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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

LOL CG	lenda	ar year 2012 or tax year beginning , a	ind ending				
Name	of four	ndation			A Emplo	yer identification number	
		. AND HADDY CALL ECHIDAGION			50-	-2063931	
		N AND HARRY SAUL FOUNDATION street (or P O box number if mail is not delivered to street address)	T R	oom/suite		one number (see instructions	<u> </u>
		FIBER PARK DRIVE	""	Johnson	1		,
		state, and ZIP code	<u> </u>		C If exen	iption application is pending,	check here
_DA	LTC	ON GA 30720			C II EXEII	ipitori application is pending,	CHECK HERE
G Ch	eck a	ill that apply.	n of a former public cl	narity	D 1 For	reign organizations, check hei	re 🕨 📙
		Final return Amended	return			reign organizations meeting th	
		Address change Name cha	nge		859	% test, check here and attach	computation
H Ch	eck ty	ype of organization: X Section 501(c)(3) exempt private	foundation			te foundation status was term	inated under
Se	ction	4947(a)(1) nonexempt charitable trust Other taxable	e private foundation		section	1 507(b)(1)(A), check here	▶ [_]
I Fair	mark	ket value of all assets at J Accounting method	X Cash Acc	rual		oundation is in a 60-month ter	
end	of ye	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check he	ere
	16)	\$ 3,373,668 (Part I, column (d) must	be on cash basis)	· -	L		
Par	t I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	inco		ıncome	purposes (cash basis only)
$\neg \tau$	1	Contributions, gifts, grants, etc , received (attach schedule)					1
	2	Check ► X if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	15,475		15,475		
	4	Dividends and interest from securities	45,372		45,372		
ගු	5a	Gross rents					
Revenue		Net rental income or (loss)					
ZZ		Net gain or (loss) from sale of assets not on line 10	1,065,688				
₹9	b	Gross sales price for all assets on line 6a 2, 938, 582					
<u>-</u> 28	7	Capital gain net income (from Part IV, line 2)		1,0	65,688		.,,
_,	8	Net short-term capital gain				0	
DFC	9	Income modifications	***************************************				
_	10a	Gross sales less returns and allowances					······
- 9	b	Less. Cost of goods sold					
- 1	С	Gross profit or (loss) (attach schedule)		<u> </u>			
<u></u>	11	Other income (attach schedule) STMT 1	2,721		06 505		
\rightarrow	12	Total. Add lines 1 through 11	1,129,256 0	1	26,535		
တ္သ	13	Compensation of officers, directors, trustees, etc					
= 1	14	Other employee salaries and wages					
be	15 160	Pension plans, employee benefits Legal fees (attach schedule)					
<u>й</u>	16a	Accounting fees (attach schedule) STMT 2	2,145		2,145		
e	b c	Other professional fees (attach schedule)			,		
ati	17	Interest					
	18	Taxes (attach schedule) (see instructions)					
<u>=</u>	19	Depreciation (attach schedule) and depletion					
Ę	20	Occupancy		L			
▼	21	Travel, conferences, and meetings					
<u>۾</u>	22	Printing and publications					
ğ	23	Other expenses (att sch)	103		103		
道	24	Total operating and administrative expenses.	163				
era		Add lines 13 through 23	2,248		2,248	0	0
<u>ā</u>	25	Contributions, gifts, grants paid NOV 2 1 2013	436,440				436,440
	26	Total expenses and disbursements. Add lines 24 and 25	438,688	ļ	2,248	0	436,440
	27	Subtract line 26 from line 12	, , , , , , , , , , , , , , , , , , , ,				`
1	а	Excess of revenue over expenses and disbursements	690,568		24 207		
	b	Net investment income (if negative, enter -0-)		 	.24,287	0	
	C	Adjusted net income (if negative, enter -0-)	L	<u> </u>	ed		Form 990-PF (2012)

