

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

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

OMB No 1545-0052 2009

Department of the Treasury Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

| For ca | lendar year 2009, or tax year beginning | , 2009 | , and ending | <u> </u> | |
|-------------|---|--------------------------------|--------------------|--|---------------------------------------|
| G CH | ieck all that apply | ial Return of a former p | ublic charity | ☐ Fin | al return |
| | Amended return | Address | change Nar | me change | |
| Use | the Name of foundation | | | A Employer identification nu | mber |
| IRS la | bel. Charles Foundation | | | 26-1625912 | |
| Othen | | t delivered to street address) | Room/suite | B Telephone number (see the | instructions) |
| or ty | | | | (337) 277-68 | 46 |
| See Sp | ecific City or town | State | ZIP code | C If exemption application is | |
| Instruc | tions. Abbeville | LA | 70510 | D 1 Foreign organizations, che | · - |
| H | | 1(c)(3) exempt private f | oundation | 2 Foreign organizations mee | ting the 85% test, check |
| | Section 4947(a)(1) nonexempt charitable t | rust Other taxable | private foundation | here and attach computation | on . ► _ |
| I F | air market value of all assets at end of year J Acc | counting method: X C | ash Accrual | E If private foundation status | |
| (| from Part II, column (c), line 16) | Other (specify) | | under section 507(b)(1)(A) F If the foundation is in a 60 | |
| ► \$ | 1,841. (Part I | column (d) must be or | cash basis) | under section 507(b)(1)(B) | |
| Part | Analysis of Revenue and | (a) Revenue and | (b) Net investmen | | |
| | Expenses (The total of amounts in | expenses per books | income | nt (c) Adjusted net income | (d) Disbursements for charitable |
| | columns (b), (c), and (d) may not neces- | | | | purposes |
| | sarily equal the amounts in column (a) (see the instructions).) | İ | | 1 | (cash basis only) |
| | 1 Contributions, gifts, grants, etc, received (att sch) | | | | · · · · · · · · · · · · · · · · · · · |
| | 2 Ck X if the foundn is not req to att Sch B | | | | |
| | 3 Interest on savings and temporary | | | | |
| | cash investments | | | | |
| | 4 Dividends and interest from securities | | | | |
| | 5a Gross rents | _ | | | |
| | Net rental income or (loss) | | | | |
| R | 6a Net gain/(loss) from sale of assets not on line 10 | | | | <u> </u> |
| E | b Gross sales price for all assets on line 6a | | | | |
| Ē | 7 Capital gain ne income (from Part 14 line 2) | _ e \ | | | |
| N | 8 Net short-term capital gain | 36 | | | |
| O D E | 9 Income modifications | | | | |
| 7 - | 10a Gross sales less AUG 0 2 2010 returns and allowances | [.b. | | | |
| 23 | h Less Cost of | Juil | | | |
| ₹ | c Gross profit/(loss) (att-sch | | | | |
| 3 | c Gross profit/(loss) (att-sch) | | | | |
| 5) (| 11 Other income (attach schedule) | | | | |
| | 12 Total Add lines 1 through 11 | | | | |
| A | 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc | | | | ,- · |
| <u> </u> | | | | | |
| 2 2 | 14 Other employee salaries and wages 15 Pension plans, employee benefits | | | | |
| ? . | 16a Legal fees (attach schedule) | 530. | | 530. | |
|) D | b Accounting fees (attach sch) | 330. | | 330. | |
| M | c Other prof fees (attach sch) | | ···· | | |
| N | 17 Interest | - | | | |
| O I S E T R | 18 Taxes (attach schedule)(see instr.) Filing.Fees | 5. | <u> </u> | 5. | |
| RR | 19 Depreciation (attach | 5. | | 3. | |
| 7 7 | sch) and depletion | | | | |
| N V | 20 Occupancy | | | | |
| GÉ | 21 Travel, conferences, and meetings | | | | |
| A E | 22 Printing and publications | 47. | | 47. | |
| N X | 23 Other expenses (attach schedule) | | | | |
| Ň | | | | | |
| S | 24 Total operating and administrative expenses. Add lines 13 through 23 | 500 | | 500 | |
| S | | 582. | | 582. | 500 |
| | | 500. | | | 500. |
| i | 26 Total expenses and disbursements. Add lines 24 and 25 | 1,082. | | 582. | 500. |
| | 27 Subtract line 26 from line 12: | 1,002. | | 302. | |
| | a Excess of revenue over expenses | | | | |
| | and disbursements | | | | |
| | b Net investment income (if negative, enter -0-) | | | | |
| | C Adjusted net income (if negative, enter -0-) | | - :: | 0. | |
| BAA F | or Privacy Act and Paperwork Reduction Act | Notice, see the instruc | tions. | TEEA0301 02/02/10 | Form 990-PF (2009) |

