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Form 990-PF

Department of the Treasury Internal Revenue Service **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

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

OMB No 1545-0052

Fo	r calen	dar year 2011 or tax year beginning	, 20 1		, 20		
Na	me of fo	undation			A Employer	identification number	·
Ch	arles F	oundation				26-1625912	
Nu	mber an	d street (or P O box number if mail is not delivered to street address)	Room	/suite	B Telephone	number (see instruction	ns)
110	608 La.	Highway 696				337-277-6846	
Crt	y or tow	n, state, and ZIP code			C If exemp	tion application is pend	ing, check here ▶
Ab	beville,	LA 70510			•		3 ,
G	Check	all that apply: Initial return Initial return	of a former public	charity	D 1. Foreig	n organizations, check	here . ▶ 🗌
		☐ Final return ☐ Amended i	return		9 Foreign	n organizations meeting	the 85% test
		Address change Name char	nge			here and attach compu	
Н	Check	type of organization: Section 501(c)(3) exempt p	rivate foundation		F If private	foundation status was	terminated under
	Section	n 4947(a)(1) nonexempt charitable trust 🔲 Other tax		dation		i07(b)(1)(A), check here	
		narket value of all assets at J Accounting method	: 🗹 Cash 🗌 A	ccrual	F If the fou	ndation is in a 60-mont	n termination
		year (from Part II, col. (c),			under se	ction 507(b)(1)(B), checl	chere ►
_	line 16	i) ► \$ 794 (Part I, column (d) must be	on cash basis.)			· · · · · · · · · · · · · · · · · · ·	
Ρ	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net	investment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		come	income	purposes
_		the amounts in column (a) (see instructions).)					(cash basis only)
	1 .	Contributions, gifts, grants, etc., received (attach schedule)	0		_ · · · · ·		
	2	Check ► if the foundation is not required to attach Sch. B			· · · · · · · · · · · · · · · · · · ·	ļ ————————————————————————————————————	
	3	Interest on savings and temporary cash investments	0				
	4	Dividends and interest from securities					
	5a	Gross rents					
•	b	Net rental income or (loss)					
Ĭ	6a	Net gain or (loss) from sale of assets not on line 10					
Ver	, b	Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2)					
Revenue	7 8	Net short-term capital gain					
_	9	Income modifications			~~~~~		
	10a	Gross sales less returns and allowances			····		
	ь	Less: Cost of goods sold			······································		
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	0		0	0	
_	13	Compensation of officers, directors, trustees, etc.					
ě	14	Other employee salaries and wages					
Ë	15	Pension plans, employee benefits	-				
Expenses	16a	Legal fees (attachischedolet IVED · · · ·					
	b	Accounting fees (attach schedule)					
tive	C	Other professional fees (attach schedule)					
Operating and Administrati	17	Interest AUG 2 .2 .2012			 		
je	18	Taxes (attach schedule) (see instructions)					
Ē	19	Depreciation (attach-schedule) and depletion					
Ą	20	Occupancy OGDEN, UT					
Ď	21	Travel, conferences, and meetings					
8	22	Printing and publications				· · · · · · · · · · · · · · · · · · ·	
<u>l</u> l	23 24	Other expenses (attach schedule)		<u> </u>	····		
a	~~	Add lines 13 through 23					
8	25	Contributions, gifts, grants paid	500	<u> </u>			500
ō	26	Total expenses and disbursements. Add lines 24 and 25	0		0	- 0	0
_	27	Subtract line 26 from line 12:				<u>-</u>	<u>_</u>
	a	Excess of revenue over expenses and disbursements	-500	1	, I		ļ
	ь	Net investment income (if negative, enter -0-) .	500		0		
		Adjusted net income (if negative, enter -0-)				0	
For		work Reduction Act Notice, see instructions.	Cat No	11289X			m 990-PF (2011)