Part IV Capital Gains ar	nd Losses for Tax on Investme	nt Income				
	be the kind(s) of property sold (e.g., real estate, rehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date ac		(d) Date sold (mo , day, yr)
1a CNL INCOME & GR	OWTH FUND		P	01/01	/11	12/31/12
b GOLDMAN SACHS			P	01/18	/02	09/19/12
c GOLDMAN SACHS			P	12/21	/09	09/05/12
	ARDS		P	12/09	/10	11/05/12
	ARDS		P	01/24	/12	09/14/12
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		(h) Gain (e) plus (f)	•
а			100			-100
b 2,269,228			1,241,000			1,028,228
c 50,000			36,314			13,686
d 355,507			346,775			8,732
e 263,847			248,705			15,142
	g gain in column (h) and owned by the fo	undation on 12/31		(1) (Course (Col	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ess of col (ı) ol (j), ıf any	col ((h) gain minus less than -0-) or om col (h))
a						-100
b						1,028,228
С						13,686
d						8,732
e						15,142
2 Capital gain net income or (net ca	apital loss) If gain, also enter in If (loss), enter -0- in	•		2		1,065,688
If gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) and (6, column (c) (see instructions). If (loss),					15 042
Part V Qualification Ur	nder Section 4940(e) for Reduc		. 1	3		15,042
If section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation does not qual	tion 4942 tax on the distributable amoun ify under section 4940(e) Do not compl	t of any year in the	base period?			Yes X No
	each column for each year, see the instr	uctions before mar				(d)
(a) Base penod years Calendar year (or tax year beginning in			(c) ue of nonchantable-use asse			nbution ratio livided by col. (c))
2011		,861	3,615,			0.096760
2010		,870	3,723,			0.089127
2009		,131	2,809,			0.096859
2008		,182	4,010,			0.046923
2007		,642	2,634,	257		0.141840
2 Total of line 1, column (d)				2		0.471509
_	5-year base period – divide the total on has been in existence if less than 5 year		e	3		0.094302
4 Enter the net value of noncharita	ble-use assets for 2012 from Part X, line	: 5		4		3,423,833
5 Multiply line 4 by line 3				_ 5		322,874
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)			6_		11,243
7 Add lines 5 and 6				7		334,117
8 Enter qualifying distributions from If line 8 is equal to or greater that Part VI instructions	n Part XII, line 4 n line 7, check the box in Part VI, line 1b	, and complete tha	nt part using a 1% tax i	rate See the	<u></u>	436,440

	990-PF (2012) HELEN AND HARRI SAUL FOUNDATION 50-2003931					age -
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				····	
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)	1			11 4	243
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				, .	
	here X and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of					
_	Part I, line 12, col (b)	2				Λ
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	3			11,	243
3	Add lines 1 and 2 Subtitle A (green a) toy (demostra posture 4047(a)(1) trusts and toyable foundations only. Others enter (0.)	4	İ			0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	 -			11.3	243
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			•	/ :	
6	Credits/Payments 2012 estimated tax payments and 2011 overpayment credited to 2012 6a 2,501					
а						
b	Exempt foreign organizations tax virtuois at obtains					
С	To paid that approach to the Community					
d -	bushep withing environments, where	7	ĺ		2	501
7	Total credits and payments Add lines 6a through 6d	8	<u> </u>		<u>-, -</u>	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	9			8 '	742
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	10				<u> </u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Forter the amount of line 10 to be. Credited to 2013 estimated tax.	11				
11	Enter the difference to the design of the second se					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
1a	participate or intervene in any political campaign?			1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					
b				1b		x
	Instructions for the definition)? 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			1c		X
C	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
d	(1) On the foundation. \$					
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	_				
е	on foundation managers \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
2	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
3	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	If "Yes," has it filed a tax return on Form 990-T for this year?		N/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					
•	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	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 Par	tΧV		7	X	
8а	Enter the states to which the foundation reports or with which it is registered (see 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					
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
-	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"					
	complete Part XIV			9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses			10		X
			F	orm 99	90-PF	(2012)

_		HARRI SAUL FUUNDAI		1/			P 6	ige o
Pa		arding Activities for Which Fo	<u>rm 4720 May Be R</u>	equired (cont	inued)	······································	······	
5a		•		г.	ر. قا			
		ise attempt to influence legislation (sec		י 📋	∕es X No			
		ecific public election (see section 4955); or to carry on,	\Box	res 🗓 No			
	directly or indirectly, any voter re	•	0	—				
		for travel, study, or other similar purpos		י ט	res 🔀 No			
		on other than a charitable, etc , organiza	ation described in		res 🗓 No			
		section 4940(d)(2)? (see instructions)	n, or advectional	L_ !	es 21 140			
	• •	nan religious, chàritable, scientific, litera of cruelty to children or animals?	iry, or educational		res 🗓 No			
b		did any of the transactions fail to qualify	under the excentions d		C3 [110			
U		current notice regarding disaster assist			N/A	5b	ı	
	•	otice regarding disaster assistance che			▶□			
С	• -	(4), does the foundation claim exemption						
	because it maintained expenditure r			N/A 🗍	res No			
	·	ed by Regulations section 53 4945-5(d))					
6a	· · · · · · · · · · · · · · · · · · ·	receive any funds, directly or indirectly,						
	on a personal benefit contract?	- · · · · ·		_ \ \	∕es 🏋 No		- 1	
b		pay premiums, directly or indirectly, on	a personal benefit contr	act?	Į	6b		X
	If "Yes" to 6b, file Form 8870.			_				
7a	At any time during the tax year, was	the foundation a party to a prohibited to	ax shelter transaction?	\	res 🗶 No			
b	If "Yes," did the foundation receive a	any proceeds or have any net income at	ttributable to the transac	tion?	N/A	7b		
Pa		t Officers, Directors, Trustees	, Foundation Mana	agers, Highly	Paid Employe	ees,		
	and Contractors							
<u>1 L</u>	ist all officers, directors, trustees,	foundation managers and their com	pensation (see instruc	tions).		Ι		
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Exp	ense ac	count,
	(a) Name	and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred compensation	other	allowan	.ces
			MDITOMER		compensation	<u> </u>		
	LIAN D. SAUL	TEQUESTA	TRUSTEE	٥	o			0
	OCEAN DRIVE	FL 33469 ATLANTA	1.00 TRUSTEE					_
	NDA S. SCHEJOLA	GA 30306	1.00	٥	0			0
00	8 CUMBERLAND CIRCLE	<u> </u>	1.00					
2	Compensation of five highest-pai	d employees (other than those include	ded on line 1 – see ins	tructions). If non	e, enter			
_	"NONE."							
			(b) Title, and average		(d) Contributions to	4-3 Fun		t
	(a) Name and address of each emp	oyee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		ense ac allowan	
			devoted to position		compensation	<u> </u>		
NC	DNE							
								