Ald

14

| Pa | rt II | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | Beginning of year | | l 4 5 - 44 |
|---|-------|---|---------------------------|----------------|---|
| | | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 ' | Cash - non-interest-bearing | 2,923. | 1,841. | 1,841. |
| | 2 | | | | · · · · · · · · · · · · · · · · · · · |
| • | 3 | Accounts receivable | · · · · — — — | | ·· |
| | ١. | Less: allowance for doubtful accounts | | ····· | |
| | 4 | Pledges receivable | | | ~ |
| | _ ا | Less: allowance for doubtful accounts | | | |
| | 5 | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) | | | |
| | ٦ ا | Other notes and loans receivable (attach sch) | - | | |
| A | | Less allowance for doubtful accounts | - | | ······································ |
| S | 8 | Inventories for sale or use | | | |
| A S S E T | 9 | Prepaid expenses and deferred charges | | | |
| Ś | 10 | a Investments — U.S. and state government obligations (attach schedule) | | | |
| | 1 | b Investments — corporate stock (attach schedule) | | | |
| | | c Investments — corporate bonds (attach schedule) | | <u> </u> | |
| | 11 | Investments – land, buildings, and equipment: basis | | | |
| | | Less: accumulated depreciation (attach schedule) | | | |
| | 12 | Investments – mortgage loans | | | |
| | 13 | Investments – other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment: basis ► | | | |
| | | Less: accumulated depreciation (attach schedule) | | | |
| | | Other assets (describe \(\subseteq \) Total assets (to be completed by all filers - see instructions. Also, see page 1, item I) | 2,923. | 1,841. | 1,841. |
| ᆫ | 17 | | 7,000 | | |
| ļ | 18 | Grants payable | | | |
| A B | 19 | Deferred revenue | | | |
| ļ | 20 | Loans from officers, directors, trustees, & other disqualified persons | | | |
| Ĩ | 21 | Mortgages and other notes payable (attach schedule) | | | |
| T E | 22 | Other liabilities (describe) | | | |
| <u> </u> | 23 | | | ···· | |
| | | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. | | İ | |
| N F | 24 | Unrestricted | | | |
| EUTN | 25 | Temporarily restricted | | | |
| D | | Permanently restricted | | | |
| A S A L A L | | Foundations that do not follow SFAS 117, check here . X and complete lines 27 through 31. | | | |
| EL | 27 | Capital stock, trust principal, or current funds | 2,923. | 1,841. | |
| | | Paid-in or capital surplus, or land, building, and equipment fund | | | |
| OE | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| ŘŠ | | Total net assets or fund balances (see the instructions) . | 2,923. | 1,841. | |
| | 31 | Total liabilities and net assets/fund balances (see the instructions) | 2,923. | 1,841. | |
| Par | t III | Analysis of Changes in Net Assets or Fund Balance | s | | |
| 1 | Total | I net assets or fund balances at beginning of year – Part II, columi of-year figure reported on prior year's return) | n (a), line 30 (must agre | e with | 2,923. |
| 2 | Ente | r amount from Part I, line 27a | | 2 | -1,082. |
| 3 | Other | increases not included in line 2 (itemize) | | 3 | |
| 4 | Add | lines 1, 2, and 3 | • | . 4 | 1,841. |
| 5 | Decre | ases not included in line 2 (itemize) | | 5 | |
| 6 | Total | net assets or fund balances at end of year (line 4 minus line 5) - | Part II, column (b), line | 30 6 | 1,841. |

| (a) List and desci | d Losses for Tax on Investmen ribe the kind(s) of property sold (e.g., ro ouse; or common stock, 200 shares ML | eal estate. | (b) How acquired P — Purchase D — Donation | (C) Date acquired (month, day, year) | (d) Date sold (month, day, year |
|--|--|---|--|--|------------------------------------|
| | | | DOI:DITO | - | |
| b | | | | | |
| . с | | | | | |
| d | | | | | |
| e | <u> </u> | | L | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other bar plus expense of sa | | (h) Gain or (e) plus (f) m | |
| a | | | | <u> </u> | |
| <u>b</u> | | | | | |
| d | | | | | |
| e | | | | | |
| | wing gain in column (h) and owned by | the foundation on 12/31/69 | | (I) Gains (Coli | umn (h) |
| (i) Fair Market Value as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of column over column (j), if a | | gain minus column (l nan -0-) or Losses (fi | k), but not less |
| a | | | | | |
| b | | | | | |
| С | | | | | |
| | | | | | |
| e 2 Capital gain net income or (n | net capital loss). | enter in Part I, line 7 er -0- in Part I, line 7 | | | |
| | r (loss) as defined in sections 1222(5) a | <u> </u> | . 2 | | |
| | | _ | | | |
| If gain, also enter in Part I, li in Part I, line 8 | ne 8, column (c) (see the instructions). | If (loss), enter -0- | ' з | | |
| | er Section 4940(e) for Reduce | d Tax on Net Investme | ent Income | L | |
| f 'Yes,' the foundation does not qu | ection 4942 tax on the distributable ame alify under section 4940(e). Do not con t in each column for each year; see the | plete this part. | ··· | Yes | ☐ No |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use ass | sets (col | (d) Distribution umn (b) divided | |
| 2008 | | | | | |
| 2007 | | | | | |
| 2006 | | | | | |
| 2005 | | | | | |
| 2004 | | | | | |
| 2 Total of line 1, column (d) | | | . 2 | | |
| | | | · - | | |
| 3 Average distribution ratio for inumber of years the foundation | the 5-year base period — divide the tota on has been in existence if less than 5 | al on line 2 by 5, or by the years | 3 | | = |
| 4 Enter the net value of noncha | iritable-use assets for 2009 from Part | (, line 5 | 4 | | |
| 5 Multiply line 4 by line 3 | | | 5 | . – | |
| 6 Enter 1% of net investment in | ncome (1% of Part I, line 27b) | | 6 | | |
| 7 Add lines 5 and 6 | | | 7 | | |
| 8 Enter qualifying distributions to | from Part XII, line 4 | | 8 | = | |
| If line 8 is equal to or greater Part VI instructions | than line 7, check the box in Part VI, I | ine 1b, and complete that pa | art using a 1% t | tax rate See the | |