Part II		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End	of year	
_		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash non-interest-bearing	1294	79	794	
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶	l			
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less: allowance for doubtful accounts ▶		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
g	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges	·		 	
ğ	10a	Investments—U.S. and state government obligations (attach schedule)				
•	ь	Investments—corporate stock (attach schedule)		_ 		
	C	Investments—corporate bonds (attach schedule)		, , ,		
	11	Investments—land, buildings, and equipment: basis ▶		· · · · · · · · · · · · · · · · · · ·		
	''	Less: accumulated depreciation (attach schedule)				
	12	Investments—mortgage loans				
	13	Investments—mortgage loans				
	14				 	
	14	Land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	4.5				 	
	15 16	Other assets (describe ►) Total assets (to be completed by all filers—see the			 	
	10	instructions. Also, see page 1, item I)	4004			
	4.00		1294	79	4 794	
	17	Accounts payable and accrued expenses			-	
8	18	Grants payable			-	
Ž.	19	Deferred revenue			-	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			_	
=	21	Mortgages and other notes payable (attach schedule)			_	
	22	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)			_	
	23					
တ		Foundations that follow SFAS 117, check here ▶ □				
8		and complete lines 24 through 26 and lines 30 and 31.				
an	24	Unrestricted			_	
3a l	25	Temporarily restricted			_}	
P	26	Permanently restricted		··		
Fund Balances		Foundations that do not follow SFAS 117, check here ▶ □				
		and complete lines 27 through 31.				
Ō	27	Capital stock, trust principal, or current funds	1294	79-	4	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			_	
88	29	Retained earnings, accumulated income, endowment, or other funds				
٧	30	Total net assets or fund balances (see instructions)				
Net Assets or	31	Total liabilities and net assets/fund balances (see			7	
_		instructions)	1294	79-	4	
	rt III	Analysis of Changes in Net Assets or Fund Balances				
1		I net assets or fund balances at beginning of year-Part II, colui				
		of-year figure reported on prior year's return)			1294	
2	Ente	r amount from Part I, line 27a		2	-500	
		r increases not included in line 2 (itemize) ▶				
		lines 1, 2, and 3			794	
_	Dane	anno not included in line 2 (terrine) b				
6	Total	l net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), lin	ne 30 6	794	

Part	IV Capital Gains and	Losses for Tax on Investme	nt Income			
e.	(a) List and describe th	e kınd(s) of property sold (e g , real estate, se; or common stock, 200 shs MLC Co)	moonie_	(b) How acquired PPurchase DDonation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo., day, yr)
1a		·		D-DOI ALION		
b						
С						
<u>d</u>						
<u>е</u>				ļ	<u> </u>	
(e) Gross sales price		(f) Depreciation allowed (or allowable)		other basis rnse of sale		n or (loss) f) minus (g)
<u>a</u>						
<u> </u>						
c						
_					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Complete only for assets sho	wing gain in column (h) and owned by	the foundation	on 12/31/69	M Gains (Col	(h) gain minus
	(i) F M V as of 12/31/69	(i) Adjusted basis as of 12/31/69	• • •	s of col. (i) . (j), if any	col (k), but not	t less than -0-) or rom col (h))
a					·	
b						
C		-			_	
<u>d</u>						
е		(If goin old	so enter in Pa	et Libra 7	1 -	
2 3		n or (loss) as defined in sections 1: I, line 8, column (c) (see instruction		:	2	
	Part I, line 8	<u> </u>	· · · · ·	}	3	
Part		er Section 4940(e) for Reduc				
	ptional use by domestic priv tion 4940(d)(2) applies, leave	vate foundations subject to the se e this part blank.	ction 4940(a)	tax on net invest	ment income.)	
		section 4942 tax on the distributal qualify under section 4940(e). Do			pase period?	☐ Yes ☐ No
1		unt in each column for each year;			aking any entries.	
Calc	(a) Base period years andar year (or tax year beginning in)	(b) Adjusted qualifying distributions		(c)	Dist	(d) ribution ratio
Out	2010		-		(601 (6) 0	fivided by col (c))
-	2009			"		
	2008					
	2007					
	2006					
2	Total of line 1, column (d)				. 2	
3		or the 5-year base period—divide ation has been in existence if less			1 1	
4	Enter the net value of nonc	charitable-use assets for 2011 from	n Part X, line	5	. 4	
5	Multiply line 4 by line 3 .				. 5	
6	Enter 1% of net investmen	t income (1% of Part I, line 27b)			. 6	