					 	 	-	
Tota	I number of other employees paid ov	er \$50,000		l		<u> </u>		0
ola	i fluitibei of other employees paid ov				F	om 99	0-PF	

Form 990-PF (20	112) HELEN AND HARRY SAUL FOUNDATION	<u>58-2063931</u>	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation	dation Managers, Highly Paid E	imployees,
	and Contractors (continued)		
3 Five high	est-paid independent contractors for professional services (see instr	uctions). If none, enter "NONE."	
-	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			İ
Total number of	others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statistical information other beneficianes served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 N/A			
•			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see instru	uctions)	
	regest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
			
2			
All other program	glated investments. See instructions		
All other program-r	elated investments. See instructions		
•			
			1

Total. Add lines 1 through 3

436,440

11,243

2

3a

3b

4

purposes

3

Amounts set aside for specific charitable projects that satisfy the:

Adjusted qualifying distributions. Subtract line 5 from line 4

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

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

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b (see instructions)

Cash distribution test (attach the required schedule)

149,812

171,990

276,491

Excess from 2010

Excess from 2011

Excess from 2012

Part XV Supplementary Information (co	ntinued)		<u> </u>	
3 Grants and Contributions Paid During the		uture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SEE STATEMENT 8				
			}	426.444
				436,440
			1	
•				
		1		
			1	
			[
Total		<u> </u>	▶ 3a	436,440
Total b Approved for future payment			F 3a	200,230
N/A				
,				
		1		
			<u> </u>	
Total		<u> </u>	> 3b	

	art XVI-A Analysis of Income-Producing Acti	vities				
	er gross amounts unless otherwise indicated.		ed business income	Exclude	d by section 512, 513, or 514	(a)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1	Program service revenue			1000		(See instructions)
	a			ļ		
	b			 		
	c			-		
	d		-	-		
	e					
	f			 		
	g Fees and contracts from government agencies	-		 		
	Membership dues and assessments			114	15 475	
	Interest on savings and temporary cash investments			14	15,475	
	Dividends and interest from securities			14	45,372	
5	Net rental income or (loss) from real estate:	ļ		-}		
	a Debt-financed property			 		
_	b Not debt-financed property			+		
	Net rental income or (loss) from personal property			 		
	Other investment income	· · · · · · · · · · · · · · · · · · ·		18	1,065,688	
	Gain or (loss) from sales of assets other than inventory	· · · · · ·		+ 10	1,005,000	
	Net income or (loss) from special events			+		
	Gross profit or (loss) from sales of inventory					
11	other revenue a b INLAND LAND APPRECIATION FUND			16	-210	
	c HOST HOTELS & RESORTS			16	105	
	d THE ENERGY GROUP			16	196	
	e CNL INCOME & GROWTH FUND IV			16	2,630	
12	Subtotal. Add columns (b), (d), and (e)		(0	1,129,256	
	Total. Add line 12, columns (b), (d), and (e)				13	1,129,256
	e worksheet in line 13 instructions to verify calculations.)					
			and of Francish F			
	Part XVI-B Relationship of Activities to the Ac	complishm	ent of Exempt P	<u>'urpose</u>	es	
				_		
		is reported in o	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income	is reported in o	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in o	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in o	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in o	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in o	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in o	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in o	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in o	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in c	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in c	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in c	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in c	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in c	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in c	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in c	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in c	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in c	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in c	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in o	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in o	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in o	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in o	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)
	Line No. Explain below how each activity for which income accomplishment of the foundation's exempt purpor	is reported in o	olumn (e) of Part XV	- -A contril	outed importantly to the	ons)

