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Form 990-PF

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

2012₂₀₁₃

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

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Fo	r calen	dar year 2012 or tax year beginning $01/01/13$,	and ending 05/3	1/13	reporting requ		1 Open to runne inspection
	ame of fo				A Empl	oyer identification number	
		LES & SANDRA CHANDLER				4.5-5-5-5	
		DATION, INC d street (or P O box number if mail is not delivered to street address)	1.5			-1958022	
		UNION ROAD	l Ri	com/suite		phone number (see instruction $2-678-1167$	s)
_		n, state, and ZIP code					
	ÆTT	ER GA 30439			C If exe	mption application is pending	check here
G	Check	all that apply 🔲 Initial return 🔲 Initial retu	rn of a former public c	harity	D 1. F	oreign organizations, check he	ere 🕨
		X Final return Amended	return		2. Fo	oreign organizations meeting t	he
		Address change Name cha	inge		85	5% test, check here and attach	computation •
н	Check	type of organization \mathbf{X} Section 501(c)(3) exempt private	foundation	-	E If priv	ate foundation status was terr	ninated under
			le private foundation			on 507(b)(1)(A), check here	▶ [
I F	air mai	rket value of all assets at J Accounting method	X Cash Acc	rual	F If the	foundation is in a 60-month te	rmination
e	nd of y	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check h	ere ►
	ne 16)	▶ \$ 0 (Part I, column (d) must	be on cash basis)				
P	art i	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inv	estment	(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	incon		income	purposes
	1	Contributions, gifts, grants, etc., received (attach schedule)	58				(cash basis only)
	2	Check ► X if the foundation is not required to attach Sch B			£	1444444	
	3	Interest on savings and temporary cash investments		***************************************		RECEIV	ED
	4	Dividends and interest from securities					76
	5a	Gross rents				Q III 227	013 Š
<u>o</u>	Ь	Net rental income or (loss)				~	2
nu	6a	Net gain or (loss) from sale of assets not on line 10			72	A pine (the year)	4 3 # 180
Revenue	b	Gross sales price for all assets on line 6a				UGUEN	VI I
ď	7	Capital gain net income (from Part IV, line 2)			Oʻ	×*************************************	
	8	Net short-term capital gain				0	
	9	Income modifications					
S	10a	Gross sales less returns and allowances					
5	₽ b	Less [.] Cost of goods sold					
2	C	Gross profit or (loss) (attach schedule)					
		Other income (attach schedule)					
€	12	Total. Add lines 1 through 11	58 		0	0	
efiges	13	Compensation of officers, directors, trustees, etc Other employee salanes and wages					
8	15	Pension plans, employee benefits	· · · · · · · · · · · · · · · · · · ·				
- 23)	Legal fees (attach schedule)					
Œ.	b	Accounting fees (attach schedule) STMT 1	1,007		503		504
2	3 c	Other professional fees (attach schedule)					
and Administrative Ex	17	Interest	 				
ist	18	Taxes (attach schedule) (see instructions)					
Ë	19	Depreciation (attach schedule) and depletion					
þ	20	Occupancy					
Q	21	Travel, conferences, and meetings					
ano	22	Printing and publications	-				
ğ	23	Other expenses (att. sch)					
Operating	24	Total operating and administrative expenses.		·			
ers		Add lines 13 through 23	1,007		503	0	504
Q	25	Contributions, gifts, grants paid	0			-	0
	26	Total expenses and disbursements. Add lines 24 and 25	1,007		503	0	504
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements	-949				
	b	Net investment income (if negative, enter -0-)		_	0	***************************************	·····
	С	Adjusted net income (if negative, enter -0-)				0	