Form 9	O-PF (2011) CHARUES FOUNDATION VI Excise Tax Based on Investment Income (Section 4940)								Page 4
					40-	See II	กรเก	ncno	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ at Date of ruling or determination letter: (attach copy of letter if no					1 1	4	GMO.	
b	Domestic foundations that meet the section 4940(e) requirements in Pa	rt V, che	ck	- }	1				
	here ▶ ☐ and enter 1% of Part I, line 27b			- [7 8 8	No. 1 .	n en en en en 1 her	The same	
C	All other domestic foundations enter 2% of line 27b. Exempt foreign of	organizati	ions enter 4% o	of	7.44	£140	"	•	1
	Part I, line 12, col. (b).		• ,		<u> </u>				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable found	lations on	h. Others enter	٥,١	2	1			
3			•	-0-)	\vdash	-			
				•	3			0	—
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable found		•	-0-)	4	<u> </u>			
5	Tax based on investment income. Subtract line 4 from line 3. If zero o	r iess, er	nter -0	•	5	4		0	
6	Credits/Payments:					7.	ń.	10	
а	2011 estimated tax payments and 2010 overpayment credited to 2011	6a			iot.	1	14	ores de la Section	*
b	Exempt foreign organizations—tax withheld at source	6b			4		- K.	3	, , , , , , , , , , , , , , , , , , ,
C	Tax paid with application for extension of time to file (Form 8868) .	6c			1 3	2007	W		120
d	Backup withholding erroneously withheld	6d			- 7	14		ارز	***
7	Total credits and payments. Add lines 6a through 6d				7			0	
8	Enter any penalty for underpayment of estimated tax. Check here [] if	Form 22	20 is attached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount of				9			0	\vdash
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the		overnaid		10			0	
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶		Refunded		11			-	
	VII-A Statements Regarding Activities	L L	Holaliaca		•••				
1a	During the tax year, did the foundation attempt to influence any nation	nal state	or local legisl	ation	or di	id it	<u> </u>	Yes	No
	all a la la la distribuição de la compansión de la compan		, or local legisi			12	<u>ئەخىدا</u>	168	1
ь	Did it spend more than \$100 during the year (either directly or indirectly						<u>1a</u>	\vdash	-
U	of the instructions for definition)?			(500	page	י ויפו	41		,
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the			•	 	· 	1b	. WET 102	V J=20=+01
	published or distributed by the foundation in connection with the activitie		and copies of	any	mater	nais		A. 11.	1 st.
_	•	es.				Į.	1 2	أدخت	لبينا
C	Did the foundation file Form 1120-POL for this year?			•	• •	.	1c	(Application)	र्ज
d	Enter the amount (if any) of tax on political expenditures (section 4955) in	•	• .				,		
	(1) On the foundation. ▶ \$ (2) On foundation man	_		_			- 35		1
е	Enter the reimbursement (if any) paid by the foundation during the year f	for politic	al expenditure t	tax ın	npose	ed	,		e c
_	on foundation managers. ▶ \$					Į	10	100	ا ن
2	Has the foundation engaged in any activities that have not previously be	en repor	ted to the IRS?			. [2		✓
	If "Yes," attach a detailed description of the activities.						***	3. Sept.	
3	Has the foundation made any changes, not previously reported to the IRS					sof	أتعا		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a cor		• •	-		. [3		
4a	Did the foundation have unrelated business gross income of \$1,000 or n	nore duri	ng the year? .			. [4a		✓
b	·					. [4b	igsqcut	
5	Was there a liquidation, termination, dissolution, or substantial contraction	on during	g the year? .			. [5		<u> </u>
	If "Yes," attach the statement required by General Instruction T.								
6	Are the requirements of section 508(e) (relating to sections 4941 through	1 4945) s	atisfied either:				,		
	By language in the governing instrument, or						200		
	 By state legislation that effectively amends the governing instrument 	so that i	no mandatory d	lirect	ions t	hat	1		٠٠٠
	conflict with the state law remain in the governing instrument?					. [6	1	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Y	es," comp	olete Part II, col. (d	c), and	Part .	xv [7		7
8a	Enter the states to which the foundation reports or with which it is regist	ered (see	e instructions)	•		Ī		1	1
	LA Louisiana						×1.	. 7 1	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of	Form 990	0-PF to the Atto	mey	Gene	eral			
	(or designate) of each state as required by General Instruction G? If "No,	" attach	explanation .			. [8b		
9	Is the foundation claiming status as a private operating foundation withi	n the me	aning of section	n 494	12(1)(3)				Graphic -
-	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (s								
	complete Part XIV					.	9	. 1	✓
10	Did any persons become substantial contributors during the tax year? In	f "Yes." a	attach a schedu	le list	tina th	neir 🖯	- 		—
	names and addresses						10	. [1

orm 9	80-PF (2011) CHARLES FOUNDATION 66-1625912		Page 5
Par	VII-A Statements Regarding Activities (continued)		
11	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	1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12	/
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	/
14	Website address ▶ none		
14		70540	46
45	Located at ► 11608 La. Highway 696, Abbeville, LA ZIP+4 ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	70510	
15	and enter the amount of tax-exempt interest received or accrued during the year		
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority	, TV	es No
	over a bank, securities, or other financial account in a foreign country?	16	J
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of		
	the foreign country ▶		3
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	District Land	730 b _ 1
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Y	es 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 No		3
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		新 多。
	disqualified person?		鐵器。
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? \Box Yes $\overline{\checkmark}$ No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		3 × 1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	- 4	
	the benefit or use of a disqualified person)?		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		2.
	foundation agreed to make a grant to or to employ the official for a period after		2 ×
	termination of government service, if terminating within 90 days.)		
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 instructions)?	1b	
	Organizations relying on a current notice regarding disaster assistance check here ▶□		Z. Z.
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 2011?	1c	1
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 2011, did the foundation have any undistributed income (lines 6d and		
	6e, Part XIII) for tax year(s) beginning before 2011?		
	If "Yes," list the years ▶ 20, 20, 20, 20		
þ	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 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 , 20		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		
	at any time during the year?		
Ь	If "Yes," did it have excess business holdings in 2011 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		3
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		
	foundation had excess business holdings in 2011.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	_ /
ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	
	Fo	ım 990-l	 (2011)