Part.		Information Reg Exempt Organiza	_	ansfers To an	d Transaction	ns and Relationships Wi	th Noncharitable		
1 D				ne in any of the fo	llowing with any	other organization described		Yes	No
						ection 527, relating to political			
	ganızatıon								
a Tr	ansfers fro	om the reporting found	lation to a no	onchantable exem	ipt organization o	ıf:			
(1) Cash						1a(1)	├	X
(2) Other as	ssets					1a(2)	<u> </u>	X
b O	ther transa	actions:							
(1) Sales of	assets to a nonchant	able exempt	organization			1b(1)		X
(2) Purchas	ses of assets from a no	oncharitable	exempt organizat	ion		1b(2)		X
(3) Rental c	of facilities, equipment	or other ass	sets			1b(3)		X
(4) Reimbu	rsement arrangements	5				1b(4)		X
-		r loan guarantees					1b(5)		X
	-	ance of services or me	embership o	r fundraising solic	itations		1b(6)		X
•	•	acılıtıes, equipment, m	•	-			1c		X
						mn (b) should always show the fa	air market		
						the foundation received less that			
						the goods, other assets, or servi			
	ine no	(b) Amount involved		e of nonchantable exen		1 —	ansactions, and sharing arrangem	ents	
N/A									
									
		 							
					_	-	-	-	
									
					 -	 			
									
									
									
		<u> </u>				-			
		l	<u> </u>			<u> </u>			
		•	•			k-exempt organizations	<u> </u>	. 😈	a
		section 501(c) of the	•	than section 501((c)(3)) or in section	on 527?	Y	es X	. No
b If	"Yes," cor	nplete the following so	hedule	 				·	
		a) Name of organization		(b) Type of	organization	(c) Descrip	otion of relationship		
N/	A								
									
<u> </u>									
						<u> </u>			
	Under per	nalties of perjury, I declare the	nat I have exami preparer (other	ned this return, includii than taxpaver) is base	ng accompanying sch d on all information of	edules and statements, and to the best of which preparer has any knowledge	my knowledge and belief, it is tru	е,	
	0000., 0		P P (May the IRS discuss this		
Sign		\wedge	^	0 0			with the preparer shown to (see instructions)?	Yes	No.
Here		() /	4	X //		1.10			
		Vila	<u></u>	Hal		1-15-13 DIRE	CTOR		
	Sign	ature of officer or trustee			Date	Title			
<u> </u>	Print/Tv	/pe preparer's name		 -	Preparer's signatu		Date	Check	
		•				Ohrlly in		1	nployed
Paid -	GEOR	GE W. HILLEGA	SS		GEORGE W.	HILLEGASS	11/15/13		
Prepare	Errm's r	TTADDI	EN AVE	RETT, LLC			PTIN P0009		
Use On	ly			RSE PARKW	AY SUITE	600	Firm's EIN ▶ 45-408		
				A 30328			Phone no 770-39		

58-2063931

Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

Adjusted Net Income	w w	
Net Investment Income	v. v.	
Revenue per Books	\$ -210 105 196 2,630 \$ 2,721	
Description	INLAND LAND APPRECIATION FUND HOST HOTELS & RESORTS THE ENERGY GROUP CNL INCOME & GROWTH FUND IV TOTAL	

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description		Total	N N	Net estment	Adjusted Net	Charitable Purpose
INDIRECT ACCOUNTING FEES	ۍ د	2,145	တ	2,145	\$	8
TOTAL	ςς.	2,145	w.	2,145	\$	\$

Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses

Description		Total	Inve	Net Investment	Adjusted Net	<u>გ</u>	Charitable Purpose
	_የ		ᡐ		৵		S
EXPENSES							
BANK CHARGES		103		103			
TOTAL	\$	103	ς	103	φ.	0	\$

Investments
Stock
- Corporate
10b
Line
Part II
990-PF
- Form
Statement 4

Description	_	Beginning of Year		End of Year	Basis of Valuation	Щ	Fair Market Value
GOLDMAN SACHS	ۍ «	1,886,579	φ	651,424	COST	৵	861,977
BENJAMIN F. ELWARDS FIDELITY		70115		43,583	COST		51,800
TOTAL	တ ျ	2,302,711	က က	695,007		က	913,777

ement 5 - Form 990-PF, Part II, Line 10c - Corpor	rate Bond Investments
orm 990-PF,	art II, Line 10c - Corpo
wı	orm 990-PF,

Description	Begi	Beginning of Year		End of Year	Basis of Valuation	Fair	Fair Market Value
GOLDMAN SACHS TOTAL	v v	397	w w	397	COST	w w	418

Statement 6 - Form 990-PF, Part II, Line 13 - Other Investments

Description	B	Beginning of Year		End of Year	Basis of Valuation	F	Fair Market Value
HOST MARRIOT	٠ \$	55,363	₩	55,230	COST	የ ጉ	55,272
CNL INCOME & GROWTH FUND, IV		17,595		8,736	COST		8,736
INLAND APPRECIATION FUND, II		14,879		14,675	COST		12,692
ENERGY GROUP PARTNERS		1,015		1,015	COST		086
TOTAL	w.	88,852	တ္	79,656		ς, 	77,680

Federal Statements

Statement 7 - Form 990-PF, Part II, Line 15 - Other Assets

Description	ginning f Year	nd of <u>′ear</u>	F	air Market Value
DIVIDENDS RECEIVABLE	\$ 969	\$ 	\$	
TOTAL	\$ 969	\$ 0	\$	0

