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Form 990-PF

Department of the Treasury

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

te. The foundation may be able to use a copy of this ration to satisfy state reporting requirement

OMB No 1545-0052

2011

		Note: The foundation may be a		to sausiy state i	eporting requi	ements	
	me of fou		and ending		A Emple	over identification number	
Na	ine or loc	indation			A Empir	oyer identification number	
M	СРН	EARSON FOUNDATION			58	-2168184	
		d street (or P O box number if mail is not delivered to street address)	Ro	oom/suite	}	hone number (see instructions)	
7	11	COTTONTON ROAD			· ·	`	
		, state, and ZIP code			0 15		
P	ITT	SVIEW AL 36871			C ir exe	mption application is pending, o	neck nere
G	Check a	all that apply 🔲 Initial return 🔲 Initial retui	m of a former public ch	anty	D 1. Fo	oreign organizations, check her	e •
		Final return Amended	return		2. Fo	reign organizations meeting th	e
		Address change Name cha	inge		85	% test, check here and attach	computation
H (Check t	type of organization X Section 501(c)(3) exempt private	foundation		E If priva	ate foundation status was term	nated under
			le private foundation			n 507(b)(1)(A), check here	> _
		ket value of all assets at J Accounting method:	X Cash Acc	rual	F If the	foundation is in a 60-month ten	mination
e	nd of ye	ear (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check he	re 🕨 📘
ln	ne 16)	\$ 127,542 (Part I, column (d) must I	be on cash basis)		1		
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net in	·ootmont	(a) Adverted and	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(D) Net lin		(c) Adjusted net income	for chantable purposes
	1 4			 			(cash basis only)
	1 2	Contributions, gifts, grants, etc., received (attach schedule)	112,985	 	-		
	2	Check In the foundation is not required to attach Sch. B.		 			
Revenue	3 4	Interest on savings and temporary cash investments Dividends and interest from securities	2,921		2,921	2,921	
	1	_	2,921		2,921	2,921	
	5a	Gross rents		,			
	6a	Net rental income or (loss)		1 1			
ē	b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a		-, -			
ě	7	Capital gain net income (from Part IV, line 2)			0	·	
ш	8	Net short-term capital gain		- 12		0	
	9	Income modifications		<u> </u>	.,,	<u> </u>	
	10a	Gross sales less returns & allowances					
	ь	Less Cost of goods sold		- (
	C	Gross profit or (loss) (attach schedule)		~			
	11	Other income (attach schedule)					<u> </u>
	12	Total. Add lines 1 through 11	115,906		2,921	2,921	
詈	13	Compensation of officers, directors, trustees, etc	0				
Face 201	14	Other employee salaries and wages		,			
.Ç	15	Pension plans, employee benefits		i i	RE	CEIVED	7
₩,		Legal fees (attach schedule)		Î		TOVED	
Operating and Solum 间影作ati外格/群然	b	Accounting fees (attach schedule) STMT 1	300	1	SI MA	100	l l
Š	С	Other professional fees (attach schedule) STMT 2	365		21 WA	1 % T 5015 10	
at	17	Interest				18	
102	18	Taxes (attach schedule) (see instructions)			OG	DEN UT	
厚	19	Depreciation (attach schedule) and depletion				3,01	
G G	20	Occupancy					
\$5	21	Travel, conferences, and meetings					
ĭ	22	Printing and publications	21				
ğ	23	Other expenses (att. sch.)					
Ē	24	Total operating and administrative expenses.					
era		Add lines 13 through 23	686		0	0	0
ď	25	Contributions, grifts, grants paid SEE STATEMENT 3	1,710				1,710
_	26	Total expenses and disbursements. Add lines 24 and 25	2,396		0	0	1,710
	27	Subtract line 26 from line 12		,			
	а	Excess of revenue over expenses and disbursements	113,510				
	b	Net investment income (if negative, enter -0-)			2,921		
	c	Adjusted net income (if negative, enter -0-)	I	I		2,921	