orm 99	00-PF (2011)	CHARU	es i	FOUND	MA	ON	26-	- 162	-59	12			Page 6
Part	VII-B	Statements Re	garding	Activities	s for V	Vhich Form	4720 M	ay Be R	equir	ed (contin	nued)		_
5a	During the (1) Carry o (2) Influence	year did the found in propaganda, or be the outcome of or indirectly, any	dation particular otherwise of any sp	ay or incur a se attempt t ecific publi	any amo to influe c electi	ount to: ence legislate	on (sectio	n 4945(e))? .	☐ Yes	✓ No		
	(3) Provide (4) Provide	a grant to an indi a grant to an org 509(a)(1), (2), or (3	ividual fo ganizatio	or travel, stu n other thai	idy, or	ıritable, etc.,	organizat	ion desc	ribed ir	Yes	☑ No		
		e for any purpose es, or for the prev								∐Yes	☑ No	,	
b	Regulations	ver is "Yes" to 5a(s section 53.4945 o	or in a cu	rrent notice	regardi	ing disaster a	ssistance	(see instr			ibed in	5b	
С	Organizations relying on a current notice regarding disaster assistance check here												
6a	Did the fou	tach the statement andation, during the nal benefit contract	ne year, r					o pay pre	miums 		✓ No		
þ		ndation, during th	•	pay premiun	ns, dire	ectly or indire	ctly, on a	personal	benefi	t contract?	7.	6b	1
	If "Yes," did	during the tax year, d the foundation re	eceive a	ny proceed:	s or ha	ve any net inc	come attri	ibutable i	o the t		ı? .	7b	
Part	ar	formation Abound Contractors		•		•						mploy	ees,
1	List all office	care directore t	mietoce	foundation					4				
		cers, un ectors, t	i ust ees ,	iouiluauo	n mana	agers and th	eir comp	ensation	(see i	nstruction	15).		
		(a) Name and address		roundation	(b) Titli hou	agers and the e, and average ars per week and to position	(c) Comp (If not pa	ensation	(d) empl	nstruction Contributions byee benefit perred comper	to plans		nse account, allowances
	s R. Godcha	(a) Name and address			(b) Titli hou devot	e, and average rs per week	(c) Comp (If not pa	ensation id, enter	(d) empl	Contributions byee benefit p	to plans		
300 Ho Theres 28 Invo	s R. Godcha omeplace, Ab sa G. Payne eraray, Nash	(a) Name and address ux obeville, LA 70510 ville, TN 37215			(b) Title hou devot Presid	e, and average irs per week ed to position	(c) Comp (If not pa	ensation iid, enter }	(d) empl	Contributions byee benefit p	to plans		
300 Ho Theres 28 Invo Rebec	es R. Godcha omeplace, Ab sa G. Payne	(a) Name and address ux bbeville, LA 70510 ville, TN 37215 aux			(b) Title hou devot Preside Vice P	e, and average rs per week ed to position ent 0.25	(c) Comp (If not pa	ensation id, enter -)	(d) empl	Contributions byee benefit p	to blans nsation 0		allowances 0
300 Ho Theres 28 Inve Rebec 35 Tine Charle	es R. Godcha omeplace, Ab osa G. Payne eraray, Nash ca R. Godcha gler, Maratho os R. G. Payn on Street, Abb	(a) Name and address ux obeville, LA 70510 ville, TN 37215 aux on, FL 33050 e eville, LA 70510	s		(b) Title hou devote Preside Vice Preside Vi	e, and average rs per week ed to position ent 0.25 resident 0.00 resident 0.00 resident 0.00	(c) Comp (if not pa -0	ensation iid, enter -) 0 0	(d) empl and def	Contributions yee benefit perred comper	oto blans nsation 0 0	other a	0 0 0
300 Ho Theres 28 Invo Rebec 35 Tine Charle	es R. Godcha omeplace, Ab osa G. Payne eraray, Nash ca R. Godcha gler, Maratho os R. G. Payn on Street, Abb	(a) Name and address UX Obeville, LA 70510 ville, TN 37215 aux on, FL 33050 e	s		(b) Title hou devote Preside Vice Preside Vi	e, and average rs per week ed to position ent 0.25 resident 0.00 resident 0.00 resident 0.00	(c) Comp (if not pa -0	ensation iid, enter -) 0 0	(d) empl and def	Contributions byee benefit period comper	oto blans nsation 0 0	other a	0 0 0