Name	Address	SSS	I	
Address	Relationship	Status	Purpose	Amount
ALEXANDER THARPE FUND	150 BOBBY DODI	DODD WAY	GENERAL OPERATIONS	000 5
ALZHEIMER'S ASSOCIATION	225 N. MICHIGAN AVE	AN AVE		
			GENERAL OPERATIONS	2,000
ANTI-DEFAMATION LEAGUE	605 THIRD AVENUE	UE	CENEDAT OPEDATIONS	002 6
ATLANTA GROUP HOMES	3160 HOWELL M	ELL MILL RD, NW	TENENSES	
ATLANTA GA 30327			GENERAL OPERATIONS	200
BAYLOR SCHOOL	171 BAYLOR SCHOOL ROAD	HOOL ROAD		7
CHATTANOOGA TN 37405	INEM HOLIG COOK	T T T T T T T T T T T T T T T T T T T	GENERAL OPERATIONS	100
BENINCASA, INC MENDON NY 14506	SAGU KUSH MENDUN	JOIN ROAD	GENERAL OPERATIONS	250
BLUNT HOUSE ENDOWMENT FUND	506 S THORNTON AVE	N AVE		C C C
DALTON GA 30/20 Robby and GA 30/20	DO BOY 15908		GENERAL OPERATIONS	000,6
CHATTANOOGA TN 37415	4		GENERAL OPERATIONS	500
BOY SCOUTS OF AMERICA	1800 CIRCLE 75	5 PKY SE		
ATLANTA	; ; ; ; ;	[] []	GENERAL OPERATIONS	1,000
BOYS & GIRLS CLUB	12/5 PEACHTREE	SIREEI	NE Obnata Openantono	000 01
ATLANTA GA 30309-3306	1155 ABBEV IANE	<u>[</u>	GENERAL OFERALIONS	000 '01
	1400 ADDEL LA	1	GENERAL OPERATIONS	50
	1 SISKIN PLAZA	~		
CHATTANOOGA IN 37403			GENERAL OPERATIONS	200
CHILDREN'S HEALTH CARE	1600 TULLIE CIRCLE	IRCLE NE		(
AT'LAN'I'A GA 30329 COMMEDCE EVECITETIVES SOCIETY	PO BOY 870223		GENERAL OPERATIONS	006,9
TUSCALOOSA AL 35487			GENERAL OPERATIONS	5,000
COMMUNITY FNDN OF JACKSON HOLE	245 EAST SIMPSON	SON STREET		
JACKSON WY 83001			GENERAL OPERATIONS	25,000
CREATIVE ARTS GUILD	PO BOX 1485			
			GENERAL OPERATIONS	2,000
DALTON ARTS PROJECT	411 NORTH PARK	K DRIVE	CENEDAL OBERAFIONS	U C
DALION GA 30/20	TERM MANIX STREET	Б.		
3A 30720			GENERAL OPERATIONS	100
DANCER'S WORKSHOP	1405 CLEVELAND HIGHWAY) HIGHWAY		
DALTON GA 30720			GENERAL OPERATIONS	1,500

	Amount	1 000		11,000	1,000		2,000	40	5.100		200	5,000	•	200	i L	200	5,000		100	5,600	•	2,000	i i	2,000	1,000	7000	000 (6/	200
<u> </u>	Purpose	SWOTH CODE OF THE CONTRACT OF		GENERAL OPERATIONS	GENERAL OPERATIONS		GENERAL OPERATIONS	GENERAL OPERATIONS	GENERAT, OPERATIONS		GENERAL OPERATIONS	GENERAL OPERATIONS		GENERAL OPERATIONS		GENERAL OPERATIONS	GENERAL OPERATIONS		GENERAL OPERATIONS	GENERAL OPERATIONS		GENERAL OPERATIONS		GENERAL OPERATIONS	GENERAL OPERATIONS	ר א כו קוע טיט. די א כו קוע טיט	GENERAL OFERALIONS	GENERAL OPERATIONS
Address	Relationship Status	2606 ALSTON DRIVE, SE	1762 CLIFTON RD		18001 OLD CUTLER ROAD	P.O. BOX 1707	TIVE INCHINGOUR S COS	n O	2211 E HOWELL AVE	7168 COLUMBIA GATEWAY DR	ָרָ בְּיִבְּיִבְּיִבְּיִבְּיִבְּיִבְּיִבְּיִ	3625 CUMBERLAND BLVD SE	260 14TH STREET NW		6600 PEACHTREE DUNWOODY	305 TINE TO S		917 BETHANY MOUNTAIN ROAD		4015 LAKE CREEK DR N	121 VILLAGE PKWY		1155 SOUTH MILLEGE AVE	10 BIIIE WEW	, , , , , , , , , , , , , , , , , , ,	5461 NORTH TERRACE ROAD	P.O. BOX 22764	
Name	Address	EAST LAKE COMMUN FOUND	FILTHING GA 3031/ EMORY UNIVERSITY	ATLANTA GA 30322	EVERGLADES FOUNDATION PALMETTO BAY FL 33157	FAMILY SUPPORT COUNCIL	DALTON GA 30720	FIRST UNITED METHODIST CHURCH DALTON GA 30720	FLOOR COVERING INDUS. FD. ANAHEIM CA 92806	FOUNDATION FIGHTING BLINDNESS		GEORGIA METH PROJECT ATLANTA GA 30339	GEORGIA PUBLIC BROADCASTING	ATLANTA GA 30318	GEORGIA TRANSPLANT FOUNDATION	ATLANTA GA 30328 Cidis deferaramos scuodi	GINES FREFARAIONI SCHOOL CHATTANOOGA IN 37405	GLYCOGEN STORAGE DISEASE FUNDRAISER	CHESHIRE CT 06410	GRAND TETON MUSIC FEST WILSON WY 83014	GSGA FOUNDATION	MARIETTA GA 30067		ATHENS GA 30605		JEWISH FEDERATION OF GREATER CHAT	JORDAN THOMAS FOUNDATION	CHATTANOOGA TN 37422

