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Form 990-PF

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

OMB No 1545-0052 2009

Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For calendar year 2009, or tax year beginning and ending G Check all that apply Initial return of a former public charity Final return Initial return Name change Amended return Address change Employer identification number Name of foundation Use the IRS 58-2063931 label. HELEN AND HARRY SAUL FOUNDATION Otherwise. Telephone number (see page 10 of the instructions) print Number and street (or P O box number if mail is not delivered to street address) Room/suite 2100 FIBER PARK DRIVE or type. If exemption application is pending, check here See Specific City or town, state, and ZIP code 1. Foreign organizations, check here Instructions. GA 30720 DALTON 2. Foreign organizations meeting the H Check type of organization X Section 501(c)(3) exempt private foundation 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here J Accounting method X Cash - I Fair market value of all assets at end Other (specify) of year (from Part II, col (c), If the foundation is in a 60-month termination under section 507(b)(1)(B), check here 3,482,730 (Part I, column (d) must be on cash basis) line 16) ▶ \$ Analysis of Revenue and Expenses (The Part I (a) Revenue and (d) Disbursements (b) Net investment (c) Adjusted net expenses per for charitable total of amounts in columns (b), (c), and (d) may not necessarily equal books income income purposes the amounts in column (a) (see page 11 of the instructions)) (cash basis only) 50,395 Contributions, gifts, grants, etc., received (attach schedule) 1 2 if the foundation is **not** required to attach Sch. B. 8,434 8,434 3 Interest on savings and temporary cash investments 71,070 71,070 Dividends and interest from securities 4 5a Gross rents Net rental income or (loss) -445,733 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 628,606 Capital gain net income (from Part IV, line 2) 0 0 Net short-term capital gain 8 0 9 Income modifications ---- 10a Gross sales less returns & allowances SCANNED NOV Operating and Administrative Expenses \mid b Less Cost of goods sold-MT 1 Gross profit or (loss) (attach sched Other income (attach schedule) C -399 -399 11 0 -316,233 79,105 dd lines-1-through 1. 12 Compensation of office sait ectors trustees 13 14 Other employee-salaries 15 Pension plans, employee benefits Legal fees (attach schedule) SEE 7,592 3,796 3,796 STMT 2 16a Accounting fees (attach schedule) Other professional fees (attach schedule) STMT 3 95 25 10 10 17 4,396 4,396 Taxes (attach schedule) (see page 14 of the instructions) STMT 4 19 Depreciation (attach schedule) and depletion Occupancy 21 Travel, conferences, and meetings Printing and publications Other expenses (att sch) Total operating and administrative expenses. 12,093 8,227 3,866 Add lines 13 through 23 268,265 268,265 Contributions, gifts, grants paid 25 0 Total expenses and disbursements. Add lines 24 and 25 280,358 8,227 272,131 26 Subtract line 26 from line 12 -596,591 Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) 70,878

0

Adjusted net income (if negative, enter -0-)

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

1. Cash—non-interest bearing 1. Cash—non-interest 1. Cash—n	1	D	Balance Sheets Attached schedules and amounts in the description column should be for and of year amounts only. (See instructions.)	Beginning of year	End of	year
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and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here ▶		23	Total liabilities (add lines 17 through 22)	0	0	
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 32 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 29 Enter amount from Part I, line 27a 30 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 2,779,403						•
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here Image: Special stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 32 Part III Analysis of Changes in Net Assets or Fund Balances 4 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 2,779,403	S		and complete lines 24 through 26 and lines 30 and 31.			
28 Paid-in or capital surplus, or land, bldg , and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 32 Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 2,779,403	ည	24	Unrestricted			
28 Paid-in or capital surplus, or land, bldg , and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 32 Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 2,779,403	īa	25	Temporarily restricted			
28 Paid-in or capital surplus, or land, bldg , and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 32 Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 2,779,403	B	26	Permanently restricted			
28 Paid-in or capital surplus, or land, bldg , and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 32 Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 2,779,403	þ		Foundations that do not follow SFAS 117, check here ▶ X			
28 Paid-in or capital surplus, or land, bldg , and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 32 Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 2,779,403	Ξ		and complete lines 27 through 31.			
28 Paid-in or capital surplus, or land, bldg , and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 32 Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 2,779,403	Ĕ	27	Capital stock, trust principal, or current funds	3,407,335	3,375,994	
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Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 2,779,403		٠,		3.375.994	2,779,403	
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2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 2,779,403	1			or agree with		3.375.994
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5 Decreases not included in line 2 (itemize) ► 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 2,779,403			· · · · ·			2 770 402
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 2,779,403						2,113,403
	5			h) line 20	 	2 770 402
	_6	lota	ii net assets of fund daiances at end of year (line 4 minus line 5)—Part II, column (I	u), line 30		Form 990-PF (2009)

