)		<del></del>		<u>'</u>
8	Excess distributions carryover from 2006 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2012.	01 014			}
	Subtract lines 7 and 8 from line 6a	91,314.			<u> </u>
	Analysis of line 9				
	Excess from 2007 16, 900 .				
	Excess from 2008 18,783.				
	Excess from 2009 11,794.				
	Excess from 2010				
e	Excess from 2011 25,090.		L	<u> </u>	Form <b>990-PF</b> (2011)

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Part XV Supplementary Information (	continuea)			· · · · · · · · · · · · · · · · · · ·
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
ATTACHMENT 3				
	•			
			İ	
			i	
Total	<u>.                                    </u>		▶ 3a	25,090.
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·	<del></del>		
B Approved for fatale payment				
			!	
			,	
Total				

Enter gross amounts unless otherwise indicated  Unrelated business income  Excluded by section 512, 513, or 514  (a) (b) (c) (d)  Exclusion code Amount  Exclusion code Amount  Output  Description of the section of th	(e) Related or exempt function income (See instructions)
Program service revenue  Business code  Amount  Exclusion code  Amount  C  d  e  f  g Fees and contracts from government agencies  Membership dues and assessments	function income
a b c d e f g Fees and contracts from government agencies 2 Membership dues and assessments	
b c d g Fees and contracts from government agencies  2 Membership dues and assessments	
d e f g Fees and contracts from government agencies 2 Membership dues and assessments	
g Fees and contracts from government agencies 2 Membership dues and assessments	
g Fees and contracts from government agencies 2 Membership dues and assessments	
g Fees and contracts from government agencies 2 Membership dues and assessments	
2 Membership dues and assessments	
3 Interest on savings and temporary cash investments	
4 Dividends and interest from securities	
5 Net rental income or (loss) from real estate	
a Debt-financed property	
b Not debt-financed property	
6 Net rental income or (loss) from personal property	
7 Other investment income	
8 Gain or (loss) from sales of assets other than inventory	
9 Net income or (loss) from special events	
10 Gross profit or (loss) from sales of inventory.	
11 Other revenue a	
b	
C	
d	
e	-
12 Subtotal Add columns (b), (d), and (e)	
13 Total. Add line 12, columns (b), (d), and (e)	<del></del>
(See worksheet in line 13 instructions to verify calculations )	
Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes	
Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contribute	ed importantly to the
and the second of the formal stands are not a second of the set being by many down friends from order by many	
accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)	(See instructions )
	Form <b>990-PF</b> (2011)

# 1) JACK & MARY MCCALL CHARITABLE FOUNDATION, INC 20-3955279 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

1 a	in sect organi Transf	tion 501(c) of the Co zations? ers from the reportin	ode (other than se	ngage in any of the follo ection 501(c)(3) organiz noncharitable exempt o	ations) or in	section 527, rela	ting to political	1a(1)	Yes	No X
								1a(2)		X
b		transactions	• • • • • • • • •			• • • • • • • • •				
			ncharitable exemp	ot organization				1b(1)		X
				e exempt organization .				1b(2)		X
	(3) Re	ntal of facilities, equi	ipment, or other as	ssets				1b(3)		X
	(4) Re	ımbursement arrang	ements					1b(4)		X
								1b(5)		X
				or fundraising solicitatio				1b(6)		<u>x</u>
				, other assets, or paid en				1c		
d				" complete the following given by the reporting						
				ment, show in column						
(a) I	ine no	(b) Amount involved	<del></del>	charitable exempt organization	·	escription of transfers,				
(4)		N/A	(0) 114.110 01 110		N/A					
	-	<u>-</u>		· · · · · · · · · · · · · · · · · · ·					•	
-										
•										
										<del></del>
										<del></del>
				<del></del> -						
		<del></del>								
		·····			-					
			·	<del></del>						
	descril	bed in section 501(c)	of the Code (oth wing schedule	ated with, or related to er than section 501(c)(3				Ye	es X	 ] No
		(a) Name of organizatio	n	(b) Type of organizat	ion	(c) D	escription of relations	hip		
							<u>-</u>			
							<del> </del>	_		
		<del> </del>								
Sig Her	n re	r penalties of penjury, I declict, and complete Declaration of	are that I have examined of preparer (other than taxe	d this return, including accompan payer) is based on all information of 9 /6 /12	lying schedules as which preparer ha	nd statements, and to the as any knowledge	May the IRS with the pr	discus	s this	retum
							·			
Paid	 d	Print/Type preparer's	•	Preparer's signature		Date	Checkif	PTIN		
		STEVEN B.	LINDSEY	Of They co	14		L2 self-employed			.7
	parer			SEY & MUELLER		Fir	m's EIN ▶ 56-1	4420	05	
USE	Only	1		AVENUE - SUITE		7.610	010 5		005	
		RA	ALEIGH, NC		2	7612 Pr	one no 919-7			
							F	orm <b>99</b>	ひーピト	(2011)