| - | | 26-1625 | | | Page |
|----|---|---|--------------|-----|------------|
| Pa | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - | see the in | structions) | | |
| 1 | a Exempt operating foundations described in section 4940(d)(2), check here | | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary - see instr.) | | | | |
| | b Domestic foundations that meet the section 4940(e) requirements in Part V | <u> </u> | | | |
| | check here ► and enter 1% of Part I, line 27b | | | | |
| | c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)l | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable | | | | |
| | foundations only. Others enter -0-) | 2 | | | |
| 3 | Add lines 1 and 2 | 3 | | _ | 0. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | 5 | | | 0 |
| 6 | Credits/Payments: | | | | |
| | a 2009 estimated tax pmts and 2008 overpayment credited to 2009 . 6a | | | | |
| | b Exempt foreign organizations — tax withheld at source 6b | | | | |
| | c Tax paid with application for extension of time to file (Form 8868) | 0. | | | |
| | d Backup withholding erroneously withheld 6d | | | | _ |
| 7 | Total credits and payments Add lines 6a through 6d | 7 | | | 0. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here | 8 | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | ▶ 9 | | | 0. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | ▶ 10 | | | 0. |
| 11 | Enter the amount of line 10 to be: Credited to 2010 estimated tax Refunded | ▶ 11 | | | |
| Pa | rt VII-A Statements Regarding Activities | | | | |
| 1 | a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | | Yes | No |
| | participate or intervene in any political campaign? | | 1a | | X |
| | b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes | | | | |
| | (see the instructions for definition)? | | 1b | L | X |
| | 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. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u> | | |
| | c Did the foundation file Form 1120-POL for this year? | | 1c | | Х |
| | d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | |
| | (1) On the foundation \(\brace \\$ \) e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposes. | | | ł | |
| | foundation managers | ea on | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | x |
| _ | If 'Yes,' attach a detailed description of the activities. | | <u>-</u> - | | <u> </u> |
| _ | · | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes | les | 3 | ~ | x |
| 4 | a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | X |
| | b If 'Yes,' has it filed a tax return on Form 990-T for this year? | | 4b | | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | | х |
| • | If 'Yes,' attach the statement required by General Instruction T. | | <u> </u> | | <u> </u> |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | İ |
| ٠ | By language in the governing instrument, or | | | | |
| | | | | | ĺ |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that with the state law remain in the governing instrument? | conflict | 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV | | 7 | | х |
| | a Enter the states to which the foundation reports or with which it is registered (see the instructions) | | <u>'</u> | | ├^ |
| 0 | LA - Louisiana | · | - | | 1 |
| | | | - | | |
| ı | 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 | | . 8ь | | |
| _ | | 46.6 | | | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' compared to the compared | or 4942(j)(t ete Part XI | v . 9 | | X _ |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their | r names | 10 | | v |

Form **990-PF** (2009)

BAA

| Form | OOL DE | (2009) | Charles | Foundation | |
|--------|--------|--------|---------|------------|--|
| -01111 | フプひてて | (2007) | CHarres | roundarton | |

|) | 6 | _1 | 6 | 2 | 5 | q | 1 | 2 | |
|---|---|----|---|---|---|---|---|---|--|
| | | | | | | | | | |

Page 5

| Part VII-A Statements Regarding Activities Continued | | | |
|---|---------------|---------------|-----------|
| At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions) | 11 | | х |
| 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | 12 | | х |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | | X | |
| Website address | | | |
| 14 The books are in care of ► <u>Stephen M. Meador</u> Telephone no ► <u>(337)</u> | | <u>-684</u> | <u> 6</u> |
| Located at ► 11608 La. Hwy 696 AbbevilleLA ZIP + 4 ► 70510-432 | <u> 22</u> . | | - |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here | • | • | \sqcup |
| and enter the amount of tax-exempt interest received or accrued during the year | | | |
| Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | \vdash | Yes | No |
| 1a During the year did the foundation (either directly or indirectly): | | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No | | | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? |]] | | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | 1 1 | | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No | | | |
| (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No | | ; | |
| b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? | 1b | | |
| Organizations relying on a current notice regarding disaster assistance check here | | \rightarrow | |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009? | 1c | | X |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? Yes X No | | | |
| If 'Yes,' list the years ► 20, 20, 20 | | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | - | - | |
| all years listed, answer 'No' and attach statement — see the instructions.) | 2b | | |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20, 20, 20 | | ļ | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | | | |
| b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.) | 3 b | | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | <u>x</u> |
| b 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 2009? | 4 b | | x |
| | rm 990 | -PF (2 | 2009 |