Part IV Capital Gains a	nd Losses for Tax on Investme	ent Inco	ome				
	be the kind(s) of property sold (e.g., real estate, chouse, or common stock, 200 shs MLC Co.)			(b) How acquired P—Purchase D—Donation		ate acquired , day, yr)	(d) Date sold (mo , day, yr)
1a GOLDMAN SACHS ((028-05507-7)			P	VAI	RIOUS	VARIOUS
b GOLDMAN SACHS	(028-05507-7)			P	VAI	RIOUS	VARIOUS
c WELLS FARGO (65	399-7086)			P	VAI	RIOUS	VARIOUS
d CNL INCOME & GR	NOWTH IV			P	VAI	RIOUS	VARIOUS
e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) Cost or plus exper				or (loss) minus (g)
a 73,685				99,999			-26,314
ь 352,520				778,675			-426,155
_c 202,401				193,349			9,052
d				2,316			-2,316
<u>e</u>		L					
Complete only for assets showin	g gain in column (h) and owned by the fo	oundation	on 12/31/6	9			(h) gain minus
	(j) Adjusted basis as of 12/31/69		(k) Excess over col	s of col (ı) (ı), ıf any —			less than -0-) or om.col. (h))
a	· · · · · · · · · · · · · · · · · · ·						-26,314
b	·						-426,155
С							9,052
d							-2,316
_e							
2 Capital gain net income or (net c	apital loss) If gain, also enter in If (loss), enter -0- in				2		-445,733
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and (6	6)					
If gain, also enter in Part I, line 8	, column (c) (see pages 13 and 17 of the	instruction	ons)				
If (loss), enter -0- in Part I, line 8					3		
Part V Qualification Ur	nder Section 4940(e) for Reduc	ed Tax	on Net I	nvestment Inco	me		
(For optional use by domestic private	foundations subject to the section 4940	(a) tax on	net investr	ment income)			
If section 4940(d)(2) applies, leave th	nis part blank						
	·	_		🗆			
	tion 4942 tax on the distributable amoun			ase period? Ye	es X	No	
	lify under section 4940(e) Do not compl						
	each column for each year, see page 18	of the ins	structions be	efore making any en	tries		
(a) Base period years	(b)			(c)		Distr	(d) bution ratio
Calendar year (or tax year beginning			Net value o	of nonchantable-use ass		(col (b) d	vided by col (c))
2008		,182		4,010,4			0.046923
2007		,642		2,634,2			0.141840
2006		,048		3,231,			0.056030
2005		,361		1,865,8			0.127211
2004	231	,013		2,004,	974		0.115220
2 Total of line 1, column (d)						2	0.487224
3 Average distribution ratio for the	5-year base period—divide the total on it	ine 2 by 5	, or by the				
number of years the foundation h	nas been in existence if less than 5 years	5			-	3	0.097445
4 Enter the net value of noncharita	ble-use assets for 2009 from Part X, line	: 5			-	4	2,809,557
5 Multiply line 4 by line 3						5	273,777
6 Enter 1% of net investment incor	me (1% of Part I, line 27b)					6	709
7 Add lines 5 and 6						7	274,486
	n Part VII. line 4						272,131
· · · · · · · · · · · · · · · · · · ·	n Part XII, line 4 n line 7, check the box in Part VI, line 1b	, and con	nplete that p	part using a 1% tax r	L ate Se	e the	212,131
Part VI instructions on page 18							

Form	990-PF (2009) HELEN AND HARRY SAUL FOUNDATION 58-2063931			Р	age 4
_	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruct	tions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			1,	418
	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, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
3	Add lines 1 and 2			1	418
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			1	418
		·····		-,	320
6	Credits/Payments 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 2,000				
a					
b	Exempt foreign organizations—tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld			2	^^^
7	Total credits and payments Add lines 6a through 6d			۷,	<u>000</u>
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8				<u>T</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10			<u></u>	<u>581</u>
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 581 Refunded ▶ 11				
<u>Pa</u>	rt VII-A Statements Regarding Activities		- 1		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	L		Yes	No
	participate or intervene in any political campaign?	_	<u>1a</u>		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19		- 1		
	of the instructions for definition)?		1b		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		1		
С	Did the foundation file Form 1120-POL for this year?	L	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers > \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities	Γ			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		1		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b		/a 🗆	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
-	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		- 1		
-	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		- 1		
	conflict with the state law remain in the governing instrument?		6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	х	
8а	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				
Ja	Instructions) ▶ GA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		- [
J	(or designate) of each state as required by General Instruction G? If "No," attach explanation	ŀ	8ь	X	
0	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		00		
9		ŀ	i		
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page		ا		x
40	27)? If "Yes," complete Part XIV	F	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	-	4.		v
	names and addresses		10) PE	(2009)
		⊢orm	・フフリ	/-FF	(∠009)

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 2009?

X Form 990-PF (2009)