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1	Part II	Balance Sheets Attached schedules and amounts in the description column		Beginning of year	End o	f year
_'	r ait ii	should be for end-of-year amounts only (See instructions)		(a) Book Value	(b) Book Value	(c) Fair Market Value
١	1	Cash—non-interest-bearing		662	7,243	7,243
١	2	Savings and temporary cash investments				
١	3	Accounts receivable ▶		1.		
١		Less: allowance for doubtful accounts ▶				
١	4	Pledges receivable ▶		Tr.(· · · · · · · · · · · · · · · · · · ·
١		Less allowance for doubtful accounts ▶				
ı	5	Grants receivable				
١	6	Receivables due from officers, directors, trustees, and other				
١		disqualified persons (attach schedule) (see				
١						
١	_	instructions)		- 78*		
١	7	Other notes and loans receivable (att. schedule)	0	\$		
١		Less allowance for doubtful accounts ▶	U	-		
뙮	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges			······································	
٩	10a	Investments—U.S and state government obligations (attach schedule)	_			
١	b	Investments—corporate stock (attach schedule) SEE STMT	4	13,178	121,105	120,299
١	С	Investments—corporate bonds (attach schedule)		\$\$!?!\$W.		
١	11	Investments—land, buildings, and equipment basis ▶		₹# /mga/s d jan ± jan		
		Less accumulated depreciation (attach sch.) ▶				
	12	Investments—mortgage loans				
- 1	13	Investments—other (attach schedule)				
- 1	14	Land, buildings, and equipment, basis		70,		
ŀ		Less accumulated depreciation (attach sch.) ▶				
- (15	Other assets (describe ▶)			
- 1	16	Total assets (to be completed by all filers—see the	•			
-		instructions Also, see page 1, item I)		13,840	128,348	127,542
╗	17	Accounts payable and accrued expenses				* .
	18	Grants payable				,
စ္တ	19	Deferred revenue				•
abilities	20	Loans from officers, directors, trustees, and other disqualified persons				
ق	21	Mortgages and other notes payable (attach schedule)				i.
اڌ	22	Other liabilities (describe	,			
		•)	0	0	
\dashv	23	Total liabilities (add lines 17 through 22)		-		<u>.</u>
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.				
Sez		•				
틻		Unrestricted				
Net Assets or Fund Balar	25	Temporarily restricted				
핑	26	Permanently restricted	<u> হিন্</u>	 		
티		Foundations that do not follow SFAS 117, check here	► X			
빏		and complete lines 27 through 31.				
S	27	Capital stock, trust principal, or current funds				
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
B	29	Retained earnings, accumulated income, endowment, or other funds		13,840	128,348	
뒹	30	Total net assets or fund balances (see instructions)		13,840	128,348	(例) (数)
Ž	31	Total liabilities and net assets/fund balances (see				
┙		instructions)		13,840	128,348	التَّمُّنَانِينَ
	Partîlî	Analysis of Changes in Net Assets or Fund Balance	es			
1	Total	net assets or fund balances at beginning of year—Part II, column (a), line 30	(must a	agree with		
		f-year figure reported on prior year's return)			1	13,840
2		amount from Part I, line 27a			2	113,510
3		increases not included in line 2 (itemize) ► SEE STATEMENT	5		3	998
4		nes 1, 2, and 3			4	128,348
5		eases not included in line 2 (itemize)			5	
6		net assets or fund balances at end of year (line 4 minus line 5)—Part II, colu	mn (h)	line 30	6	128,348
<u> </u>	, otal	att II, cold	(0),			220,530

Form 990-PF (2011) MCPHEARSON Part IV Capital Gains and Lo	FOUNDATION psses for Tax on Investment	nt Inco		58-2168184			Page
	kund(s) of property sold (e.g., real estate, , or common stock, 200 shs MLC Co)			(b) How acquired P—Purchase D—Donation	(c) Date ad (mo , day		(d) Date sold (mo , day, yr)
1a N/A							-
b			_				
С							
d							
e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale		(h) Gain (e) plus (f)	
a							
b							
С							
d							
е							
Complete only for assets showing gain in	column (h) and owned by the foun	dation or	n 12/31/69		(1)	Gains (Col	(h) gain minus
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69			s of col (i) (j), if any	col	(k), but not le Losses (fro	ess than -0-) or om col (h))
a							
b							.
<u>c</u>							
d							
e							
2 Capital gain net income or (net capital los	ss) If gain, also enter in F				2		
3 Net short-term capital gain or (loss) as de if gain, also enter in Part I, line 8, column		er -0- ın	7				
Part I, line 8					3		
· · · · · · · · · · · · · · · · · · ·	Section 4940(e) for Reduce				ne		
(For optional use by domestic private foundar	tions subject to the section 4940(a)	tax on n	et investme	nt income)			
If section 4940(d)(2) applies, leave this part b	olank						
Was the foundation liable for the section 494	2 tax on the distributable amount of	any vea	r in the bace	a pariod?			Yes X No
If "Yes," the foundation does not qualify unde		• •		s penou ·			res _K NO
							