| Form 990-PF (2009) Charles Foundatio | n | | 26-16 | 25912 | Page (|
|--|--|---|--|---------------------------|--------------------|
| Part VII-B Statements Regarding Activit | <u>ies for Which Forn</u> | <u>1 4720 May Be Req</u> | uired (continued) | | |
| 5a During the year did the foundation pay or incur | | | | | |
| .(1) Carry on propaganda, or otherwise attemp | t to influence legislation | (section 4945(e))? | . Yes X | No | |
| (2) Influence the outcome of any specific public on, directly or indirectly, any voter registra | tion drive? | • | Yes X | No | |
| (3) Provide a grant to an individual for travel, | | | Yes X | No | |
| (4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section | ian a charitable, etc, org 4940(d)(2)? (see instru | ganization described ctions) . | . Yes X | No | |
| (5) Provide for any purpose other than religious educational purposes, or for the prevention | us, charitable, scientific, n of cruelty to children o | literary, or r animals? . | Yes X | No | |
| b If any answer is 'Yes' to 5a(1)-(5), did any of t described in Regulations section 53.4945 or in (see instructions)? | he transactions fail to q a current notice regard | ualify under the exception ing disaster assistance | ons | 5b | |
| Organizations relying on a current notice regar | ding disaster assistance | e check here | ▶□ | | |
| c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response | sibility for the grant? | | Yes | No | |
| If 'Yes,' attach the statement required by Regu | | | | | |
| 6a Did the foundation, during the year, receive an on a personal benefit contract? | • | | | No _ | |
| b Did the foundation, during the year, pay premit | ums, directly or indirectl | y, on a personal benefit | contract? | 6Ы | X |
| 7a At any time during the tax year, was the found | ation a party to a prohit | oited tax shelter transact | ion? . Yes X | No | |
| b If yes, did the foundation receive any proceeds | | | | 7ь | |
| Part VIII Information About Officers, D | irectors, Trustees, | Foundation Manag | gers, Highly Paid E | mployees | , |
| and Contractors | | | | | |
| 1 List all officers, directors, trustees, foundation | | | | (a) F | |
| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense other allo | |
| Charles R. Godchaux | | | | | |
| 800 Homeplace | President | | | | |
| Abbeville LA 70510 | 0.25 | 0. | 0. | | 0. |
| Theresa G. Payne | | | | | |
| 28 Inveraray | Vice President | | | ĺ | |
| Nashville TN 37215 | 0.00 | 0. | 0. | | 0. |
| Rebecca R. Godchaux | | | | | |
| 7551 Gulfstream Blvd | Vice President | | | | |
| Marathon FL 33050 | 0.00 | 0. | 0. | | 0. |
| See Information about Officers, Directors, Trustees, Etc. | | | | | |
| | _ | 0. | 0. | | 0. |
| 2 Compensation of five highest-paid employee: | s (other than those incl | uded on line 1— see ins | tructions). If none, ente | r 'NONE.' | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense other allo | account, wances |
| none | | | | | |
| 0 | | | | | |
| Y | | | | l . | |
| 0 | | | | | |
| 0 | | | | | |
| 0 | | | | | |
| Total number of other employees paid over \$50,000 | | | • | | None |
| PAA | | 7/05/00 | <u>: · </u> | Form 990 - | |

BAA Form 990-PF (2009)

Total. Add lines 1 through 3

| Part X Minimum Investment Return (All domestic foundations must complete this pa see instructions.) | rt. Foreign fou | ndations, |
|--|-------------------|-------------------------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: a Average monthly fair market value of securities | 1a | 0. |
| b Average of monthly cash balances . | . 1b | 2,328. |
| c Fair market value of all other assets (see instructions) | 1 c | |
| d Total (add lines 1a, b, and c) | . 1d | 2,328. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c | | |
| (attach detailed explanation) | | |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 Subtract line 2 from line 1d | 3 | 2,328. |
| 4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 35. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | . 5 | 2,293. |
| 6 Minimum investment return. Enter 5% of line 5 | . 6 | 115. |
| Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► and do not complete the | | ndations |
| 1 Minimum investment return from Part X, line 6 | . 11 | 115. |
| 2a Tax on investment income for 2009 from Part VI, line 5 | 0. | |
| b Income tax for 2009. (This does not include the tax from Part VI.) | | |
| c Add lines 2a and 2b | 2c | 0. |
| 3 Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 115. |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 Add lines 3 and 4 | 5 | 115. |
| 6 Deduction from distributable amount (see instructions) | 6 | |
| 7 Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 115. |
| Part XII Qualifying Distributions (see instructions) | 1 | |
| Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc – total from Part I, column (d), line 26 | 1a | 500. |
| b Program-related investments — total from Part IX-B | 1 b | |
| 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 Suitability test (prior IRS approval required) | 3a | |
| b Cash distribution test (attach the required schedule) | 3Ь | _ |
| 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 500. |
| 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 | 500. |
| Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w qualifies for the section 4940(e) reduction of tax in those years. | hether the founda | ation |
| BAA | | rm 990-PF (2009) |

Form **990-PF** (2009)