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Name	Address		
Address	Relationship Status	Purpose	Amount
JR ACHIEVEMENT OF NW GA	411 MITCHELL ST	GENERAL OPERATIONS	3.000
JUPITER MEDICAL CENTER	1210 S OLD DIXIE HWY		
JOOPER FL 33458	1011 PROFESSIONAL BLVD	GENERAL OPERATIONS	000'6
DALTON GA 30720) :	•	1,000
	500 CAPTAIN ARMOUR'S	WAY	C C
JUPITER FL 33469 MARCUS AUTISM CENTER	1920 BRIARCLIFF ROAD NE	GENEKAL OFERALIONS NE	000
ATLANTA GA 30329		GENERAL OPERATIONS	1,000
MAKCOS JEWISH COMMONIII CENIEK ATLANTA GA 30329	1920 BRIANCLIFF NOAD NE	NE GENERAL OPERATIONS	1,000
MIZPAH CONGREGATION	923 MCCALLIE AVE		•
CHATTANOOGA IN 37403		GENERAL OPERATIONS	2,500
MORGAN PRESSEL FOUNDATION DELRAY BEACH FL 33444	P.O. BOX 48015/	GENERAL OPERATIONS	200
	273 HARRIS ST		,
ETON GA 30/24	SE MOLINITAIN TOP WAY	GENERAL OPERATIONS	001
SUGAR VALLEY GA 30746	1	GENERAL OPERATIONS	500
NATIONAL ADOPTION CENTER	1500 WALNUT STREET		(
PHILADELPHIA PA 19102	304 Id mildagankan 1066	GENERAL OPERATIONS	200
NAILONAL COMPODONE CEOB NASHVILLE TN 37240	COOL VANDENBILLI	GENERAL OPERATIONS	3,000
NATIONAL JEWISH HEALTH	1400 JACKSON STREET	CENEBAL OPERATIONS	1 000
NW GA FAMILY CRISIS CENT.	PO BOX 554		1
DALTON GA 30722-0554		GENERAL OPERATIONS	10,000
NW GA GIRLS HOME	PO BOX 2939		C
KOME GA 30164 NW GA HEALTHCARE PARTNERSHIP	1105 MEMORTAL DRIVE	GENERAL OFERATIONS	730
DALTON GA 30720		GENERAL OPERATIONS	2,000
NYC MARATHON NEW YORK NY 10128	9 EAST 89TH STREET	GENERAL OPERATIONS	200
ON JONAS MEM. FOUNDATION	PO BOX 1008		
DALTON GA 30722		GENERAL OPERATIONS	1,500

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Name	Address	I	
Address Re	Relationship Status	Purpose	Amount
	75 MAIDEN LN FL 10	מואיין אח אנחחני זאנחואום	
OTHER CHARITIES	8 OCEAN DRIVE	GENERAL OFERALIONS	000
TEQUESTA FL 33469	ı	GENERAL OPERATIONS	1,050
RAMAH DAROM	70 DAROM LANE		L
CLAYTON GA 30525 ROMAN OPEN CHARITIES	PO BOX 672	GENERAL OPERATIONS	000,5
GA 30722		GENERAL OPERATIONS	250
ROSS WOODS ADULT DAY SERVICES DALTON GA 30720	1402 WALSTON AVENUE	GENERAL OPERATIONS	75,000
SAINT MARKS EPISCOPAL DAY SCHOOL	4157 BALTIC STREET	CENTED TAGEORY	
SAT.VATION ARMY	PO ROX 269		002
ALEXANDRIA VA 22313		GENERAL OPERATIONS	11,000
,	825 COLLEGE BLVD		,
OCEANSIDE CA 9205/ Shedherd Center	2020 PEACHTREE BOAD. NW	GENERAL OPERATIONS	100
ATLANTA GA 30309-1465		GENERAL OPERATIONS	10,000
SISKIN CHILDRENS INSTIT.	1101 CARTER STREET		(
CHAITANOGGA IN 3/40Z	100 TELLUS DRIVE	GENERAL OPERATIONS	3,000
CARTERSVILLE GA 30120		GENERAL OPERATIONS	2,500
THE FIRST TEE OF CHATTANOOGA	2453 HICKORY VALLEY ROAD		
CHATTANOOGA IN 37421 THE GEORGIA TECH FOUNDATION	760 SPRING STREET NW	GENERAL OPERATIONS	200
		GENERAL OPERATIONS	10,000
	8 OCEAN DRIVE		
TEQUESTA FL 33469	TO THE PROPERTY OF THE PROPERT	GENERAL OPERATIONS	200
IRE UNITED WAI ATLANTA GA 30303	100 EDGEWOOD AVENUE NE	GENERAL OPERATIONS	35,000
TN GOLF FOUNDATION FRANKLIN TN 37069	GOLF HOUSE TENNESSEE	GENERAL OPERATIONS	200
UA NATIONAL ALUMNI ASSOCIATION	THE UNIVERSITY OF AL		
TUSCALOOSA AL 35401	CINTIVERSTRY OF WERNING	GENERAL OPERATIONS	100
COLLEGE PARK MD 20742	5	GENERAL OPERATIONS	1,000