1 Enter the appropriate amount in each col		ions bero	ore making a	any entnes			(4)
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions		Net value	(c) e of nonchantable-use asset	s	Distr (col (b) d	(d) hbution ratio livided by col (c))
2010		130					
2009		297					
2008		295					
2007		923					
2006		892					
2 Total of line 1, column (d)					2		
3 Average distribution ratio for the 5-year b	ase period—divide the total on line	2 by 5, c	r by the				
number of years the foundation has beer	n in existence if less than 5 years				3_	ļ	
4 Enter the net value of nonchantable-use	assets for 2011 from Part X, line 5				4		(
							- -
5 Multiply line 4 by line 3					_5		
6 Enter 1% of net investment income (1%	of Part I, line 27b)				6		29
7 Add lines 5 and 6					7		29
8 Enter qualifying distributions from Part XI	I, line 4				8	L	1,710
If line 8 is equal to or greater than line 7,	check the box in Part VI, line 1b, ar	nd compl	ete that part	t using a 1% tax rate	See the		
Part VI instructions							
							000 DE

N/A

3b

4a

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Х

Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

foundation had excess business holdings in 2011)

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_ <u>Pa</u>	urt VII-B Statements Reg	arding Activities for Which Fo	rm 4720 May Be Re	equired (conti	nued)		
5a	During the year did the foundation p	ay or incur any amount to		_			
	(1) Carry on propaganda, or otherw	use attempt to influence legislation (section	on 4945(e))?	[·	∕es ∑ No		
	(2) Influence the outcome of any sp	ecific public election (see section 4955);	or to carry on,				-
	directly or indirectly, any voter re	egistration drive?		Ц,	∕es X No	l	
	•	for travel, study, or other similar purposes		□ '	∕es ∑ No		
	(4) Provide a grant to an organization	on other than a charitable, etc , organizati	ion described in				
	section 509(a)(1), (2), or (3), or	section 4940(d)(2)? (see instructions)		□ `	∕es 🏻 No		
	(5) Provide for any purpose other th	ian religious, chantable, scientific, literary	, or educational	_			
	purposes, or for the prevention	of cruelty to children or animals?		\ _ \	∕es ဩ No		
b	If any answer is "Yes" to 5a(1)-(5),	did any of the transactions fail to qualify u	inder the exceptions desc	in bed in	,		
	Regulations section 53 4945 or in a	current notice regarding disaster assistar	nce (see instructions)?		N/A	5b	
	• -	otice regarding disaster assistance check			▶ 📙		
С	If the answer is "Yes" to question 5a	(4), does the foundation claim exemption	from the tax				
	because it maintained expenditure r	• •		N/A 🗌 🕆	res 📗 No		
	•	ed by Regulations section 53 4945-5(d)					
6a		receive any funds, directly or indirectly, to	pay premiums		. 🙃].
	on a personal benefit contract?				res X No		
þ		pay premiums, directly or indirectly, on a	personal benefit contract	?		6b	X_
	If "Yes" to 6b, file Form 8870.				. जि		
		the foundation a party to a prohibited tax			res X No		
		y proceeds or have any net income attrib			N/A	7b	
P		t Officers, Directors, Trustees	, Foundation Mana	gers, nigniy i	ala Employe	es,	
_	and Contractors	foundation managers and their comp	anastian (ana inatriati				
	list an officers, directors, trustees,	Touridation managers and their comp	ensation (see instruction	ons).	(d) Contributors to		
	(a) Nor	o and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit	(e) Expe	ense account,
	(a) Nam	e and address	devoted to position	-0-)	plans and deferred compensation	other	allowances
	RGINIA MCPHEARSON	PITTSVIEW	PRESIDENT		-		
		AL 36871	1.00	0			0
	1 COTTONTON ROAD LEE MCPHEARSON	BUTLER	SEC/TREASURE	<u>_</u>		 	
	O BOX 685	AL 36904	1.00	0			0
	ACE M O'GRADY	MCLEAN	DIRECTOR				
	31 MASSACHUSETTS AVE	VA 22101	1.00		٥ ا		0
	JI IMOSACHOSHITS AVE	VN 22101	1.00				
2	Compensation of five highest-pa	d employees (other than those includ	ed on line 1—see instri	ictions) If none.	enter	<u></u>	
	"NONE."	a compreyeds (carer areas areas moras	ou on mile i doo mour				
		· · · · · · · · · · · · · · · · · · ·	(th) Title, and average		(d) Contributions to		
	(a) Name and address of each emp	loyee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		ense account, allowances
			devoted to position		plans and deferred compensation	other	anowances
- NO	ONE.						
					Ì		
]				
							