Page 9

Part XIII Undistributed Income (see instructions)

| , | | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
|-----------------------------|---|---------------|----------------------------|--------------------|--------------------|
| Distributable ame line 7 | ount for 2009 from Part XI, | | | | 115. |
| | e, if any, as of the end of 2009 | | | | 113. |
| | r 2008 only | | | 0. | |
| | 20, 20, 20 | | | <u> </u> | |
| 3 Excess distributions | | | | | |
| a From 2004 | 0. | | | | |
| b From 2005 . | 0. | 1 | | | |
| c From 2006 | 0. | | | | |
| d From 2007 | 0. | | } | | |
| e From 2008 | 103. | | | | |
| f Total of lines 3a | | 103. | | | |
| | outions for 2009 from Part | | | | |
| | \$ 500. | | | | |
| • | but not more than line 2a | | | | |
| | tributed income of prior years d — see instructions) | | | | |
| c Treated as distrib | butions out of corpus d - see instructions) | | | | |
| d Applied to 2009 | distributable amount | | | | 115. |
| e Remaining amou | int distributed out of corpus. | 385. | | | |
| | carryover applied to 2009 | | | | |
| (If an amount ap | pears in column (d), the ust be shown in column (a).) | | | | •• |
| Same amount me | ust be shown in column (a).) | | | | |
| 6 Enter the net tota | al of each column as | | | | |
| indicated below: | | | | | |
| a Corpus. Add lines 3f, | 4c, and 4e. Subtract line 5 . | 488. | | | <u>-</u> |
| b Prior years' undis | stributed income Subtract | | 0. | | |
| c Enter the amount | t of prior years' undistribut- | | | | |
| ed income for wh | or on which the section | | | | |
| | been previously assessed | | | | |
| d Subtract line 6c f | from line 6b. Taxable | | | | |
| amount - see ins | | | 0. | | |
| ♠ Undistributed income | for 2008 Subtract line 4a from | | | | |
| | unt — see instructions | | | 0. | |
| * 1 | | | | | |
| | ome for 2009. Subtract lines e 1 This amount must be | | | | |
| distributed in 201 | | | | | 0. |
| | as distributions out of | | Ì | | |
| | requirements imposed (1)(F) or 4942(g)(3) | | | | |
| (see instructions) | | | | | |
| | ons carryover from 2004 not | | | İ | |
| | or line 7 (see instructions) | 0. | | | |
| 9 Excess distribution | ons carryover to 2010. and 8 from line 6a | 488. | | | |
| 10 Analysis of line 9 | } | | | | |
| a Excess from 2005 | 1 | | • | | |
| b Excess from 2006 | | | | ĺ | |
| c Excess from 2007 | <u> </u> | | ļ | | |
| d Excess from 2008 | <u> </u> | | | | |
| e Excess from 2009 | | | | | |
| * EACC33 HOITI 2003 | | | | | Form 000 PF (2000) |

| Form 990-PF (2009) Charles Foundati | | | | 26-1625912 | Page 10 |
|---|---|---|---|----------------------------|--------------|
| Part XIV Private Operating Foundati | | | | | N/A |
| 1 a If the foundation has received a ruling or one is effective for 2009, enter the date of the | ruling . | • | | | |
| b Check box to indicate whether the foundat | | ating foundation de | | 4942(j)(3) or | 4942(j)(5) |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | Tax year (a) 2009 | (b) 2008 | Prior 3 years (c) 2007 | (d) 2006 | (e) Total |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | <u></u> |
| Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a '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 | | | | | |
| c 'Support' alternative test - enter: | 1 | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | - | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | <u></u> | L | | |
| Part XV Supplementary Information assets at any time during the | (Complete this | part only if the | organization ha | d \$5,000 or more | in |
| 1 Information Regarding Foundation Manag | _ | structions.) | · · · · · | | |
| a List any managers of the foundation who h close of any tax year (but only if they have | ave contributed mor | e than 2% of the to an \$5,000) (See s | otal contributions rece ection 507(d)(2).) | eived by the foundation | n before the |
| b List any managers of the foundation who o | wn 10% or more of t | the stock of a corpo | oration (or an equally | large portion of the o | wnership of |
| a partnership or other entity) of which the f | oundation has a 109 | % or greater interes | it | idigo portion or the o | |
| | | | | | |
| 2 Information Regarding Contribution, Gran Check here X if the foundation only m requests for funds. If the foundation makes complete items 2a, b, c, and d. | akes contributions t | o preselected chari | table organizations a | | |
| a The name, address, and telephone number | of the person to wh | om applications sh | ould be addressed: | | |
| | • | | | | |
| | | | | | |
| h The farm on which and to the charles had been | | | Alexander de carle da | | |
| b The form in which applications should be si | ubmitted and informa | ation and materials | they should include | | |
| c Any submission deadlines | | | | | |
| d Any restrictions or limitations on awards, so | uch as by geographi | cal areas, charitable | e fields, kinds of ins | titutions, or other factor | ors |
| | | | | | |
| ······································ | | | | | |

| 3 Grants and Contributions Paid During the Y | ear or Approved for Futu | re Payment | | | |
|--|---|----------------------|----------------------------------|--------|--|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Åmount | |
| Name and address (home or business) | substantial contributor | recipient | Contribution | | |
| a Paid during the year Alzheimer Association 225 N. Michigan Ave., Fl. 17 Chicago IL 60601-7 | 633 | Public | General Purposes | 500 | |
| | | ; | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | <u> </u> | | ► 3a | 500. | |
| b Approved for future payment | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | <u> </u> | <u>-</u> | ► 3b | | |