statements
Federal S

Name	V	Address		
Address	Relationship	Status	Purpose	Amount
US GOLF ASSOCIATION FOUNDATION	P.O. BOX 708	80		
FAR HILLS NJ 07931			GENERAL OPERATIONS	1,000
US HOLOCAUST MUSEUM	100 RAOUL	100 RAOUL WALLENBERG PL		
WASHINGTON DC 20024-2126			GENERAL OPERATIONS	250
UTC ATHLETICS GOLF PROGRAM	615 MCCALLIE AVE	IE AVE		
CHATTANOOGA TN 37403			GENERAL OPERATIONS	1,000
VANDERBILT HILLEL	2421 VANDE	2421 VANDERBILT PLACE		
NASHVILLE TN 37212			GENERAL OPERATIONS	1,000
VANDERBILT UNIVERSITY	2201 WEST END AVE	END AVE		
NASHVILLE TN 37212			GENERAL OPERATIONS	2,000
WIDOW'S MITE	5657 GLASGOW DRIVE	OW DRIVE		
TROY MI 48085			GENERAL OPERATIONS	1,000
WINFIELD CITY SCHOOL ALUM	232 PRIVATE COVE	E COVE		
WINFIELD AL 35594			GENERAL OPERATIONS	10,100
TOTAL				436,440

•	•	*	
58-2	06	393	1

Taxable Interest on Investments

Description		Amount	Unrelated Business Code	Exclusion Code	US Obs (\$ or %)
BENJAMIN F. EDWARDS CNL INCOME & GROWTH FUND IV	\$	14,129 11		14 14 14	
FIDELITY GOLDMAN SACHS #5077 HOST HOTELS & RESORTS		932 362		14 14 14	
INLAND LAND APPRECIATION FUND GOLDMAN SACHS #1134		6 33		14 14	
TOTAL	\$_	15,475			

Taxable Dividends from Securities

				Exclusion		US
Description		Amount	Business Code	Code	<u>Code</u>	Obs (\$ or %)
BENJAMIN F. EDWARDS GOLDMAN SACHS #5077 HOST HOTELS & RESORTS	\$	2,906 42,159 307		14 14 14		
TOTAL	\$ <u></u>	45,372				