4a

		RY SAUL FOUNDATI		063931				Pa	age 6
_Pa		Activities for Which For	rm 47 <u>20 May Be R</u>	lequired (co	ntinue	ed)	т		·····
5a	During the year did the foundation pay or in								ĺ
	(1) Carry on propaganda, or otherwise atte				Yes	X No			
	(2) Influence the outcome of any specific p		, or to carry on,			₩			
	directly or indirectly, any voter registrati		•	\vdash	Yes	X No			
	(3) Provide a grant to an individual for trave	· · · · · · · · · · · · · · · · · · ·			Yes	X No			į
	(4) Provide a grant to an organization othe				V	X No			
	section 509(a)(1), (2), or (3), or section			L	Yes	A NO			
	(5) Provide for any purpose other than relig		y, or educational		Yes	X No			
	purposes, or for the prevention of cruel		under the eventions de	لـــا	162	ZI NO			
b	If any answer is "Yes" to 5a(1)-(5), did any Regulations section 53 4945 or in a current					N/A	5b		1
	_			e mstructions),			75	\neg	
_	Organizations relying on a current notice re If the answer is "Yes" to question 5a(4), do					Ш			
С	because it maintained expenditure respons		in nom the tax	n/a 🗌	Yes	∏ No			
	If "Yes," attach the statement required by F				100	LJ			į
6a	Did the foundation, during the year, receive	_							
-	on a personal benefit contract?	- any rando, anothy or monothy,			Yes	X No			
b	Did the foundation, during the year, pay pre	emiums, directly or indirectly, on a	a personal benefit contr				6ь		X
_	If "Yes" to 6b, file Form 8870	 , <u></u> ,,,							
7a	At any time during the tax year, was the fou	indation a party to a prohibited ta	x shelter transaction?		Yes	X No			
b				วก?		N/A	7b		
Pa		ers, Directors, Trustees,			y Paid	d Employ	ees,		
	and Contractors								
1 1	ist all officers, directors, trustees, founda	tion managers and their compe	ensation (see page 22	of the instructi	ons).				
			(b) Title, and average	(c) Compensation	` é	Contributions to nployee benefit	(a) Ev	pense ac	count
	(a) Name and add	Iress	hours per week devoted to position	(If not paid, enter	pla	ns and deferred		r allowan	
				- ,	 -	ompensation	┼		
JU	LIAN D. SAUL	TEQUESTA	TRUSTEE						
8_	OCEAN DRIVE	FL 33469	1.00		<u> </u>	0	₩—		0
L	NDA S. SCHEJOLA	DALTON	TRUSTEE		_	_			_
21	00 FIBER PARK DRIVE	GA 30720	1.00		0	0	┼──		0
					+-		+-		
	Compensation of five highest-paid emplo	wass (ather then these include	d on line 1—see page	23 of the inetri	ıctions	1			
2	If none, enter "NONE."	byees (other than those include	d on line 1-see page	25 of the matri	ictions	·)·			
			4371		(d)	Contributions to			
	(a) Name and address of each employe	e paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	er	nployee benefit ns and deferred		pense ac	
	· · ·	•	devoted to position			compensation	Oute	alluwali	ives
NO	ONE								
							$oxed{oxed}$		
					<u> </u>		<u> </u>		
					_		<u> </u>		
									
Tota	I number of other employees paid over \$50,0	000						Ь	

Form **990-PF** (2009)

Form 990-PF (2009) HELEN AND HARRY SAUL FOUNDATION	58-2063931	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundard Contractors (continued)	ndation Managers, Highly Paid Em	
3 Five highest-paid independent contractors for professional services (see pag	e 23 of the instructions). If none, enter "NO	NE."
(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		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati organizations and other beneficiaries served, conferences convened, research papers produced, et	stical information such as the number of c	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see pa	ge 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year of		Amount
1 N/A		
2		
All other program-related investments See page 24 of the instructions 3		

•

Total. Add lines 1 through 3

a Expenses, contributions, gifts, etc —total from Part I, column (d), line 26
b Program-related investments—total from Part IX-B

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes

Amounts set aside for specific charitable projects that satisfy the
 Suitability test (prior IRS approval required)

b Cash distribution test (attach the required schedule)

4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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

Form 990-PF (2009)

272,131

<u>3a</u> 3b

4

5

P	urt XIII. Undistributed Income (see page	26 of the instructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				139,060
2	Undistributed income, if any, as of the end of 2009				
	Enter amount for 2008 only				
	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2009				
		.,590			
		,384			
		,669			
-		,001			
_	From 2008	7.5.			
f	Total of lines 3a through e	546,644			
4	Qualifying distributions for 2009 from Part XII,				
•	line 4 ▶ \$ 272,131				
_	Applied to 2008,-but not more than line 2a				
	Applied to undistributed income of prior years				
D	• •				
_	(Election required—see page 26 of the instructions)			*****	
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				139,060
	Applied to 2009 distributable amount	133,071			133,000
	Remaining amount distributed out of corpus	133,071			
5	Excess distributions carryover applied to 2009				
	(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:	600 015			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	679,715			
b	Prior years' undistributed income Subtract				
	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				
d	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions			- <u>-</u>	
e	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount—see page				
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2010				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2004 not				
_	applied on line 5 or line 7 (see page 27 of the		_		
	instructions)	131,590			
9	Excess distributions carryover to 2010.				
•	Subtract lines 7 and 8 from line 6a	548,125			
10	Analysis of line 9				
	· · · · · · · · · · · · · · · · · · ·	5,384			
a h		0,669			
b		0,001			
C	Excess from 2008	7,002			
d		3,071			
е	. A 200 HOULESUS 1	. , .			·

58-2063931

Form 990-PF (2009) HELEN AND HARRY SAUL FOUNDATION

3 Grants and Contributions Paid During Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	-
	any foundation manager	status of recipient	contribution	Amount
Name and address (home or business a Paid during the year	S) or substantial contributor			<u> </u>
SEE STATEMENT 8				268,265
<u> </u>		·		_
				0.00 0.05
Total b Approved for future payment			> 3a	268,265
N/A				
Total			▶ 3b	