# Schedule B

**Schedule of Contributors** ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. OMB No 1545-0047

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization JACK & MARY MCCALL CHARITABLE FOUNDATION, INC 20-3955279 Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor. during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the

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 Part I, 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)

year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or

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) (2011)

Name of organization JACK & MARY MCCALL CHARITABLE FOUNDATION, INC Employer identification number 20-3955279

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	ESTATE OF JOHN R MCCALL  312 MOUNT EDEN PLACE  CARY, NC 27518	\$ 42,106.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
<b>-</b>		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

20-3955279 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

Employer identification number 20-3955279

that	lusively religious, charitable, etc., total more than \$1,000 for the year organizations completing Part III, e tributions of \$1,000 or less for the	ear. Complete columns (a) the term of the total of exclusively re	nrough (e) eligious, cl	and the following line entry. naritable, etc.,		
(a) No. from	e duplicate copies of Part III if addition (b) Purpose of gift	onal space is needed. (c) Use of gift		(d) Description of how gift is held		
Part I						
-		(e) Transfer of gift				
-	Transferee's name, address, an	IQ ZIP + 4	Relation	ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer of gift				
-	Transferee's name, address, an	ad ZIP + 4	Relation	ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
_	(e) Transfer of gift					
-	Transferee's name, address, an	dd ZIP + 4	Relation	ship of transferor to transferee		
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, address, an	(e) Transfer of gift	Relation	ship of transferor to transferee		
-						

JACK & MARY MCCALL CHARITABLE FOUNDATION, INC '20-3955279

## ATTACHMENT 1

# FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION

POSTAGE & DELIVERY

COMPUTER EXPENSES

MEETING EXPENSES

REVENUE
AND
EXPENSES
PER BOOKS
44.
339.

TOTALS 665.

ATTACHMENT 2

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

AVERAGE HOURS PER ED TO POSITION	RER 0 0 0 0	0	0 0	0 0	0 0	0 0
TITLE AND AVERAG WEEK DEVOTED TO	PRESIDENT/TREASURER	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR
NAME AND ADDRESS	BILLIE BLOCK 312 MOUNT EDEN PLACE CARY, NC 27518	ROBERT PHAY 123 MORGAN BEND COURT CHAPEL HILL, NC 27514	DICK LEVIN 2131 NORTH LAKESHORE DRIVE CHAPEL HILL, NC 27514	BEVERLY SMITH 3405 OLD LASSITER ROAD RALEIGH, NC 27609	KIM CHAPPELL 1425 ENCHANTED OAKS DRIVE RALEIGH, NC 27606	DAVE FARRAR 3651 BASTION LANE RALEIGH, NC 27604