					Į	1	
-				, 			
Tota	I number of other employees paid over	er \$50,000				•	0

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Rart VIII Information About Officers, Directors, Trustees, F	oundation Managers, Highly Paid En	nployees,
and Contractors (continued)	· · · · · · · · · · · · · · · · · · ·	<u>, , , , , , , , , , , , , , , , , , , </u>
3 Five highest-paid independent contractors for professional services (see		
(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>
Part X-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information organizations and other beneficianes served, conferences convened, research papers produced, etc.	ation such as the number of	Expenses
1 CANNINE COMPANIONS FOR INDEPENDENCE		
2965 DUTTON AVE		
SANTA ROSA, CA 95402		1,710
2		
3		:
4		
Partix-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 and	2	Amount
1 N/A		
2		
•		
All other program-related investments See instructions		
3		
		1
Total. Add lines 1 through 3	•	

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	1,710
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 chantable, 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	1,710
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	29
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,681
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fou	ndation	

qualifies for the section 4940(e) reduction of tax in those years

Pa	art XIII Undistributed Income (see instructions)				
		(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,	Corpus	Years pnor to 2010	2010	2011
	line 7				
2	Undistributed income, if any, as of the end of 2011				
a	Enter amount for 2010 only				
	·			WW 7	
, b					
3	Excess distributions carryover, if any, to 2011				
a	From 2006				
b					
C	From 2008				
d	From 2009				
е	From 2010				
f	Total of lines 3a through e				
4	Qualifying distributions for 2011 from Part XII,				
	tine 4 ▶ \$1,710				
а	Applied to 2010, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2011 distributable amount				
е	Remaining amount distributed out of corpus	1,710			-
5	Excess distributions carryover applied to 2011				
	(If an amount appears in column (d), the same			•	
	amount must be shown in column (a))				
6	Enter the net total of each column as				
•	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,710			
	Prior years' undistributed income Subtract	1,710			-
Ü	line 4b from line 2b				
_	· · · · · · · · · · · · · · · · · · ·				
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				
đ	Subtract line 6c from line 6b Taxable				
	amount—see instructions				
е	Undistributed income for 2010. Subtract line				
	4a from line 2a Taxable amount—see		Agran 5		
	instructions		toritalia.		
f	Undistributed income for 2011 Subtract lines		, 5. h		
	4d and 5 from line 1. This amount must be		Post		
	distributed in 2012		٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠ ٠		· · · · · · · · · · · · · · · · · · ·
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section		• •		
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2006 not			· · · ·	
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2012.				
	Subtract lines 7 and 8 from line 6a				
0	Analysis of line 9				- · · · · · · · · · · · · · · · · · · ·
а	Excess from 2007				
b	Excess from 2008				
c	Excess from 2009				
d	Excess from 2010				
e	Excess from 2011				
<u>~</u>					

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Pa	THIXIV Private Operating Fou	indations (see ins	tructions and Par	t VII-A, question 9)		
1a	If the foundation has received a ruling or d	etermination letter that	it is a private operatin	g		
	foundation, and the ruling is effective for 2	011, enter the date of t	he ruling			N/A
b	Check box to indicate whether the foundate	ion is a private operatir	ng foundation describe	ed in section X 4	942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	· · · · · · · · · · · · · · · · · · ·	(e) Total
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(c) 10ta
	investment return from Part X for					
	each year listed	0				0
b	85% of line 2a					
C	Qualifying distributions from Part XII,					
	line 4 for each year listed	1,710		300	300	2,310
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly		-			
	for active conduct of exempt activities					
	Subtract line 2d from line 2c	1,710		300	300	2,310
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed					0
С	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	secunties loans (section 512(a)(5)), or royalties)				:	
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income			<u> </u>	<u></u>	
Pa	Supplementary Inform	•		the foundation ha	d \$5,000 or more	in assets at
	any time during the ye		ions.)			
1	Information Regarding Foundation Mai	nagers:				
а	List any managers of the foundation who h	nave contributed more t	than 2% of the total co	ntributions received by	the foundation	
	before the close of any tax year (but only it	they have contributed	more than \$5,000) (S	See section 507(d)(2))		
	N/A				T	
b	List any managers of the foundation who o	own 10% or more of the	stock of a corporation	n (or an equally large po	rtion of the	
	ownership of a partnership or other entity)	of which the foundation	n has a 10% or greater	r interest		
	N/A					
2	Information Regarding Contribution, G	rant, Gift, Loan, Scho	larship, etc., Progra	ms:		
	Check here ▶ ☐ If the foundation only	makes contributions to	preselected chantable	e organizations and doe	s not accept	
	unsolicited requests for funds If the found	ation makes gıfts, gran	ts, etc (see instruction	ns) to individuals or orga	ınızatıons under	
	other conditions, complete items 2a, b, c,	and d				
а	The name, address, and telephone number $N \slash A$	er of the person to who	m applications should	be addressed		
	The form in which applications should be s	submitted and informati	on and materials they	should include		
	N/A					
	Any submission deadlines N/A			<u> </u>		
d	Any restrictions or limitations on awards, s	uch as by geographica	l areas, charitable field	ds, kinds of institutions,	or other	
	factors					
	N/A					
DAA						Form 990-PF (2011)