Part XVIv	A Analysis of Income-Producing Ac	tivities				
Enter gross ar	mounts unless otherwise indicated	i	business income (b) Amount	(c) Exclusion	y section 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See page 28 of
1 Program s	service revenue	Business code	Amount	code	Amount	the instructions)
a			· · · · · · · · · · · · · · · · · · ·			<u>-</u>
		.				
		-		1 1		
d		-				
		-				-
				 		
_	and contracts from government agencies			+		4.,**
	nip dues and assessments			14	8,434	
	n savings and temporary cash investments			14	71,070	
	and interest from securities			7.2	71,070	
	income or (loss) from real estate					
	inanced propertyebt-financed property		·	+====		
	income or (loss) from personal property					
	estment income			14	-399	•
	pss) from sales of assets other than inventory			+=-+-		-445,733
•	e or (loss) from special events			1 1 -		•
	fit or (loss) from sales of inventory					
-	enue a					
		-				
е						
	Add columns (b), (d), and (e)			0	79,105	
	d line 12, columns (b), (d), and (e)				13	-366,628
	et in line 13 instructions on page 28 to verify calculat					
Part XVI-						
Line No.	Explain below how each activity for which incom- accomplishment of the foundation's exempt purp					
▼	instructions)	oses (other than i	by providing funds i	or such purp	oses) (See page 29	or the
N/A	indications /					
		·····				
						_
						
					•	
	· · ·					
	1					
		- · · · -				.,
						
						Form 990-PF (2009)

1	ait VAII	Exempt Organiza	_	ansiers to and transaction	JIIS QI	na relationships with	HOHOHAHAA	,,,,		
1	Did the org			ge in any of the following with any	other o	rganization described			Yes	No
	-	•		on 501(c)(3) organizations) or in se		-				
	organizatio	ons?								ĺ
а	Transfers f	from the reporting found	ation to a no	oncharitable exempt organization o	of					ĺ
	(1) Cash	. •		, -				1a(1)		X
	(2) Other	assets						1a(2)		X
b	Other trans									\Box
	(1) Sales	of assets to a noncharita	able exempt	t organization		·		1b(1)		X
		ases of assets from a no	=	•				1b(2)		X
	• •	of facilities, equipment,		. •				1b(3)		X
	• •	ursement arrangements						1b(4)		X
		or loan guarantees						1b(5)		X
			mbership o	or fundraising solicitations				1b(6)		X
c	` '		•	other assets, or paid employees				1c		X
	•		•	nplete the following schedule Colu	ımn (b)	should always_show the fair m	narket			
		· · · · · · · · · · · · · · · · · · ·		given by the reporting foundation. If						
		_	-	nt, show in column (d) the value of						
	(a) Line no	(b) Amount involved		of noncharitable exempt organization		(d) Description of transfers, transaction		arrange	ements	
N/	A									
		"					-			
						··· ·- ··· · · · · · · · · · · · · · ·				
22	s Is the foun	dation directly or indirec	tlv affiliated	with, or related to, one or more tax	k-exem	pt organizations				
		•	-	than section 501(c)(3)) or in section		· -		∏ Y€	s X	No
b		omplete the following sci	•							
		a) Name of organization		(b) Type of organization		(c) Description	of relationship		····	
	N/A	<u> </u>								
						· · · · · · · · · · · · · · · · · · ·				
		 .								
								•		
			\bigcirc							
	Under penal	ties of penury. I declare that	I have exami	ined this return, including accompanying	schedu	les and statements, and to the best	of my knowledge	and		
	belief, it is to	ue, correct, and complete D	eclaration of	iner this return, including accompanying preparer (other than taxpayer or fiduciar	y) is bas	ed on all information of which prepare	arer has any know	ledge		
		AL AL	Dul	באחו ו	9/1/	TTEE.				
ø	Signatu	re of officer or trustee		Date	1/11/2	Title				
ē	1	~	/		•	Date		er's identif		
늗	<u>s</u>	Preparer's	Hel	OSPORE		Check if		r (see Sıg O of the ın:		
Sign Here		signature	W. HII	LLEGASS		10/25/10 self-employe		0091		
U)	Pai Pai Pai			RD, HILLEGASS & I	NGWI					
	_ နူ သူ ှိ	Firm's name (or yours if self-employed), address,		ONCOURSE PARKWAY			EIN ▶ 92-	-018	447	5
		and ZIP code	ATLA					-39		
	<u>. </u>			.,			-0-0	om 99		

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

or 990-PF)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2009

Name of the organization

Employer identification number

58-2063931 HELEN AND HARRY SAUL FOUNDATION Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** |X| For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and H For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year **▶** \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form

990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ,

Schedule of Contributors

or 990-PF)

Page 1 of 1 of Part I Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Employer identification number Name of organization 58-2063931 HELEN AND HARRY SAUL FOUNDATION Part I Contributors (see instructions) (d) (c) (b) (a)

No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	JULIAN D. SAUL 8 OCEAN DRIVE JUPITER INLET COLONY TEQUESTA FL 33469	\$ 50,395	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
			Person
		\$	Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