ATTACHMENT 3

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

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
WORLD VIEW	NONE	TO PROVIDE INSIGHT FOR AREA EDUCATORS ON HOW TO	2,000.
UNC CAMPUS BOX 8011		HELP LATINO STUDENTS SUCCEED IN SCHOOL. PAYMENT	
CHAPEL HILL, NC 27599		WAS MADE DIRECTLY TO WORLD VIEW.	
WAKE AUDUBON	NONE	TO PROVIDE SCHOLARSHIPS FOR THE YOUNG NATURALISTS	1,000.
5532 BRIDFORD PLACE		CLUB. PAYMENT WAS MADE DIRECTLY TO WAKE AUDUBON.	
RALEIGH, NC 27613		-	
MISCELLANEOUS GRANTS (LESS THAN \$500 EACH)	NONE	TO PROVIDE ASSISTANCE FOR CHILDREN IN NEED OF	6,032.
N/A		MEDICAL, DENTAL, VISION, EDUCATIONAL, ETC.	
N/A, NA NA		SERVICES.	
MORRIS GROVE ELEMENTARY SCHOOL	NONE	TO PAY FOR CHILDREN TO ATTEND A THREE DAY	1,260.
215 FIJBANKS BOAD		EDUCATIONAL AND ENVIRONMENTAL FOCUSTIONS	
CID EUBRAND NOAD		EDUCATIONAL AND ENVIRONMENTAL FOCUSED FIELD TRIP	
CHAPEL HILL, NC 27516		WITH THE 5TH GRADE CLASS TO THE NORTH CAROLINA	
		COAST. PAYMENT MADE DIRECTLY TO MORRIS GROVE	
		ELEMENTARY SCHOOL.	
MICHELE LESNIAK	NONE	TO PROVIDE SCHOOL CLOTHING AND SUPPLIES FOR	1,500.
3810 WAKE FOREST ROAD		HOMELESS CHILDREN. PAYMENTS MADE DIRECTLY TO	
DURHAM, NC 27703		MICHELE LESNIAK.	
NAVROPOP K. WADE	NONE	TO FURCHASE BABY SUPPLIES. PAYMENT DIRECTLY TO	500.
2450 LAURA DUNCAN ROAD		NAVROPOP K WADE.	
APEX, NC 27540			

3546

ATTACHMENT 3 (CONT'D)

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

	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
RALEIGH EAR, NOSE AND THROAT 1905 SW CARY PARKWAY	NONE	TO PURCHASE HEARING AIDS FOR UNDERPRIVILEGED CHILD, PAYMENTS WERE MADE DIRECTLY TO RALEIGH	1,780.
CARY, NC 27511		EAR, NOSE, AND THROAT.	
APPLE INC	NONE	TO PURCHASE IPADS TO ASSIST IN TEACHING VISUALLY	2,571.
CRABIREE VALLEY MALL, 4325 GLENWOOD AVENUE		IMPAIRED PRESCHOOL CHILDREN. PAYMENTS WERE MADE	
SPACE 2114		DIRECTLY TO APPLE INC.	
RALEIGH, NC 27612			
BOB MORRIS OPTICIANS, INC	NONE	TO PAY FOR EYEGLASSES FOR UNDERPRIVILEGED	504.
2601 BLUE RIDGE ROAD		CHILDREN. PAYMENTS MADE DIRECTLY TO BOB MORRIS	
STE 102		OPTICIANS, INC.	
RALEIGH, NC 27607			
CARRBORO FAMILY VISION	NONE	TO PURCHASE EYECLASSES FOR UNDERPRIVILEGED	1,778.
200 WEAVER STREET STE 1		CHILDREN WHO NEED SERVICES. PAYMENTS MADE	
CARRBORO, NC 27510		DIRECTLY TO CARRBORO FAMILY VISION.	
ELON ACADEMY	NONE	TO PAY FOR STUDENTS' TRAVEL EXPENSES AS PART OF A	2,100.
POWELL HOUSE 2ND FLOOR		RESEARCH TEAM. PAYMENTS MADE DIRECTLY TO ELON	
2108 CAMPUS BOX		ACADEMY.	
ELON, NC 27244			
GROWING CHILD PEDIATRICS	NONE	TO PAY FOR MEDICATION FOR UNDERPRIVELEGED CHILD.	522.
11130 CAPITAL BLVD.		PAYMENT MADE DIRECTLY TO GROWING CHILD	
WAKE FOREST, NC 27587		PEDIATRICS.	