DAA

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year CHRISTOPHER REEVE PARALYS 500 MORRIS AVE SPRINGFIELD NJ 07081 SPINAL CORD RESEARCH CANINE CAMPANIONS P O BOX 446 SANTA ROSA CA 35402 INDEPENDENCE THROUGH CANINE ASSISTAN 1,710 Total ▶ 3a 1,710 Approved for future payment N/A Total **▶** 3b

Part XVI-A Enter gross am	Analysis of Income-Producing Activounts unless otherwise indicated		ed business income	Exclude	d by section 512, 513, or 514	
-		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
1 Program se		ļ		-		(000 1100 00010)
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_	nd contracts from government agencies	1		 		W7
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	savings and temporary cash investments nd interest from securities	 		 		2 021
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	anced property ot-financed property	· · · · · · · · · · · · · · · · · · ·		 		
	ncome or (loss) from personal property			 		
7 Other inves	· · · · · · · · · · · · · · · · · · ·			 	·	
	s) from sales of assets other than inventory	 		 		
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13 Total. Add See worksheet Part. XVIÈÉ Line No. ▼	Ine 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income is accomplishment of the foundation's exempt purpose DIVIDENDS & INTEREST PROV	reported in colles (other than b	ent of Exempt Pu umn (e) of Part XVI-A o y providing funds for s OTHER PURE	Irposes contribute uch purpi	13 ed importantly to the oses) (See instructions	2,921
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13 Total. Add See worksheet Part. XVIÈÉ Line No. ▼	Ine 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income is accomplishment of the foundation's exempt purpose DIVIDENDS & INTEREST PROV	reported in colles (other than b	ent of Exempt Pu umn (e) of Part XVI-A o y providing funds for s OTHER PURE	Irposes contribute uch purpi	13 ed importantly to the oses) (See instructions	2,921
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13 Total. Add See worksheet Part. XVIÈÉ Line No. ▼	Ine 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income is accomplishment of the foundation's exempt purpose DIVIDENDS & INTEREST PROV	reported in colles (other than b	ent of Exempt Pu umn (e) of Part XVI-A o y providing funds for s OTHER PURE	Irposes contribute uch purpi	13 ed importantly to the oses) (See instructions	2,921

DAA

72	шжэлі	Exempt Organiza	_	insiers 10 and	i iransaction	is and Relationships with	n Noncharitable		
1	Did the ord			in any of the follow	ung with any other	er organization described		Yes	No
	_	-		-	-	on 527, relating to political			
	organizatio			,	•	. 5 .			
а		from the reporting founda	ation to a non	charitable exempt	organization of		ľ		
	(1) Cash			•	_		1a(1)		Х
	(2) Other	assets					1a(2)		Х
b	Other trans	sactions							
	(1) Sales	of assets to a noncharita	ble exempt o	rganization			1b(1)	1	Х
	(2) Purcha	ases of assets from a no	ncharitable ex	xempt organization	ı		1b(2)		Χ
	(3) Rental	of facilities, equipment,	or other asse	ets			1b(3)		X
	(4) Reimb	ursement arrangements					1b(4)		X
	(5) Loans	or loan guarantees					1b(5)		X
	(6) Perfor	mance of services or me	mbership or t	fundraisıng solıcıtat	tions		1b(6)		X
C	Sharing of	facilities, equipment, ma	ılıng lısts, oth	er assets, or paid e	employees		1c	<u> </u>	X
d	If the answ	er to any of the above is	"Yes," comp	lete the following s	chedule Column	(b) should always show the fair n	narket		
		•		-		e foundation received less than fai			
						e goods, other assets, or services			
-	(a) Line no	(b) Amount involved	(c) Nam	e of nonchantable exemp	ot organization	(d) Description of transfers, tr	ansactions, and sharing arrangeme	nts	
1/	<u>A</u>								
		-							
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				_					
2a	Is the foun	dation directly or indirect	ly affiliated wi	ith, or related to, or	ne or more tax-ex	empt organizations			
		in section 501(c) of the C	=			• =		es X	No
b	If "Yes," co	mplete the following sch	ed <u>ule</u>						
		(a) Name of organization		(b) Type of o	rganization	(c) Descrip	otion of relationship		
	N/A						·		
						ules and statements, and to the best of my nich preparer has any knowledge	knowledge and belief, it is true,		
			•				May the IRS discuss this i		
			/	7.			(see instructions)?	Yes	No
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	V Sig	nature of officer or trustee			Date	₹ Iftie		г	
		Type preparer's name			Preparer's signatur	e	Date	Check	ıf
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							roim 3	I	/ (2011