58-2063931		Federal Statements	stateme	nts				
	Statement 1	- Form 990-PF, Part I, Line 11 - Other Income	Part I, Lin	e 11 - Other li	Come			
Description			Reve	Revenue per Books	Z E	Net Investment Income	Adjusted Net Income	
CNL INCOME & GROWTH FUND IV INLAND LAND APPRECIATION FUND BOARDWALK PIPELINE PARTNERS HOST HOTELS & RESORTS THE ENERGY GROUP			v	708 - 285 - 431 - 544 737	φ.	708 -285 -431 -544 -737 -584	w.	
OTAL			w.	-399	ω 	-399		
	Statement 2	2 - Form 990-PF,	Part I,	Line 16a - Legal Fees	Fees			
Description		Total	ın	Net Investment		Adjusted Net	Charitable Purpose	
l E	ω. «	-	w «	[-	· · ·		3,	
TOTAL	w.	7,592	ጭ 	3, 796	→	0	3, 796	_ .
Staten	Statement 3 - Form 990-PF,	n 990-PF, Part I,	Line 16c	- Other Professional	ssional	Fees		
Description		Total	Inve	Net Investment		Adjusted Net	Charitable Purpose	
BANK CHARGES	w.	95	φ,	25	φ.		\$ 70	
TOTAL	ς, ·	95	w.	25	 Ω	0	\$ 70	
	Statement 4		-PF, Part I,	- Form 990-PF, Part I, Line 18 - Taxes	ies ies			
Description		Total	Inv	Net Investment		Adjusted Net	Charitable Purpose	
TAX PAID IN 2009	ω, 	4,396	\$	4,396	<u>ა</u>		\$	
TOTAL	ω	4,396	φ.	4,396		0	8	
							<u>+</u>	
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58-2063931

Federal Statements

Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description

	_	Beginning of Year		End of Year	Basis of Valuation		Fair Market Value
GOLDMAN SACHS	ć	2,125,857	<u> </u>	2 062 100	COCT	خ	2 757 702
WELLS FARGO	Ą	2,123,637 \$	ب	2,002,100	COST	Ş	2,757,782
	_			413,886	COST		425,338
TOTAL	, \$ <u></u>	2,125,857	\$	2,476,074		\$	3,183,120

Statement 6 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description

	_	Beginning of Year		End of Year	Basis of Valuation		Fair Market Value
GOLDMAN SACHS	_						
	\$	397	\$ <u> </u>	397	COST	\$_	367
TOTAL	\$_	397	\$	397		\$_	367

Statement 7 - Form 990-PF, Part II, Line 13 - Other Investments

Description

		Beginning of Year	End of Year	Basis of Valuation		Fair Market Value
COLUMBIA TAX EXEMPT FUND A		-				
HARTFORD LIFE ANNUITY	\$	385,623 \$		COST	\$	
		300,936		COST		
HOST MARRIOT		55,195	54,910	COST		54,950
CNL INCOME & GROWTH FUND, IV		·	•			·
INLAND APPRECIATION FUND, II		20,980	18,031	COST		18,031
ENERGY GROUP PARTNERS		17,514	17,234	COST		13,993
ENERGI GROOF FARINERS	_	1,015	1,015	COST		527
TOTAL	\$_	781,263 \$	91,190		\$_	87,501

58-2063931	Fe	Federal State	Statements	
Statement 8	Statement 8 - Form 990-PF, Part X	(V, Line 3a - Gr	XV, Line 3a - Grants and Contributions Paid During the Year	
Name	Address			
Address	Relationship	Status	Purpose	Amount
1ST BAPTIST OF CHATSWORTH			CENFEDI ODFBATIONS	00
ALEXANDER THARPE FUND				001
ALZHEIMER'S ASSOCIATION			GENERAL OPERATIONS	15,000
AMERICAN CANCER SOCIETY			GENERAL OPERATIONS	1,000
COMOLI CILOCO KENKETEK			GENERAL OPERATIONS	250
ALLANIA GROUF HOMES			GENERAL OPERATIONS	200
B'NAI B'KIIH ANII DEFAMAI			GENERAL OPERATIONS	2,000
BOBBI DODD COACH OF IEAR			GENERAL OPERATIONS	200
BOBBY JONES SCHOL. EMORY			GENERAL OPERATIONS	1,000
BOY SCOUTS OF AMERICA				
BOYS & GIRLS CLUB				000'T
BREAST CANCER 3-DAY			GENERAL OPERATIONS	10,000
CARPET TRADE GOLF ASSOC			GENERAL OPERATIONS	100
			GENERAL OPERATIONS	35
CENTER FOR THE SILE CONTENTS			GENERAL OPERATIONS	200
CHILDEN! CHEALTH CARE			GENERAL OPERATIONS	250
COLUMBIIS CITIZENS FOUND			GENERAL OPERATIONS	1,000
CCECEDOS CITILEENS FOOND			GENERAL OPERATIONS	1,000
CKEAIIVE AKIS GUILD			GENERAL OPERATIONS	1,100
COLVERHOUSE COLLEGE COMM			GENERAL OPERATIONS	250
CYSTIC FYBROSIS			GENERAL OPERATIONS	100
				80