300 Ho Theres 28 Invo Rebec 35 Tin Charle 502 5th	es R. Godcha omeplace, Ab sa G. Payne eraray, Nash ca R. Godcha gler, Maratho is R. G. Payn h Street, Abb Compensa "NONE."	(a) Name and address ux obeville, LA 70510 ville, TN 37215 aux on, FL 33050 e eville, LA 70510	s 	i employed	(b) Title house devoted Preside Vice Preside	e, and average rs per week ed to position ent 0.25 resident 0.00 resident 0.00 resident 0.00	(c) Comp (if not pa -0	ensation iid, enter -) 0 0	(d) emple and def	Contributions yee benefit p erred comper see instru (d) Contribut	tions to benefit eferred	s). If no	0 0 0
300 Ho Theres 28 Inve Rebec 35 Tin Charle 502 St 2	es R. Godcha omeplace, Ab sa G. Payne eraray, Nash ca R. Godcha gler, Maratho is R. G. Payn h Street, Abb Compensa "NONE."	(a) Name and address ux ubeville, LA 70510 ville, TN 37215 aux on, FL 33050 e eville, LA 70510 rtion of five high	s 	i employed	(b) Title house devoted Preside Vice Preside	e, and average rs per week ed to position ent 0.25 resident 0.00 resident 0.00 resident 0.00 resident to.00 resident 0.00 resident per than those hours per week end to position ent 0.00	(c) Comp (if not pa -0	onsation id, enter -) 0 0 0	(d) emple and def	See instru (d) Contribute employee b plans and de	tions to benefit eferred	s). If no	0 0 0 0 cone, enter
300 Ho Theres 28 Inve Rebec 35 Tin Charle 502 St 2	es R. Godcha omeplace, Ab sa G. Payne eraray, Nash ca R. Godcha gler, Maratho is R. G. Payn h Street, Abb Compensa "NONE."	(a) Name and address ux ubeville, LA 70510 ville, TN 37215 aux on, FL 33050 e eville, LA 70510 rtion of five high	s 	i employed	(b) Title house devoted Preside Vice Preside	e, and average rs per week ed to position ent 0.25 resident 0.00 resident 0.00 resident 0.00 resident to.00 resident 0.00 resident per than those hours per week end to position ent 0.00	(c) Comp (if not pa -0	onsation id, enter -) 0 0 0	(d) emple and def	See instru (d) Contribute employee b plans and de	tions to benefit eferred	s). If no	0 0 0 0 cone, enter
300 Ho Theres 28 Invo Rebec 35 Tin Charle 502 5th	es R. Godcha omeplace, Ab sa G. Payne eraray, Nash ca R. Godcha gler, Maratho is R. G. Payn h Street, Abb Compensa "NONE."	(a) Name and address ux ubeville, LA 70510 ville, TN 37215 aux on, FL 33050 e eville, LA 70510 rtion of five high	s 	i employed	(b) Title house devoted Preside Vice Preside	e, and average rs per week ed to position ent 0.25 resident 0.00 resident 0.00 resident 0.00 resident to.00 resident 0.00 resident per than those hours per week end to position ent 0.00	(c) Comp (if not pa -0	onsation id, enter -) 0 0 0	(d) emple and def	See instru (d) Contribute employee b plans and de	tions to benefit eferred	s). If no	0 0 0 0 cone, enter
300 Ho Theres 28 Inve Rebec 35 Tin Charle 502 St 2	es R. Godcha omeplace, Ab sa G. Payne eraray, Nash ca R. Godcha gler, Maratho is R. G. Payn h Street, Abb Compensa "NONE."	(a) Name and address ux ubeville, LA 70510 ville, TN 37215 aux on, FL 33050 e eville, LA 70510 rtion of five high	s 	i employed	(b) Title house devoted Preside Vice Preside	e, and average rs per week ed to position ent 0.25 resident 0.00 resident 0.00 resident 0.00 resident to.00 resident 0.00 resident per than those hours per week end to position ent 0.00	(c) Comp (if not pa -0	onsation id, enter -) 0 0 0	(d) emple and def	See instru (d) Contribute employee b plans and de	tions to benefit eferred	s). If no	0 0 0 0 cone, enter
300 Ho Theres 28 Inve Rebec 35 Tin Charle 502 St 2	es R. Godcha omeplace, Ab sa G. Payne eraray, Nash ca R. Godcha gler, Maratho is R. G. Payn h Street, Abb Compensa "NONE."	(a) Name and address ux ubeville, LA 70510 ville, TN 37215 aux on, FL 33050 e eville, LA 70510 rtion of five high	s 	i employed	(b) Title house devoted Preside Vice Preside	e, and average rs per week ed to position ent 0.25 resident 0.00 resident 0.00 resident 0.00 resident to.00 resident 0.00 resident per than those hours per week end to position ent 0.00	(c) Comp (if not pa -0	onsation id, enter -) 0 0 0	(d) emple and def	See instru (d) Contribute employee b plans and de	tions to benefit eferred	s). If no	0 0 0 0 cone, enter