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2011

MCPHEARSON	FOUNDATION	58-2168184
Organization type (check	k one).	•
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt chantable trust not treated as a private for	oundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt chantable trust treated as a private found	ation
	501(c)(3) taxable private foundation	
· · · · · · · · · · · · · · · · · · ·	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule ar	nd a Special Rule See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 y one contributor. Complete Parts I and II	or more (in money or
Special Rules		
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support to 19(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form and II	ne year, a contribution of
dunng the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from otal contributions of more than \$1,000 for use exclusively for religious, chanterposes, or the prevention of cruelty to children or animals. Complete Parts I,	able, scientific, literary,
during the year, c not total to more t year for an exclus	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from ontributions for use exclusively for religious, chantable, etc., purposes, but th han \$1,000 If this box is checked, enter here the total contributions that were lively religious, chantable, etc., purpose Do not complete any of the parts un lanization because it received nonexclusively religious, chantable, etc., contributions that were lanization because it received nonexclusively religious, chantable, etc., contributions.	nese contributions did re received during the aless the General Rule
990-EZ, or 990-PF), but it	that is not covered by the General Rule and/or the Special Rules does not find must answer "No" on Part IV, line 2, of its Form 990, or check the box on line 90-PF, to certify that it does not meet the filing requirements of Schedule B (ne H of its Form 990-EZ or on
For Paperwork Reduction Act N	otice, see the instructions for Form 990, 990-FZ, or 990-PF	Schedula R /Form 900 900.E7 or 900.DE1 /201

of 1 Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Name of organization **Employer identification number** MCPHEARSON FOUNDATION 58-2168184 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed. (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 1 WILLIAM ANDREW PRUETT Person 711 COTTONTON ROAD **Payroll** 112,985 Noncash AL 36871 PITTSVIEW (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (b) (c) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution.) (a) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroli \$ Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** \$ Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II if there is a noncash contribution.)

MCPHFOUNDA MCPHEARSON FOUNDATION 58-2168184

Federal Statements

5/14/2012 11:03 AM

FYE: 12/31/2011

Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees

Charitable Purpose	\$	S		Charitable Purpose
Adjusted Net	\$	0 s	essional Fees	Adjusted Net
Net Investment	\$	0 \$	Line 16c - Other Profe	Net Investment
Total	\$ 300	\$ 300	Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees	Total
Description	ACCOUNTING FEES	TOTAL	Statement 2	Description

Purpose

365 365

MANAGEMENT FEES

TOTAL

MCPHFOUNDA MCPHEARSON FOUNDATION

58-2168184

Federal Statements

FYE: 12/31/2011

5/14/2012 11:03 AM

Statement 3 - Form 990-PF, Part I, Line 25 - Noncash Contributions, Gifts, Grants

Noncash **FMV Book Value Book Value** Description Explanation Explanation **Amount** Amount Date 1,710 12/28/11

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5/14/2012
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Federal Statements

MCPHFOUNDA MCPHEARSON FOUNDATION 58-2168184 FYE: 12/31/2011

Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments	
orm 990-PF, Part II, Line 10b - Corporate S	Investments
Form 990-PF, Part II, Line 10b - Corl	Stock
orm 990-PF	orporate S
orm 990-PF	10b - C
orm 990-PF	, Line
orm 990-PF	Part II
Form 9	0-PF
Statement 4 -	Form 9
Statemen	1t 4 -
	Statemer

Fair Market Value	\$ 120,299	\$ 120,299
Basis of Valuation	COST	
End of Year	\$ 121,105	\$ 121,105
Beginning of Year	\$ 13,178	\$ 13,178
Description	VARIOUS MUTUAL FUNDS	TOTAL