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Federal Statements

Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Address Kelationship DALTON ELKS LODGE DALTON ST COLLEGE FOUND DHS SPIRIT BOOSTERS EAST LAKE COMMUN FOUND EMORY UNIVERSITY FAMILY SUPPORT COUNCIL GA PUBLIC BROADCASTING GA STATE GOLF ASSOC GA STATE GOLF ASSOC GA STATE GOLF ESSOC GA STATE GOLF ASSOC			
DALTON ELKS LODGE DALTON ST COLLEGE FOUND DHS SPIRIT BOOSTERS EAST LAKE COMMUN FOUND EMORY UNIVERSITY FAMILY SUPPORT COUNCIL GA PUBLIC BROADCASTING GA STATE GOLF ASSOC GA STATE GOLF ESSOC GA STATE GOLF ASSOC GRAND TETON MUSIC FEST. GRAND TETON NAT'L PARK GRAND TETON NAT'L PARK	onship Status	Purpose	Amount
DALTON ST COLLEGE FOUND DHS SPIRIT BOOSTERS EAST LAKE COMMUN FOUND EMORY UNIVERSITY FAMILY SUPPORT COUNCIL GA PUBLIC BROADCASTING GA STATE GOLF ASSOC GA TECH ALUMNI ROLL CALL GORDON COUNTY SCHOOLS GPS ANNUAL FUND GRAND TETON MUSIC FEST. GRAND TETON NAT'L PARK GREATER YELLOWSTONE COAL.		GENERAL, OPERATIONS	50
DHS SPIRIT BOOSTERS EAST LAKE COMMUN FOUND EMORY UNIVERSITY FAMILY SUPPORT COUNCIL GA PUBLIC BROADCASTING GA STATE GOLF ASSOC GA TECH ALUMNI ROLL CALL GORDON COUNTY SCHOOLS GPS ANNUAL FUND GRAND TETON MUSIC FEST. GRAND TETON NAT'L PARK GREATER YELLOWSTONE COAL.			0 0
EAST LAKE COMMUN FOUND EMORY UNIVERSITY FAMILY SUPPORT COUNCIL GA PUBLIC BROADCASTING GA STATE GOLF ASSOC GA TECH ALUMNI ROLL CALL GORDON COUNTY SCHOOLS GPS ANNUAL FUND GRAND TETON MUSIC FEST. GRAND TETON NAT'L PARK GREATER YELLOWSTONE COAL.			0 0
EMORY UNIVERSITY FAMILY SUPPORT COUNCIL GA PUBLIC BROADCASTING GA STATE GOLF ASSOC GA TECH ALUMNI ROLL CALL GORDON COUNTY SCHOOLS GPS ANNUAL FUND GRAND TETON MUSIC FEST. GRAND TETON NAT'L PARK GREATER YELLOWSTONE COAL.			50
FAMILY SUPPORT COUNCIL GA PUBLIC BROADCASTING GA STATE GOLF ASSOC GA TECH ALUMNI ROLL CALL GORDON COUNTY SCHOOLS GPS ANNUAL FUND GRAND TETON MUSIC FEST. GRAND TETON NAT'L PARK GREATER YELLOWSTONE COAL.			000,1
GA PUBLIC BROADCASTING GA STATE GOLF ASSOC GA TECH ALUMNI ROLL CALL GORDON COUNTY SCHOOLS GPS ANNUAL FUND GRAND TETON MUSIC FEST. GRAND TETON NAT'L PARK GREATER YELLOWSTONE COAL.		GENERAL OPERATIONS	000,0
GA STATE GOLF ASSOC GA TECH ALUMNI ROLL CALL GORDON COUNTY SCHOOLS GPS ANNUAL FUND GRAND TETON MUSIC FEST. GRAND TETON NAT'L PARK GREATER YELLOWSTONE COAL.		GENERAL OPERATIONS	130
GA TECH ALUMNI ROLL CALL GORDON COUNTY SCHOOLS GPS ANNUAL FUND GRAND TETON MUSIC FEST. GRAND TETON NAT'L PARK GREATER YELLOWSTONE COAL.		GENERAL OPERATIONS	200
GRAND TETON NAT'L PARK GREATER YELLOWSTONE COAL.		GENERAL. OPERATIONS	2,000
GORDON COUNTY SCHOOLS GPS ANNUAL FUND GRAND TETON MUSIC FEST. GRAND TETON NAT'L PARK GREATER YELLOWSTONE COAL.		GENERAL OPERATIONS	10,000
GPS ANNUAL FUND GRAND TETON MUSIC FEST. GRAND TETON NAT'L PARK GREATER YELLOWSTONE COAL.		GENERAL OPERATIONS	100
GRAND TETON MUSIC FEST. GRAND TETON NAT'L PARK GREATER YELLOWSTONE COAL.		GENERAL OPERATIONS	5,000
GRAND TETON NAT'L PARK GREATER YELLOWSTONE COAL.			005 1
GREATER YELLOWSTONE COAL.			, CO U
			0 0
HAMILTON HOSPICE			200
HAMILTON JUDD CANCER FUND		GENERAL OPERATIONS	100
HIINTER MIISEIIM AMER ART		GENERAL OPERATIONS	100
		GENERAL OPERATIONS	200
CACING HOLD INC. INC. INC. INC. INC. INC. INC. INC.		GENERAL OPERATIONS	200
ON ACHIEVERENI OF NW GA		GENERAL OPERATIONS	1,000