BAA

Form 990-PF (2009)

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | | d business income | | by section 512, 513, or 514 | |
|--|--|---------------------------------------|--|-----------------------------|---------------------------------------|
| • | (a) Business code | (b) Amount | (c) Exclu- sion | (d) Amount | (e) Related or exempt function income |
| 1 Program service revenue. | | | code | · | (see the instructions) |
| a b | | | + + | | |
| c | | | 1 | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments . | | | 14 | | |
| 4 Dividends and interest from securities | | · · · · · · · · · · · · · · · · · · · | ļļ | | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | 1 | | | | |
| 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 | | | | |
| 9 Net income or (loss) from special events | - | | | | |
| 10 Gross profit or (loss) from sales of inventory | ļ | | + + | | |
| 11 Other revenue. | | <u> </u> | | | |
| a | + | | + | | |
| <u>b</u> | | | | | |
| <u> </u> | + | | + + | | · · · · · · · · · · · · · · · · · · · |
| d | | ···· | | | |
| e | | | + | | |
| 12 Subtotal Add columns (b) (d) and (e) | | | | | |
| | · | | <u></u> | 13 | |
| 13 Total. Add line 12, columns (b), (d), and (e) | · L | | <u> </u> | . 13 | |
| 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in the instructions for line 13 to verify columns. | | hanant of Fromm | | • | |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in the instructions for line 13 to verify co | | hment of Exemp | | • | |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in the instructions for line 13 to verify ca Part XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in the instructions for line 13 to verify ca Part XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the enstructions.) |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in the instructions for line 13 to verify call Part XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the e instructions.) |
| Total. Add line 12, columns (b), (d), and (e) See worksheet in the instructions for line 13 to verify callert XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the einstructions.) |
| Total. Add line 12, columns (b), (d), and (e) see worksheet in the instructions for line 13 to verify cart XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the e instructions.) |
| 3 Total. Add line 12, columns (b), (d), and (e) see worksheet in the instructions for line 13 to verify cart XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the enstructions.) |
| Total. Add line 12, columns (b), (d), and (e) See worksheet in the instructions for line 13 to verify called the Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the e instructions.) |
| Total. Add line 12, columns (b), (d), and (e) See worksheet in the instructions for line 13 to verify callert XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the e instructions.) |
| Total. Add line 12, columns (b), (d), and (e) See worksheet in the instructions for line 13 to verify callert XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the e instructions.) |
| Total. Add line 12, columns (b), (d), and (e) See worksheet in the instructions for line 13 to verify callert XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the e instructions.) |
| 3 Total. Add line 12, columns (b), (d), and (e) see worksheet in the instructions for line 13 to verify cart XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the enstructions.) |
| Total. Add line 12, columns (b), (d), and (e) see worksheet in the instructions for line 13 to verify cart XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the enstructions.) |
| Total. Add line 12, columns (b), (d), and (e) See worksheet in the instructions for line 13 to verify callert XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the e instructions.) |
| Total. Add line 12, columns (b), (d), and (e) see worksheet in the instructions for line 13 to verify cart XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the e instructions.) |
| Total. Add line 12, columns (b), (d), and (e) See worksheet in the instructions for line 13 to verify callert XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the e instructions.) |
| Total. Add line 12, columns (b), (d), and (e) see worksheet in the instructions for line 13 to verify cart XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the e instructions.) |
| Total. Add line 12, columns (b), (d), and (e) See worksheet in the instructions for line 13 to verify callert XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the e instructions.) |
| Total. Add line 12, columns (b), (d), and (e) see worksheet in the instructions for line 13 to verify cart XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the e instructions.) |
| Total. Add line 12, columns (b), (d), and (e) see worksheet in the instructions for line 13 to verify cart XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the e instructions.) |
| Total. Add line 12, columns (b), (d), and (e) See worksheet in the instructions for line 13 to verify callert XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the e instructions.) |
| Total. Add line 12, columns (b), (d), and (e) See worksheet in the instructions for line 13 to verify callert XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the e instructions.) |
| 3 Total. Add line 12, columns (b), (d), and (e) see worksheet in the instructions for line 13 to verify cart XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the e instructions.) |
| Total. Add line 12, columns (b), (d), and (e) See worksheet in the instructions for line 13 to verify called the Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the e instructions.) |
| 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in the instructions for line 13 to verify ca Part XVI-B Relationship of Activities to the | e Accomplis | | t Purpos | ses | to the e instructions.) |