Form **990-PF** (2011)

Form 990-PF (2011)	CHAKLES FOUNDATION	26-1625912	Page 7
	tion About Officers, Directors, Trustees, Fountractors (continued)	undation Managers, Highly Paid En	nployees,
3 Five highest-paid	d independent contractors for professional service	s (see instructions). If none, enter "NON	E."
(a) Name a	and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
none			
			<u> </u>
			
			
Tatal number of others	receiving over \$50,000 for professional services .		
			<u> </u>
Part IX-A Summa	ary of Direct Charitable Activities		
	argest direct charitable activities during the tax year. Include rele		Expenses
organizations and other ber	neficianes served, conferences convened, research papers produc	ed, etc	2.40.100
1			
2			
3			
A			

	ary of Program-Related Investments (see ins		
	ogram-related investments made by the foundation during the tax	year on lines 1 and 2.	Amount
1		•	
••••••			
2			
			<u> </u>
. •	vestments See instructions.		
3	·		

Para Adaliana di Abassa			†

Form **990-PF** (2011)

Fonni 9	SOFF (2011) CHARGES (OUNDATION 20 1023112		Page (
Part		ign founda	tions,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	1252
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	1252
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	i	
2	Acquisition indebtedness applicable to line 1 assets	2	C
3	Subtract line 2 from line 1d	3	1252
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	19
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1233
6	Minimum investment return. Enter 5% of line 5	6	62
Part		· · · · · ·	-
	foundations and certain foreign organizations check here ▶ □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	62
2a	Tax on investment income for 2011 from Part VI, line 5		
ь	Income tax for 2011. (This does not include the tax from Part VI.) 2b	1	
C	Add lines 2a and 2b	2c	C
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	62
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	62
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	62
Part			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	500
Ъ	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	500
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	500
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	y whether t	he foundation

CHARLES FOUNDATION 26-1625912

Part	XIII Unaistributea income (see instruction	S)			
1	Distributable amount for 2011 fr	om Part XI,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
_	line 7	· : : - : .				62
2	Undistributed income, if any, as of the					
а	Enter amount for 2010 only				0	·
þ	Total for prior years: 20,20					
3	Excess distributions carryover, if a	ny, to 2011:				
а	From 2006					
Ь	From 2007		l			
С	From 2008	103	Ī			
d	From 2009	385		İ		!
e	From 2010	423				
f	Total of lines 3a through e		911			
4	Qualifying distributions for 2011 fr	om Part XII,	1	ļ		
	line 4: ▶ \$	į	1			
а	Applied to 2010, but not more than				0	
b	Applied to undistributed income o		1			
	(Election required—see instruction	· —		0		
С	Treated as distributions out of corprequired—see instructions)	•				
d	Applied to 2011 distributable amou	ınt 🗀				62
е	Remaining amount distributed out	of corpus	438			
5	Excess distributions carryover app	lied to 2011				438
	(If an amount appears in column (e	d), the same				
	amount must be shown in column	(a).)	İ		j	
6	Enter the net total of each indicated below:	column as				
a [.]	Corpus. Add lines 3f, 4c, and 4e. Su	btract line 5	1349	1		
b	Prior years' undistributed incom line 4b from line 2b	e. Subtract				
С	Enter the amount of prior years' u income for which a notice of del been issued, or on which the sec tax has been previously assessed	ficiency has tion 4942(a)				
d	Subtract line 6c from line 6 amount—see instructions					
е	Undistributed income for 2010. S 4a from line 2a. Taxable a instructions	mount-see				
f	Undistributed income for 2011. So 4d and 5 from line 1. This amou distributed in 2012	nt must be				
7	Amounts treated as distributions of to satisfy requirements imposed 170(b)(1)(F) or 4942(g)(3) (see instru	by section				
8	Excess distributions carryover fro					Ì
	applied on line 5 or line 7 (see instr	uctions) .			1	
9	Excess distributions carryover					
	Subtract lines 7 and 8 from line 6a		1349		Ì	
10	Analysis of line 9:					
	Excess from 2007			į		}
b	Excess from 2008	103		j	1	
C	Excess from 2009	385		İ	ļ	ļ
ď	Excess from 2010	423		1		
ē	Excess from 2011	438		j		

Part	90-PF (2011) CHARLES XIV Private Operating Foundat			VII-A, question 9))	
1a	If the foundation has received a ruling				N	/A
	foundation, and the ruling is effective for		-			
ь	Check box to indicate whether the foun		operating founda		ection	(3) or 🔲 4942(j)(
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	.	Prior 3 years		(e) Total
	investment return from Part X for each year listed	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(4, 11
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					
е	Qualifying distributions made directly			•		<u> </u>
•	for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test enter:		İ			
_	(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) 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					
<u> </u>	(4) Gross investment income	(0 1 1 11	ļ			
Part	any time during the year -	see instruction	•	ne roundation n	ad \$5,000 or mo	ore in assets a
a	Information Regarding Foundation N List any managers of the foundation w before the close of any tax year (but on	ho have contribuly if they have co	ontributed more th	nan \$5,000). (See s	ection 507(d)(2).)	•
Ь	List any managers of the foundation vownership of a partnership or other ent			•	, , ,	rge portion of the
2	Information Regarding Contribution, Check here ▶ ☑ if the foundation o unsolicited requests for funds. If the fo other conditions, complete items 2a, b,	nly makes contr undation makes	ibutions to prese	elected charitable of		
а	The name, address, and telephone num	nber of the perso	n to whom applic	cations should be a	ddressed:	-
b	The form in which applications should l	oe submitted and	d information and	materials they show	uld include:	
С	Any submission deadlines:					
d	Any restrictions or limitations on awa factors:	rds, such as b	y geographical a	reas, charitable fie	elds, kinds of inst	itutions, or other