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Federal Statements

Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name	Address				
Address	Relationship	Status	Pur	Purpose Amount	ount
JUPITER MEDICAL CENTER			ONOTH RUNGO		
KIDS WISH NETWORK				0	1,000
MCCALLIE SCHOOL			GENERAL OPERATIONS		25
MUSCULAR DYSTROPHY ASSOC.			GENERAL OPERATIONS		2,000
MIZPAH CONGREGATION			GENERAL OPERATIONS	10 -	100
MOTINTAIN CREEK ACADEMY			GENERAL OPERATIONS	ro.	1,100
TWOH SACE GOT NIGHNION			GENERAL OPERATIONS		100
NAT'I TEWISH MED BESTABOH			GENERAL OPERATIONS		500
NAT'I MIS WITDITE ARTS			GENERAL OPERATIONS	7 0	200
NOTITIONAL BOODTION OF WHER			GENERAL OPERATIONS		200
MATTONAL COMMODURATION NATIONAL CONTRACTOR NAT			GENERAL OPERATIONS		200
NEW WORLD SYMPHONY			GENERAL OPERATIONS	10 -	1,000
NG CSU FOUNDATION			GENERAL OPERATIONS	70	2,500
NO CSO L'OCUPATION NOBELLE ESTAMBLE ON SELECTION NO CSO L'OCUPATION DE L'OCUPATION NO CSO			GENERAL OPERATIONS		100
NW GA EDMITY CRISIS OFNE			GENERAL OPERATIONS		100
NW GA CIBIC HOME			GENERAL OPERATIONS		10,000
NOTHER CHILD AND WILL NOTHER MEM PANOT NO			GENERAL OPERATIONS		250
ORT AMERICA			GENERAL OPERATIONS		1,500
ONLINE TOHOS GOOD VILLO			GENERAL OPERATIONS		30,000
			GENERAL OPERATIONS	70	200
			_		

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58-2063931	Fed	Federal Statements	ments		
Statement 8 -	Statement 8 - Form 990-PF, Part XV	/, Line 3a - Gra	, Line 3a - Grants and Contributions Paid During the	Paid During the	
		Year (continu	(pa		
Name	Address				
Address	Relationship	Status	Pu	Purpose	Amount
RAISIN HOPE FOUNDATION			CENERAL OPERATIONS	v	r C
RAMAH DAROM				2	000
ROMAN OPEN CHARITIES			GENERAL OPERATIONS	ŵ	2,000
SAT WATTON ABMY			GENERAL OPERATIONS	S	100
teamen of animatic			GENERAL OPERATIONS	v	1,000
Shernerd Center			GENERAL OPERATIONS	Ø	10,000
SISKIN CHILDRENS INSTIT.			_ 	ď	C
ST JOHNS MEDICAL CENTER				a	7,300
ST TIMOTHY'S SCHOOL			GENERAL OPERATIONS	ω -	1,000
HOLDON GENTINI GEGENIS			GENERAL OPERATIONS	-ω	50
CONTINUE CON			GENERAL OPERATIONS	S	50
SUSAN G KOMEN CUKE			GENERAL OPERATIONS	W	25
TELLUS SCIENCE MUSEUM			GENERAL OPERATIONS	დ	2,500
IN GOLF FOUNDATION			GENERAL OPERATIONS	Ø	100
TOWN JUPITER INLET COL.			GENERAL OPERATIONS	v	200
UNITED JEWISH COMMUNITY				v	75.000
UNITED WAY				1	
INTV AL CHIVER HOUSE SCH.			GENERAL OPERATIONS	S	35,000
			GENERAL OPERATIONS	Ø	2,000
			GENERAL OPERATIONS	-∵∾	250
Osca			GENERAL OPERATIONS	ν	200
VANDERBILT HILLEL			GENERAL OPERATIONS	· w-	1,000

Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Name	58-2063931	Fec	Federal State	Statements	
Address Purpose Relationship Status GENERAL OPERATIONS GENERAL OPERATIONS	Statement 8	3 - Form 990-PF, Part X	V, Line 3a - Gr	ants and Contributions Paid During the	
Relationship Status Purpose GENERAL OPERATIONS GENERAL OPERATIONS		Adam	Year (continu		
GENERAL OPERATIONS GENERAL OPERATIONS	Address	Relationship	Status	Purpose	Amount
GENERAL OPERATIONS	VANDERBILT UNIVERSITY			ODEBATI	OO
GENERAL OPERATIONS	WINFIELD CITY SCHOOL ALUM			GENERAL OFERALIONS	000 6
					200
	TOTAL				268,265
				-	
				-	
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				-	
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				_	
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Federal Statements

Taxable Interest on Investments

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code
WELLS FARGO	\$ 7,758		14	
GOLDMAN SACHS	523		14	
HOST HOTELS & RESORTS	104		14	
CNL INCOME & GROWTH FUND IV	34		14	
INLAND LAND APPRECIATION FUND	5		14	
BOARDWALK PIPELINE PARTNERS	9		14	
US TREASURY	 <u> </u>		14	
TOTAL	\$ 8,434			

Taxable Dividends from Securities

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code
GOLDMAN SACHS HOST HOTELS & RESORTS WELLS FARGO	\$ 70,379 411 280		14 14 14	
TOTAL	\$ 71,070			

Other Investment Income

Description	 Amount	Unrelated Business Code	ExclusionCode	Postal Code
CNL INCOME & GROWTH FUND IV	\$ 708		14	
INLAND LAND APPRECIATION FUND BOARDWALK PIPELINE PARTNERS	-285 -431		14 14	
HOST HOTELS & RESORTS	-544		14	
THE ENERGY GROUP LESS: OPERATING EXPENSES	737 -584		14 14	
TOTAL	\$ -399		11	

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-17	D	٤
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Department of the Treasury

► File a separate application for each return.