ATTACHMENT 3 (CONT'D)

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

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
KAREN RABINO	NONE	TO PURCHASE CLOTHING AND BASIC NEEDS FOR	.006
5732 N. HAWTHORNE WAY		UNDERPRIVILEGED CHILDREN. PAYMENTS MADE DIRECTLY	
RALEIGH, NC 27613		TO KAREN RABINS.	
KIDDIE ACADEMY	NONE	TO COVER CHILDCARE COSTS FOR UNDERPRIVILEGED	720.
150 ROSEWOOD CENTRE DRIVE		CHILD. PAYMENT MADE DIRECTLY TO KIDDIE ACADEMY.	
HOLLY SPRINGS, NC 27540			
LINDA R ROGERS	NONE	TO HELP PAY FOR SUMMER CAMP FOR CHILDREN WITH	.005
3705 LUBBOCK DRIVE		DIABETES. PAYMENT MADE DIRECTLY TO LINDA R	
RALEIGH, NC 27612		ROGERS.	
STEPHANIE VEEDER	NONE	TO PURCHASE BABY NEEDS FOR QUADRUPLETS. PAYMENT	500.
PRESCHOOL SPECIAL EDUCATION		MADE DIRECLY TO STEPHANIE VEEDER.	
4600 NEW BERN AVENUE			
RALEIGH, NC 27610			
PHILIP DAIL	NONE	TO PURCHASE COMPUTER FOR UNDERPRIVILEGED	923.
2014 CAMERON STREET		CHILDREN. PAYENT MADE DIRECTLY TO PHILIP DAIL.	
RALEIGH, NC 27605			

TOTAL CONTRIBUTIONS PAID

25,090.

3546

## Form 8868

(Rev January 2012)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the internal Revenue		▶ File a	separate ap	plication for each return.	ļ		
		Automatic 3-Month Extension, c		<u> </u>	is box		
		Additional (Not Automatic) 3-Mo					
		unlespou have already been gran					
Electronic fi a corporation 8868 to req Return for instructions)	iling (e-file) n required t juest an ext Transfers A For more c	You can electronically file Form of file Form 990-T), or an addition ension of time to file any of the ssociated With Certain Personal etails on the electronic filing of the	8868 if yonal (not au forms liste al Benefit ins form, vis	ou need a 3-month auto tomatic) 3-month exten ad in Part I or Part II w Contracts, which must sit www.irs gov/efile an	omatic extension of time ision of time. You can earth the exception of Fort be sent to the IRS of the click on e-file for Chan	e to file (6 months for electronically file Form rm 8870, Information in paper format (se	
		Month Extension of Time. On					
		file Form 990-T and requesting an					
Part I only						▶ []	
		cluding 1120-C filers), partnerships	s, REMICs,	and trusts must use For	m 7004 to request an ext	ension of time	
to file income	<del></del>		·			g number, see instructions	
Type or	Name of exe	empt organization or other filer, see insi	tructions		Employer identification	on number (EIN) or	
print	T7 C1/	WARY MOOLET GUARTERE				_	
File by the Number, street, and room or suite no. If a P.O. box, see instructions Secret security outside (SSAN)							
due date for	l		, see insuuci	uons	Social security numb	er (SSN)	
filing your return See		NT EDEN PLACE	faralan add			<del></del>	
instructions	ł ·	post office, state, and ZIP code For a	roreign addi	ress, see instructions			
	•	C 27518	451	<del></del>	<del></del>	<del></del>	
Enter the Ret	turn code tot	the return that this application is for	or (file a se	parate application for ea	ich return)	<u>0 4</u>	
Application			Data	Amallantina			
Application Is For			Return	Application		Return	
	•		Code	Is For		Code	
Form 990			01	Form 990-T (corporation	on)	07	
Form 990-BL			02	Form 1041-A		08	
Form 990-EZ			01	Form 4720		09	
Form 990-PF			04	Form 5227		10	
		or 408(a) trust)	05	Form 6069		11	
Form 990-T (	trust other th	an above)	06	Form 8870		12	
Telephone If the organ If this is for	No. ▶ 9 nization does r a Group Re group, chec	are of ► LINDSEY, LINDSE  119 787-8995  In the state of	Fisiness in the digit Group	FAX No. ► 919 787 ne United States, check o Exemption Number (G	this box	▶ [_]  If this is  and altach	
		EINs of all members the extension		11 C1 C			
until for the o ▶ X c	organization's	tic 3-month (6 months for a corpor $08/15$ , $20$ $12$ , to file the expression of $12$ or $12$ or $13$ or $14$ $15$ $15$ $15$ $15$ $15$ $15$ $15$ $15$	xempt orga	nization return for the or	ganization named above		
71	•	ed in line 1 is for less than 12 mont ounting period	hs, check r	eason: Initial rel	turn Final return		
3a If this a	application i	s for Form 990-BL, 990-PF, 990	0-T, 4720,	or 6069, enter the t	entative tax, less any	T	
		its. See instructions.				3a  \$	
b If this	application	is for Form 990-PF, 990-T,	4720, or	6069, enter any ref			
		ents made. Include any prior year				3b \$	
		act line 3b from line 3a Include y					
(Electro	nic Federal	Tax Payment System) See instruc	tions	· ·	3	3c \$	
		g to make an electronic fund w		with this Form 8868,			
payment instr	uctions						
For Privacy Act	t and Paperw	ork Reduction Act Notice, see Instruc	tions.		F	orm 8868 (Rev 1-2012)	