Part XV Supplementary Information (continued) · Form 990-PF (2011) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or status of Amount contribution Name and address (home or business) recipient a Paid during the year **Alzheimer Association** Public General Purposes 500 225 N. Michigan Avenue Floor 17 CHICAGO, IL 60601-7633 3a 500 **b** Approved for future payment

		Analysis of Income-Producing Ac			[6	- 540 E40 - 544	
Ente	er gro	ss amounts unless otherwise indicated.	(a)	(b)	(c)	(d)	(e) Related or exempt function income
1	Prog	gram service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
	a						
	b .		: 				
	٠, ٠						
	d e						
	ř.			-		-	
	g i	Fees and contracts from government agencies					
2	-	nbership dues and assessments					
3		rest on savings and temporary cash investments			14	0	
4		dends and interest from securities		<u> </u>			
5		rental income or (loss) from real estate:					
		Debt-financed property					
	b t	Not debt-financed property					
6	Net	rental income or (loss) from personal property					
7	Othe	er investment income					_
8		or (loss) from sales of assets other than inventory					
9		income or (loss) from special events					
10		ss profit or (loss) from sales of inventory					
11		er revenue: a					
	b _						
	ے ۔ -						
	a -						
12	Subi	total. Add columns (b), (d), and (e)					
12	Subi	total. Add columns (b), (d), and (e)					
		Add line 12 columns (b) (d) and (e)				13	
13	Tota					13	
13 See	Tota	sheet in line 13 instructions to verify calculation	s.)			13	
13 See Pa Lin	Tota work t XV e No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	Purposes		nportantly to the
13 See Pa Lin	Tota work t XV	sheet in line 13 instructions to verify calculation	s.) .ccomplishm	ent of Exemp	Purposes		nportantly to the tions.)
13 See Pa Lin	Tota work t XV e No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	Purposes		nportantly to the tions.)
13 See Pa Lin	Tota work t XV e No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	Purposes		nportantly to the tions.)
13 See Pa Lin	Tota work t XV e No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	Purposes		nportantly to the tions.)
13 See Pa Lin	Tota work t XV e No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	Purposes		nportantly to the tions.)
13 See Pa Lin	Tota work t XV e No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	Purposes		nportantly to the tions.)
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13 See Pa Lin	Tota work t XV a No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	Purposes		nportantly to the
13 See Pa Lin	Tota work t XV a No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	Purposes		nportantly to the
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13 See Pa Lin	Tota work t XV a No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	Purposes		nportantly to the tions.)
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13 See Pa Lin	Tota work t XV a No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	Purposes		aportantly to the tions.)
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13 See Pa Lin	Tota work t XV a No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	Purposes		aportantly to the tions.)
13 See Pa Lin	Tota work t XV a No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	Purposes		aportantly to the tions.)
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13 See Pa Lin	Tota work t XV a No.	sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	Purposes		nportantly to the tions.)

rail	VAII		m negarding Tran rganizations	isiers to and transact	ions and i	reiauorisii	iiba ı	with i	Nonci	iantabi	e	
1	Did t			engage in any of the follow	ing with an	v other orga	nizati	on de	scribe	1	Yes	No
•				section 501(c)(3) organizati								
	orga	nizations?										
а	Trans	sfers from the rep	porting foundation to	a noncharitable exempt o	rganization	of:						
	(1) C	ash			·					1a(1)		1
	(2) C	ther assets .								1a(2)		1
b	Othe	r transactions:										
	(1) S	ales of assets to	a noncharitable exe	mpt organization						1b(1)		✓
	(2) P	urchases of asse	ets from a noncharita	able exempt organization .						1b(2)		✓
	(3) R	lental of facilities	, equipment, or othe	rassets						1b(3)		✓
	• •		rrangements	· · · · · · · · · ·						1b(4)		✓
		oans or loan gua								1b(5)		_ ✓
				ip or fundraising solicitation					• •	1b(6)		<u> </u>
				sts, other assets, or paid er					• •	1c	لـــا	<u> </u>
d	If the	answer to any	of the above is "Yes	s," complete the following	schedule. (Column (b)	shoul	d alw	ays sh	ow the	fair m	arket
				ces given by the reporting ement, show in column (d)								
(a) Line		(b) Amount involved		arrtable exempt organization		ption of transfe						
(a) LINE	110	(b) Amount involved	(c) Name of nonch	artable exempt organization	(a) Descr		AS, UAI	ISBCUO	IS, AINO S	nanng am	ingeme	nts
	-+				1		-					
	\dashv		 		-							
			 									