Internal Revenu	Service			
If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box			ightharpoonup
• If you are	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this for	m)		_
	ete Part II unless you have already been granted an automatic 3-month extension on a previously filed F		8	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)).		
A corporation	required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete	е		
Part I only				
•	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an externe tax returns	tension (of	
Electronic Fil	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of	time to	file	
one of the retu	irns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form	8868	/	
electronically	f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 887	70, grou	р	
returns, or a c	omposite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (F	Part II) o	f Form	
8868 For moi	e details on the electronic filing of this form, visit www irs gov/effle and click on e-file for Charities & Nonp	rofits		
Type or	Name of Exempt Organization	Employ	er identification num	iber —
print				
File by the		<u>58-2</u>	063931	
due date for filing your	Number, street, and room or suite no If a P O box, see instructions 2100 FIBER PARK DRIVE			
return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions DALTON GA 30720			
Check type of	return to be filed (file a separate application for each return)			
Form 99			Form 4720	
Form 99			Form 5227	
Form 99	Form 990-EZ Form 990-T (trust other than above)			
Form 99	Form 990-PF Form 1041-A Form 8870			
Telephone If the orga If this is for the whole of a list with the	nization does not have an office or place of business in the United States, check this box r a Group Return, enter the organization's four digit Group Exemption Number (GEN) I group, check this box I fit is for part of the group, check this box and at a management of the group is the extension will cover	f this is		▶ □
1 I reques	t an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
until for the c	, to file the exempt organization return for the organization named above. The extension is	S		
	rganization's return for calendar year or			
	calendar year or tax year beginning , and ending			
	ax year beginning , and ending			
2 If this ta	x year is for less than 12 months, check reason 🔲 Initial return 🔲 Final return 🔲 Change in	accoun	ting period	
3a If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,]		
less any	nonrefundable credits See instructions	3a	\$	
b If this ap	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax			
paymen	payments made Include any prior year overpayment allowed as a credit 3b \$		\$	
c Balance	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	l l		
deposit	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment			
System)	See instructions	3с	\$. <u></u> _
	u are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 887	9-EO		
for payment in		-		
For Privacy A	ct and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (Re	v 4-2009)

Form 8868 ((Rev. 4-2009)				Page 2		
If you ar	re filing for an Additional (N	Not Automatic) 3-Month Extension, complete only Part II and check this box			► X		
Note. Only o	complete Part II if you have	already been granted an automatic 3-month extension on a previously filed Fo	rm 8868				
If you ar		-Month Extension, complete only Part I (on page 1)					
Part II	Additional (Not A	utomatic) 3-Month Extension of Time. Only file the original (no copie	<u>es neede</u>	d)(b		
Type or	Name of Exempt Orga	nization	Employ	Employer identification number			
print							
File by the	HELEN AND H	ELEN AND HARRY SAUL FOUNDATION 5			58-2063931		
extended due date for filing the	Number, street, and room or suite no If a P O box, see instructions 2100 FIBER PARK DRIVE			use only			
return See instructions	City, town or post office DALTON	e, state, and ZIP code For a foreign address, see instructions GA 30720					
Check type	of return to be filed (File a	a separate application for each return)					
Form	990 X	Form 990-PF Form 1041-A		F	om 6069		
Form	990-BL	Form 990-T (sec 401(a) or 408(a) trust) Form 4720		F	orm 8870		
Form	990-EZ	Form 990-T (trust other than above) Form 5227	····				
STOP! Do n	ot complete Part II if you	were not already granted an automatic 3-month extension on a previously	filed Form	8868.			
■ _The_boo	oks are in the care of	DEBBIE LYNCH	_				
Telepho	ne No ▶ 706-529	-1900 FAX No ▶			·		
• If the org	ganization does not have a	n office or place of business in the United States, check this box			▶ 📙		
• If this is	for a Group Return, enter t	the organization's four digit Group Exemption Number (GEN) If the	nis is				
for the whole	e group, check this box	▶ ☐ If it is for part of the group, check this box ▶ ☐	and attach	a			
	names and EINs of all men						
4 I reque	est an additional 3-month e	extension of time until 11/15/10					
5 For ca	alendar year 2009,	or other tax year beginning, and ending					
6 If this	tax year is for less than 12	months, check reason	ın accoun	ting period			
	in detail why you need the						
ADD	ITIONAL TIME	IS REQUESTED TO GATHER INFORMATION TO	PREPA	RE A C	COMPLETE		
AND	ACCURATE REI	URN.					
8a If this	application is for Form 990	-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,					
less a	less any nonrefundable credits. See instructions				2,000		
b If this	application is for Form 990	-PF, 990-T, 4720, or 6069, enter any refundable credits and					
estimated tax payments made. Include any prior year overpayment allowed as a credit and any							
amount paid previously with Form 8868			8b	\$	2,000		
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit							
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions			8c	\$	0		
		Signature and Verification					
Under penaltie it is true, corre	es of perjury, I declare that I have ect, and complete, and that I am	re examined this form, including accompanying schedules and statements, and to the best of authorized to prepare this form	of my knowle	edge and belie	ef,		
Signature •		Title •		Date	10/25/10		
				Form 8	3868 (Rev 4-2009)		