Form 8868 (R	ev 1-2012)					Page 2		
If you are	e filing for an Additional (Not Automatic) 3-M	onth Exter	sion, complete only Part II	and cl	heck this box	▶ X		
Note. Only	complete Part II if you have already been gra	nted an au	tomatic 3-month extension	on a p	reviously filed Form 8868	}		
<ul> <li>If you are</li> </ul>	e filing for an Automatic 3-Month Extension,	complete d	only Part I (on page 1)					
Part II	Additional (Not Automatic) 3-Month E	xtension o	of Time. Only file the original	ınal (n	o copies needed).			
			En	nter file	r's Identifying number, see	instructions		
	Name of exempt organization or other filer, see in		Employer identification number (EIN) or					
Type or								
print	JACK & MARY MCCALL CHARITABL		•	X	20-3955279			
File by the	' 1319 MOUNT EDEN DIXOE							
due date for	312 MOUNT EDEN PLACE							
iling your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions							
nstructions	CARY, NC 27518							
Enter the R	eturn code for the return that this application	is for (file a	a separate application for ea	ch retu	rn)	. 0 4		
Application	1	Return	Application			Return		
s For		Code	Is For			Code		
Form 990		01						
Form 990-B	BL .	02	Form 1041-A			08		
Form 990-E	ZZ	01	Form 4720			09		
Form 990-P	F	04	Form 5227			10		
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069			11		
orm 990-T	(trust other than above)	06	Form 8870			12		
STOP! Do n	not complete Part II if you were not already	granted ar	automatic 3-month extens	sion o	n a previously filed Forr	n 8868.		
The book	s are in the care of ▶ LINDSEY, LINDS	EY & MU	ELLER					
Telephon	ne No ▶ 919 78 <del>7-8995</del>	F	FAX No ▶ 919 787-4	4315	<del></del>			
If the org	anization does not have an office or place of			ıs box	· <del></del>	ightharpoons		
If this is f	or a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number (GEN	۷)	If th	is is		
	le group, check this box ▶ 🔲 📗					ach a		
	names and EINs of all members the extension		• • •	• •				
4 I reque	est an additional 3-month extension of time ui	ntil	1:	1/15	, 20 12			
	llendar year <u>2011</u> , or other tax year beginni			d endin	<del></del>	20 .		
6 If the t	ax year entered in line 5 is for less than 12 m Change in accounting period				Final return	<del></del> .		
	in detail why you need the extension TAXPA	YER HAS	NOT RECEIVED ALL	THE 1	NECESSARY			
	RMATION NEEDED TO CORRECTLY CO							
······································				·-		<del></del>		
8a If this	application is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the tenta	ative ta	ax. less any			
	fundable credits. See instructions.	•			8a \$			
b If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter any refund	lable (				
	ited tax payments made Include any pri		-		li l			
	nt paid previously with Form 8868	•			8b \$			
c Balanc	ce Due. Subtract line 8b from line 8a Include	your paym	ent with this form, if require	ed. by u				
	onic Federal Tax Payment System) See instru-		,		8c \$			
· ·	Signature and Verifica		st be completed for Pa	art II c				
Jnder penalties	s of perjury, I declare that I have examined this form,		· ·		•	ge and helief		
	t, and complete, and that I am authorized to prepare this for			, and	the best of my knowledg	,- and Delici,		
	At 1				_1	-1		
Signature >	Otur 80 dy		Title > CPA		Date <b>8</b> //3	5/200		
-					Form 8868	(Rev 1-2012)		
						, · <del></del> /		