MCPHFOUNDA MCPHEARSON FOUNDATION

58-2168184

Federal Statements

FYE: 12/31/2011

5/14/2012 11:03 AM

Statement 5 - Form 990-PF, Part III, Line 3 - Other Increases

Description	 <u>Amount</u>
ASSET APPRECIATION	\$ 998
TOTAL	\$ 998

The Choctaw Sun-Advocate

P.O. Box 269 – 13440 Choctaw Ave. Gilbertown, AL 36908 Phone: 251-843-6397 Fax: 251-843-3233

Affidavit of Publication

Thomas J. Campbell, being duly sworn, deposes and states that he is the Publisher of
THE CHOCTAW SUN - ADVOCATE, a weekly newspaper being published in
Gilbertown, Alabama, Choctaw County, that the hereto attached of Annual Referent Report was published in said newspaper for
consecutive weeks in the following issues:
, 2012.
Thomas J. Campbell, Publisher
Subscribed and sworn before the undersigned this <u>8</u> day of farualy, 2012.

Annie L. Hutchinson Notary Public, Alabama State at Large

> My Commission expires: December 16, 2015

Sun-Advocate





berry Street

ANIMALS

CHIHUAHUAS FOR SALE 16 temales, \$100. Call Lisa at 251-843-2508 or 251-944-7165.

IF YOU HAVE PUPPIES, KITTENS OR OTHER PETS TO GIVE AWAY, call the Choctaw Sun-Advocate. We run "free pet" ads for up to three weeks FREE OF CHARGE! Please don't abandon these animals on the side of a road we will help you find good, loving homes for them through the CLASSIFIEDS. 251-843-6397, or email choctawsun@millry.net.

LEGALS

IN THE PROBATE COURT OF CHOCTAW COUNTY, ALABAMA
In The Matter Of The Adoption Petition Of TOM COLEMAN AND ROSIE COLEMAN
PROBATE CASE NO. M-2011-

4442
NOTICE TO SIOMINIA A.
CHERRY,
WHOSE WHERABOUTS ARE
UNKNOWN

You will take notice that a Petition for the Adoption of RASCHAD COLEMAN was filed on the 28th day of October, 2011, by TOM COLEMAN and ROSIE COLEMAN and ROSIE COLEMAN and the mother, Siominia A. Cherry's whereabouts are unknown. A hearing has been set for the final order of adoption in said court on the 4th day of April, 2012 at 9:00 o'clock a.m. Please be advised that if you intend to contest this adoption, you must file a written response on or before the date of said haring with counsel for said Petitioner, whose name and address is shown below and with the Clerk of the said Probate Court

DONE this the 9th day of January, 2012 D'WAYNE MAY

D'WAYNE MAY Judge of Probate Of Counsel. J. PERRY NEWTON Attorney for Petitioner Post Office Box 179 Butler, Alabama 36904 (205) 459-2320. 4TC.14628.02/08.

PUBLIC NOTICE

The annual return of the McPhearson Foundation is available at the address noted below for inspection during normal business hours by any citizent who so request within 180 days after publication of this notice of its availability:

The McPhearson Foundationt 124 South Mulberry Butler, AL 36904

The principal manager is Lee McPhearson, Secretary, 205-459-4851, or Ginia McPhearson, President, 334-855-4668
1TC 14629.01/18.

existing petroleum contamina-

The proposed permit contains management requirements and limitations which are protective of county and are protective of county are protective.

of groundwater quality.
Copies of the draft permit, conditions, limitations and a fact sheet as applicable describing the methodology for setting the limitations and conditions and other related documents are available for public inspection electronically

http://www.adem.state.al.us/PublicNotice/PublicNotice.htm, and at the following location Monday—Friday (except legal holidays), 8:00 am to 5:00 pm. A nominal fee for copying and/or mailing may be charged. Arrangements for copying should be made in advance.

Russell A. Kelly, Chief Permits and Services Division ADEM

, 1400 Coliseum Blvd [Mailing address: PO Box 301463; Zip 36130-1463] Montgomery, Alabama 36110-2059

(334) 271-7714

Persons wishing to comment may do so, in writing, to the Department's named contact above within 30 days following the publication date of this notice. In order to affect final decisions, comments must offer technically substantial information that is applicable to the proposed permit.

A written request for a public hearing may also be filed within that 30-day period and must state the nature of the issues proposed to be raised in the hearing. The Director shall hold a public hearing whenever it is found, on the basis of hearing requests, that there exists a significant degree of public interest in the permit application or draft permit. The Director may also hold a hearing if he determines that it would clarify one or more issues involved in the permit decision.