Form 8868

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

If you are	filing for an Automatic 3-Month Extension, com	plete only	Part I and check this box		-	► X
If you are	filing for an Additional (Not Automatic) 3-Month	Extension	, complete only Part II (on	page 2 of this form	n)	
Do not comp	olete Part II unless you have already been grante	d an automa	atic 3-month extension on a	previously filed Fo	rm 8868	
Electronic fi	ling (e-file). You can electronically file Form 8868	if volumeed	a 3-month automatic extens	sion of time to file (6 months for	
	required to file Form 990-T), or an additional (not					
•	est an extension of time to file any of the forms list				-	
	ansfers Associated With Certain Personal Benefit (
	For more details on the electronic filing of this form					
Part	Automatic 3-Month Extension of Tin				Hompronts	
	required to file Form 990-T and requesting an aut					
Part I only	required to the Form 555 Fand requesting an act	.011101001111	onar extension oneon uno	DOX and complete		▶ □
•	orations (including 1120-C filers), partnerships, RE	MICs and	trusts must use Form 7004	to request an exte	nsion of time	ب ٠
to file income	,,,					
			Ent	er filer's identifyi	na number, see i	instructions
Type or	Name of exempt organization or other filer, see	instructions			ication number (E	
print	Traine or exempt organization or earler mary ear					1, 0.
p	HELEN AND HARRY SAUL FO	UNDATI	ON	58-20639	31	
File by the	Number, street, and room or suite no. If a P.O. b			Social security n		
due date for	2100 FIBER PARK DRIVE	,			(00.1)	
filing your	City, town or post office, state, and ZIP code Fo	r a foreign a	address see instructions		·	
return See instructions	l ·	30720				
Enter the Ret	turn code for the return that this application is for (f	ile a separa	te application for each retur	n)		04
Application	n	Return	Application			Return
is For		Code	Is For			Code
Form 990 c	or Form 990-EZ	01	Form 990-T (corporation))		07
Form 990-E	3L	02	Form 1041-A			08
Form 4720	(individual)	03	Form 4720			09
Form 990-F	PF	04	Form 5227			10
Form 990-1	(sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-1	Γ (trust other than above)	06	Form 8870			12
	DEBBIE LYNCH					
	2100 FIBER PARK DRIV	Æ				
 The books 	are in the care of ▶DALTON				GA 307	/21
Telephon	e No ▶ 706-529-1900	FAX No	▶			
 If the orga 	anization does not have an office or place of busine	ess in the U	nited States, check this box			▶ 🗌
If this is for	or a Group Return, enter the organization's four dig			If this is		
for the whole	group, check this box If it is for part of	f the group,	check this box	and attach		
a list with the	names and EINs of all members the extension is f	or				
	st an automatic 3-month (6 months for a corporation					
	8/15/13 , to file the exempt organization ret	turn for the o	organization named above	The extension is		
_	organization's return for					
► X	calendar year 2012 or					
	tax year beginning , and ending					
_	x year entered in line 1 is for less than 12 months,	check reaso	or Initial return	nal return		
	hange in accounting period					
	pplication is for Form 990-BL, 990-PF, 990-T, 4720), or 6069, e	enter the tentative tax, less a	any		
	ndable credits. See instructions			3a	\$	<u>0</u>
	pplication is for Form 990-PF, 990-T, 4720, or 6069					_ _ =
	ed tax payments made. Include any prior year over			3b	\$	2,721
	e due. Subtract line 3b from line 3a Include your p		this form, if required, by us	sing		_
	(Electronic Federal Tax Payment System) See ins			3c	\$	0
	ou are going to make an electronic fund withdrawal			O and Form 8879-		
For Privacy	Act and Paperwork Reduction Act Notice, see in	nstructions	•		Form 886	8 (Rev 1-2013

Form 8868 (Rev 1-2	2013)					Page 2
	or an Additional (Not Automatic) 3-Month E	xtension, co	omplete only Part II and che	ck this box		▶ X
Note. Only complete	Part II if you have already been granted an a	utomatic 3-m	nonth extension on a previous	ly filed Form 8868	3	
If you are filing for	or an Automatic 3-Month Extension, comple	ete only Par	t I (on page 1)			
Part II Add	ditional (Not Automatic) 3-Month E	xtension	of Time. Only file the or	iginal (no copi	<u>es needed)</u>	
			E	nter filer's identi	fying number	, see instructions
Type or Nam	ne of exempt organization or other filer, see in:	structions		Employer identif	fication numbe	er (EIN) or
print						
	LEN AND HARRY SAUL FOU	NDATIO:	N	<u>58-20639</u>	31	
que date for	nber, street, and room or suite no. If a P.O. bo	x, see instru	ctions	Social security r	number (SSN)	
filing your 21	00 FIBER PARK DRIVE					
	town or post office, state, and ZIP code For	a foreign add	dress, see instructions			
instructions DA	LTON GA	30720)			
Enter the Return cod	le for the return that this application is for (file	a separate a	pplication for each return)			04
Application		Return	Application			Botum
Application		Code	Is For			Return
Is For Form 990 or Form	000 E7	01	15 FUI			Code
Form 990-BL	990-EZ	02	Form 1041-A			
Form 4720 (individ	(Luci)	03	Form 4720			08
Form 990-PF	luai)	03	Form 5227			10
	401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust		06	Form 8870			12
	plete Part II if you were not already granted		<u> </u>			
 If the organization If this is for a Ground If this is for a Ground If the whole group, Ist with the names a For calendar y If the tax year Change in State in detail ADDITIO 	nd EINs of all members the extension is for dditional 3-month extension of time until 11,	t of the group /15/13 neck reason	d States, check this box ption Number (GEN) p, check this box , and ending Initial return Fire	If this is and attach a and attach a and attach a and attach a		COMPLETE
• •	on is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6069, ente	or the tentative tax, less any		\$	0
	on is for Form 990-PF, 990-T, 4720, or 6069, or oayments made. Include any prior year overpa					
	reviously with Form 8868		·	8b	\$	2,721
	Subtract line 8b from line 8a Include your pay leral Tax Payment System) See instructions	ment with th	is form, if required, by using t	EFTPS 8c	\$	0
		ation mu	st be completed for Pa		····	
·	erjury, I declare that I have examined this form f, it is true, correct, and complete, and that I ai	_	· · ·	statements, and t	o the best of n	ny
Signature		Titl	le 🕨			08/13/13
					Form	n 8868 (Rev 1-2013)