TEEA0502 07/06/09

| | | | | | | Yes | No |
|----------------|---|---|---|---------------|-----------|--------|----------|
| descr | ie organization directly o ibed in section 501(c) of ng to political organization | or indirectly engage in any of the following w f the Code (other than section 501(c)(3) orga ons? | vith any other organization anizations or in section 527. | | _ | | |
| a Trans | fers from the reporting t | foundation to a noncharitable exempt organi | zation of: | | | | |
| (1) C | ash | | | | 1a (1) | | Х |
| (2) 0 | ther assets | | | • | 1a (2) | | Х |
| b Other | transactions | | | | | | |
| (1) S | ales of assets to a nonc | haritable exempt organization | | | 1 b (1) | | Х |
| (2) P | urchases of assets from | a noncharitable exempt organization | | | 1 b (2) | | X |
| (3) R | ental of facilities, equipi | ment, or other assets | | | 1 b (3) | | X |
| (4) R | eimbursement arrangen | nents | | | 1 b (4) | | X |
| (5) Lo | oans or loan guarantees | | | | 1 b (5) | | X |
| (6) P | erformance of services (| or membership or fundraising solicitations | | | 1 b (6) | | X |
| c Sharıı | ng of facilities, equipme | nt, mailing lists, other assets, or paid emplo | yees . | | 1c | | X |
| anv tr | ansaction or sharing arr | ervices given by the reporting foundation. If transpersers, show in column (d) the value of | the goods, other assets, or serv | ices received | value III | | |
| any tr | ansaction or sharing arr | rangement, show in column (d) the value of (c) Name of noncharitable exempt organization | the goods, other assets, or serv (d) Description of transfers, | ices received | | gement | s |
| any tr | ansaction or sharing arr | angement, show in column (d) the value of | the goods, other assets, or serv | ices received | | gement | <u>s</u> |
| any tr | ansaction or sharing arr | angement, show in column (d) the value of | the goods, other assets, or serv | ices received | | gement | s |
| any tr | ansaction or sharing arr | angement, show in column (d) the value of | the goods, other assets, or serv | ices received | | gement | S |
| any tr | ansaction or sharing arr | angement, show in column (d) the value of | the goods, other assets, or serv | ices received | | gement | S |
| any tr | ansaction or sharing arr | angement, show in column (d) the value of | the goods, other assets, or serv | ices received | | gement | S |
| any tr | ansaction or sharing arr | angement, show in column (d) the value of | the goods, other assets, or serv | ices received | | gement | S |
| any tr | ansaction or sharing arr | angement, show in column (d) the value of | the goods, other assets, or serv | ices received | | gement | s |
| any tr | ansaction or sharing arr | angement, show in column (d) the value of | the goods, other assets, or serv | ices received | | gement | S |
| any tr | ansaction or sharing arr | angement, show in column (d) the value of | the goods, other assets, or serv | ices received | | gement | S |
| any tr | ansaction or sharing arr | angement, show in column (d) the value of | the goods, other assets, or serv | ices received | | gement | S |
| any tr | ansaction or sharing arr | angement, show in column (d) the value of | the goods, other assets, or serv | ices received | | gement | S |
| any tr | ansaction or sharing arr | angement, show in column (d) the value of | the goods, other assets, or serv | ices received | | gement | S |
| any tr | ansaction or sharing arr | angement, show in column (d) the value of | the goods, other assets, or serv | ices received | | gement | S |
| any tr | ansaction or sharing arr | angement, show in column (d) the value of | the goods, other assets, or serv | ices received | | gement | S |

| 2a Is the foundation directly or indirectly affil described in section 501(c) of the Code (c) | liated with, or related to, one or more tax-exen other than section 501(c)(3)) or in section 527 | npt organizations ? Yes X No |
|---|---|---|
| b If 'Yes,' complete the following schedule. | | |
| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
| | | |
| | | |
| | | |
| | | |
| | | |
| Under penalties of perjury, I declare that I have examined complete Declaration of preparer (other than taxpayer or | this return, including accompanying schedules and statemen fiduciary) is based on all information of which preparer has a | ts, and to the best of my knowledge and belief, it is true, correct, and ny knowledge |

| S I G | 1 = | ature of officer or tru | N. Madon | 7/24/10 | SECRETAR | TREASURER |
|-------------|-------------|--|----------|---------|----------------------------|--|
| NHER | | Preparer's signature | | Date | Check if self- employed | dentifying number ture in the instrs) |
| | Use Only | Firm's name (or yours if self- employed), address, and ZIP code | | | EIN ► Phone no ► | |

BAA

Form **990-PF** (2009)

Form 990-PF, Page 6, Part VIII, Line 1
Information about Officers, Directors, Trustees, Etc.

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|--|
| Person X Business Charles R. G. Payne 147 Teche Drive Lafayette LA 70503 Person X Business | Vice President 0.00 | 0. | 0. | 0. |
| 11608 La. Hwy 696 Abbeville LA 70510-4322 | Secretary/Treasur | 0. | 0. | 0. |

| 0. | 0. | 0. |
|----|----|----|
| | | |

Form **8868** (Rev April 2009)