After consideration of all written comments, review of any public hearing record, and consideration of the requirements of the Alabama Water Pollution Control Act, the Federal Water Pollution Control Act and applicable regulations, the Department will make a final determination on permit issuance. The Department will develop a response to comments, which will become part of the public record and will be available to persons upon request. Notice will be sent to any person requesting notice of the final action.

The Department maintains a list of interested individuals who are mailed legal notices regarding proposed permits. If you wish to receive such notices, contact the Permits & Services Division via telephone (334-271-7714), e-mail (permitsmail@adem.state.al.us), or postal service (P.O. Box 301463, Montgomery, AL 36130-

ment of Environmental Management.

Lance R. LeFleur Director 1TC.14630.01/18.

NOTICE OF FORECLOSURE

Default having been made in the payment of the indebtedness secured by that certain mortgage dated April 30, 2004, executed by ALEX J. SKINNER, III and KRISTIN M. SKINNER, as husband and wife, to MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., Solely as nom-inee for WEST ALABAMA BANK & TRUST, which mortgage was recorded on May 4, 2004, in Book 324, Page 120, of the mortgage records in the Office of the Judge of Probate of Choctaw County, Alabama, which mort-gage was, together with the indebtedness secured thereby, and the note evidencing the same, duly transferred to CHASE HOME FINANCE, LLC, the undersigned has elected to declare the entire indebtedness secured by the said mortgage to be due and payable as provided in said mortgage, and notice is hereby given that pursuant to law and the power of sale contained in said mortgage, the undersigned will sell at public outcry, to the highest bidder for cash, in front of the main entrance to the Choctaw County Courthouse at Butler, Alabama, during the legal hours of sale on the 20th day of March, 2012, the following described real estate, situated in Choctaw County, Ala-

bama, to-wit: TRACT I

Lot No. 51 in the Oak Grove Subdivision, described as follows:

Beginning at the Southwest corner of Lot No. 14 of the Oak Grove Estate; thence South 160 feet; thence West 125 feet along the street right of way at Point of Beginning; thence South 155 feet; thence West for 125 feet; thence North 155 feet; thence East 125 feet along the street right of way at Point of Beginning.

ning.
The above described property being located in Lot No. 19 of the C.M. Edwards Subdivision as recorded in the Office of the Probate Judge, Choctaw County, Alabama, lying, situated and being in Section 24, Township 13 North, Range 3 West;
LESS AND EXCEPT.

TOWNHIP 13 NORTH, RANGE 3 WEST

SECTION 24: Commencing at the Northeast corner of Lot 51 of the C M. Edwards Subdivision at a pin with a yellow cap stamped "ALLS 19516" "MSLS 2458" on top; thence South 0 degrees 27 minutes 51 seconds West for a distance of 155.0 feet to the Point of Beginning which is marked by a pin with a yellow cap on top; thence South 89 degrees 41 minutes 54 seconds West for a distance of 125.0 feet to another pin with a yellow cap on top set at the Southeast



Exceptional Dogs for Exceptional People'

January 20, 2012

Virginia L. McPhearson 711 Cottonton Road Pittsview, AL 36871

Dear Ms. McPhearson,

Thank you and the McPhearson Foundation for the generous donation that you made to Canine Companions for Independence in memory of your brother, Richard Edwin McPhearson, Jr. We appreciate such a generous and thoughtful donation and I'm sorry for ່າດີ່ur loss.

Your foundation helped make 2011 a very good year. We placed an all-time high of 262 assistance dogs and surpassed our graduate follow-up visits goal. We're proud of our achievements and know they couldn't have happened without you.

Today, there are more than 1,700 active Canine Companions graduate teams, and we'll soon add to the total when our first Team Training class graduates later this month.

Again, thank you for your generous donation. Best wishes for a happy, healthy and prosperous 2012.

Sincerely,

Chief Executive Officer

cc: Antje Freygang

CH/bb

No goods or services were provided in exchange for the contribution of \$1,709.60 P.S. received on December 28, 2011. Canine Companions for Independence is a 501 (c) (3) non-profit organization. The Canine Companions tax identification number is

800 572-2275

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> Southeast Regional Center PO Box 680388 Orlando, FL 32868-0388 (407) 522-3300

North Central Regional Center 4989 State Route 37 East Delaware, OH 43015-9682 (740) 548-4447

Southwest Regional Center PO. Box 4568 Oceanside, CA 92052-4568 (760) 901-4300

Northeast Regional Center 286 Middle Island Rd Medford, NY 11763 (631) 561-0200

Colorado Satellite Office 126 East Las Animas St Colorado Springs, CO 80903 (719) 260-6151