									_			—
	_				 					-		
	-											
												—
											_	
					1							
				iliated with, or related to,						_		
				ther than section 501(c)(3))	or in section	n 52/7 .	• •	• •	• •	Yes	✓ 1	40
D	IT TE	(a) Name of organi	following schedule.	A) T of	Т	-	(-\ D-					
		(a) Name of Organi	IZERON	(b) Type of organizatio	<u> </u>		(C) Des	scripiloi	of relat	ionsnip	-	
	-					-						
												—
		,_	· · · - · · · · · · · · · · · · · · · ·	· ·								—
	Unde	penalties of penjury, I	declare that I have examined	d this return, including accompanying	schedules and	statements, and	I to the	best of	my knowl	edge and t	elief, it	s true.
Sign	cope	ot, and complete Deck	aration of preparer (other that	n taxpayer) is based on all information	n of which prepa	arer has any kno	wledge	1		IRS discu		_
lere		Stocker	1.8 Doubon	18/13/12 Sec	retary Treas	urer			with the	preparer s	shown t	pelow
	Sign	ature of officer or trus		Date Title	,			_	(see inst	ructions)? [_Yes[]No
Paid		Print/Type preparer	's name	Preparer's signature		Date		Charal	· 🗆 #	PTIN		
repa Prepa	ner					1			mployed	1		
Jse C		Firm's name ▶			······································	•	Firm's	EIN ▶		•		
	, i ii y	Firm's address ▶					Phone					
										- 00/	TE	

8868

(Rev January 2012)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

Internal Rever	nue Service							
• If you ar	e filing for an Automatic 3-Month Extension,	complete	only Part I and check th	is box	•		. ▶ □	
• If you ar	e filing for an Additional (Not Automatic) 3-Me	onth Exter	nsion, complete only Pa	art II (on page 2 o	f this	form).		
Do not co	omplete Part II unless you have already been g	granted an	automatic 3-month exte	ension on a previo	usly f	filed Form	8868.	
a corpora 8868 to re Return fo	c filing (e-file). You can electronically file Form tion required to file Form 990-T), or an addition equest an extension of time to file any of the r Transfers Associated With Certain Persona ns). For more details on the electronic filing of the	al (not auto forms liste l Benefit (omatic) 3-month extension of in Part I or Part II with Contracts, which must	on of time. You on the the exception of the least to the	an ele of For RS in	ectronical m 8870, i n paper f	lly file Form Information format (see	
Part I	Automatic 3-Month Extension of Time	e. Only su	bmit original (no copie	es needed).				
	ation required to file Form 990-T and reque				is bo	x and co	omplete	
•	,	-					•	
All other of	corporations (including 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must use	Form 7004 to req	uest	an extens	ion of time	
	ome tax returns.							
			En	ter filer's Identifyin	g nur	nber, see	Instructions	
Time or	Name of exempt amenization or other files see instructions					Employer identification number (EIN) or		
Type or print	Charles Foundation		☑ 26-16259			525912	` '	
•	Number, street, and room or suite no. If a P.O. be	ox, see instr	ructions. Social security nu			er (SSN)		
File by the due date for	11608 La. Highway 696		lo in in					
filing your	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
return See instructions.	Abbeville, LA 70510							
Enter the	Return code for the return that this application i	s for (file a	separate application for	each return) .		• • •		
Applicat	ion	Return	turn Application				Return	
Is For		Code	is For				Code	
Form 990)	01	Form 990-T (corporation)				07	
Form 990)-BL	02	Form 1041-A				08	
Form 990)-EZ	01	Form 4720				09	
Form 990)-PF	04	Form 5227				10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
Form 990)-T (trust other than above)	06	Form 8870				12	
Telephore If the orgenies of the whole	ks are in the care of ► Stephen M. Meador ne No. ► 337 277 6846 ganization does not have an office or place of b for a Group Return, enter the organization's fou ole group, check this box ► ☐ . ff the names and EINs of all members the extensi	usiness in ir digit Gro it is for par	the United States, check up Exemption Number (GEN)		If this		
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time								
until August 15, 20, 12, to file the exempt organization return for the organization named above. The extension is								
for the organization's return for:								
►L	calendar year 20 11 or							
_	_							
► tax year beginning , 20 , and ending							··	
	tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return							
	nange in accounting period							
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any								
	nonrefundable credits. See instructions.						none	
	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. 3b \$					>		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using								
	EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ none Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-FO and Form 8879-FO for payment instructions							
	YOU ALE COULD IN THAKE ALL EMECTORIC TOTAL WITHOUNWAI	WILLIAMS FO	6000. 300 FUIII (4.7.1.1.	., and cutil 66/9-6	ICIT	OWNER THE PROPERTY OF	SHURRIDES	

Attachment to Form 990 PF Charles Foundation EIN 26-1625912

Part VIII Additional Officers for Part 1, page 6

Stephen M. Meador 11608 La. Highway 696 Abbeville, LA 70510

Title:

Secretary Treasurer

Hours per week:

0.5 hours

Compensation:

None

Benefit Plan Contributions:

None

Expense Account:

None