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

| | | <u>`</u> | | | | | | |
|--|--|---|--|-----------------------------------|----------------|---------------|------------------|--------------|
| | re filing for an Automatic 3-Mont | - | _ | | | | | ► X |
| | re filing for an Additional (Not Au | | • | - | • | • | | _ |
| | plete Part II unless you have alre | | | | | | 68 | |
| Part I | Automatic 3-Month Exter | nsion of Time. C | only submit origin | nal (no copie | s needed). | | | |
| A corporatio | on required to file Form 990-T and | d requesting an auto | omatic 6-month exter | sion – check th | nis box and co | mplete Par | t I only | ▶ [] |
| All other coi | rporations (including 1120-C filer returns. | s), partnerships, RE | MICS, and trusts mu | st use Form 700 | 04 to request | an extensio | n of time to i | file |
| returns note the additional Form 990-T. | iling (e-file). Generally, you can d below (6 months for a corpora al (not automatic) 3-month exten Instead, you must submit the fu sit www.irs.gov/efile and click on | tion required to file f sion or (2) you file f lly completed and si | Form 990-T). Howeve Forms 990-BL, 6069, Igned page 2 (Part II) | er vou cannot fi | le Form 8868 | plactronical | lly if (1) you | want |
| | Name of Exempt Organization | | | | | Employer id | entification num | ber |
| Type or | | | | | | | | |
| print | Charles Foundation | | | | | 26-162 | 5912 | |
| File by the due date for | Number, street, and room or suite numb | er If a P O box, see instr | uctions | | | | | |
| filing your return See | 11608 La. Hwy 696 | | | | | | | |
| instructions | City, town or post office, state, and ZIP | code For a foreign address | s, see instructions | | | | | |
| | Abbeville | | | | | LA | 70510 | |
| Check type | of return to be filed (file a separa | _ `` | • | | | ••• | <u>-</u> | |
| Form 99 | 0 | Form 990-T (co | rporation) | | Form 47 | 20 | | |
| Form 99 | 0-BL | Form 990-T (see | ction 401(a) or 408(a |) trust) | Form 52 | 27 | | |
| Form 99 | 0-EZ | Form 990-T (tru | st other than above) | | Form 60 | 69 | | |
| X Form 99 | 0-PF | Form 1041-A | | | Form 88 | 70 | | |
| If the orgIf this is check this | ne No ► (337) 277-6846 ganization does not have an office for a Group Return, enter the org is box ► □ . If it is for part of asion will cover. | e or place of busine janization's four digi | ss in the United State t Group Exemption N | es, check this be lumber (GEN) | ox . | | | ► [] oup, |
| | st an automatic 3-month (6 mon | ths for a corporation | required to file Form | 990-T) extensi | on of time | | | |
| until <u>1</u> | Aug 16, 20 10, to fill tension is for the organization's r | e the exempt organi | · · · · · | • | | | | |
| | calendar year 20 09 or | ctarr for. | | | | | | |
| ▶ 🖺 | tax year beginning | . 20 . a | nd ending | 20 | | | | |
| | ax year is for less than 12 month | | | | | N | | |
| | | - | Initial return | Final retu | | nange in ac | counting per | |
| 3a If this a nonrefu | application is for Form 990-BL, 99 undable credits. See instructions | 90-PF, 990-T, 4720, | or 6069, enter the te | entative tax, less | s any | 3a \$ | | 0. |
| b If this a made. | application is for Form 990-PF or Include any prior year overpaym | 990-T, enter any re ent allowed as a cre | fundable credits and dit | estimated tax p | ayments | 3 b \$ | | 0. |
| deposit | e Due. Subtract line 3b from line with FTD coupon or, if required, structions | 3a. Include your pa by using EFTPS (E | yment with this form, lectronic Federal Tax | or, if required, Payment Syste | em) · | 3c \$ | | 0. |
| aution. If you | ou are going to make an electron ructions. | ic fund withdrawal w | vith this Form 8868, s | see Form 8453- | EO and Form | 8879-EO fo | r | _ |
| AA For Priv | vacy Act and Paperwork Reduct | ion Act Notice, see | instructions. | | | Form | 8868 (Rev. | 4-2009) |

CERTIFICATE OF PUBLICATION

| | - | DATE 044 22,20 10 |
|---|---|---|
| | | STATE OF LOUISIANA PARISH OF VERMILION |
| | | BEFORE ME THE UNDERSIGNED AUTHORITY, PERSONALLY CAME AND APPEARED |
| | | Kathy Cormier |
| NOTICE The annual reports of the Charles Foundation for the Year 2009 are available for inspection at the office of the foundation at 11608 La Hwy | hours within 180 days of the tion of this notice s/Stephen Meador, Secretary/Treasurer |), BEING DULY SWORN, DEPOSES AND SAYS: T SHE IS THE |
| 696, Abbeville, LA by any citizen on request during regular business | July 11, 13, 14, 15, 16, 18, 20 | General Manager |
| | | OF THE ABBEVILLE MERIDIONAL, A NEWSPAPER PUBLISHED AT ABBEVILLE, PARISH OF VERMILION, LOUISIANA |
| | | THAT THE HERETO ATTACHED NOTICE WAS PUBLISHED IN EVERY COPY OF EACH ISSUE OF SAID NEWSPAPER IN THE ISSUES DATED |
| | | |
| | | July 11, 13, 14, 15, 16, |
| | | 18, 20, 2010 |
| | | SIGNED KALLY CAMES SWORN AND SUBSCREED BEFORE ME IN ABBEVILLE, |
| | | LOUISIANA, ON THIS DAY OF |
| | | Cherica Mule manotary public |
| | | Theresa Milliman #066230 At Death MY COMMISSION EXPIRES |