Part	Balance Sheets Attached schedules and amounts in the description column		Beginning of year	End o	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				
2	Savings and temporary cash investments		949		
3	Accounts receivable ▶				
	Less: allowance for doubtful accounts ▶				
4	Pledges receivable ▶				
ļ	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 (att. schedule)			į	
	Less. allowance for doubtful accounts ▶	0			
ध 8	Inventories for sale or use				
Assets 9 0 a	Prepaid expenses and deferred charges				
₹ 10a	Investments – U.S. and state government obligations (attach schedule)				
þ	Investments – corporate stock (attach schedule)				
С	Investments – corporate bonds (attach schedule)				
11	Investments – land, buildings, and equipment basis				
	Less accumulated depreciation (attach sch.) ▶	i			
12	Investments – mortgage loans				
13	Investments – other (attach schedule)				
14	Land, buildings, and equipment. basis				
	Less accumulated depreciation (attach sch.) ▶				
15	Other assets (describe >)			· · · · · · · · · · · · · · · · · · ·
16	Total assets (to be completed by all filers – see the				
	instructions Also, see page 1, item I)		949	0	0
17	Accounts payable and accrued expenses				
_ω 18	Grants payable				
Liabilities 02 12	Deferred revenue				
∄ 20	Loans from officers, directors, trustees, and other disqualified persons	ļ			
<u>ख</u> 21	Mortgages and other notes payable (attach schedule)	-			
22	Other liabilities (describe)			
23	Total liabilities (add lines 17 through 22)		0	0	
	Foundations that follow SFAS 117, check here	Ш			
Ses	and complete lines 24 through 26 and lines 30 and 31.				
E 24	Unrestricted				
E 25	Temporarily restricted				
26	Permanently restricted				
Net Assets or Fund Balan 25 25 25 25 25 25 25 25 25 25 25 25 25	Foundations that do not follow SFAS 117, check here	X			
b	and complete lines 27 through 31.				
<u>ع</u> 27	Capital stock, trust principal, or current funds	ŀ			
28	Paid-in or capital surplus, or land, bldg , and equipment fund	}			
29 ع	Retained earnings, accumulated income, endowment, or other funds	ŀ	949		
를 30 등 30	Total net assets or fund balances (see instructions)	}	949	0	•
2 31	Total liabilities and net assets/fund balances (see			_	
Dod I	Instructions)	لـــــــــــــــــــــــــــــــــــــ	949	0	
Part I					· · · · · · · · · · · · · · · · · · ·
	net assets or fund balances at beginning of year – Part II, column (a), line 3	0 (mus	st agree with]]	_
	of-year figure reported on prior year's return)			1	949
	amount from Part I, line 27a			2	-949
	r increases not included in line 2 (itemize)			3	·
	ines 1, 2, and 3			4	
	eases not included in line 2 (itemize)			5	
6 Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, coli	umn (t	o), line 30	6	990-PF (2012)

Part IV Capital Gains a	nd Losses for Tax on Investi	ment Income	<u> </u>				
	ribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P Purchase D Donation		ate acquired o , day, yr)	(d) Date sold (mo , day, yr)
1a N/A							
b					_		
С					<u></u>		
d					ļ		
e							<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis use of sale			n or (loss) (f) minus (g)
a							
b							
С				·			
d							
e							· · · · · · · · · · · · · · · · · · ·
Complete only for assets showing	g gain in column (h) and owned by the	foundation on 1	12/31/6	9			I (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		k) Excess over col	(j), if any			t less than -0-) or rom col (h))
a							
b							
С				, 			
d							
e		<u> </u>					
2 Capital gain net income or (net ca	apital loss) If gain, also enter If (loss), enter -0-	in Part I, line 7 in Part I, line 7		:	2		
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and	l (6) .					
If gain, also enter in Part I, line 8,	, column (c) (see instructions) If (loss)), enter -0- ın	٦				
Part I, line 8					3		
Part V Qualification Un	nder Section 4940(e) for Redu	uced Tax on	Net I	nvestment Inco	me		
(For optional use by domestic private	foundations subject to the section 49	40(a) tax on net	ınvestr	nent income)			
If section 4940(d)(2) applies, leave th	iis part blank.						
				10			
	tion 4942 tax on the distributable amo	• •	n the b	ase period?			Yes X No
	lify under section 4940(e). Do not com	'					
	each column for each year; see the ins	structions before	makin	g any entries.	 -		
(a) Base period years	(b)			(c) of nonchantable-use asset	_	Dis	(d) stribution ratio
Calendar year (or tax year beginning in)			vet value			(col (b)	divided by col (c))
2017 2012		4,890		29,			5.949449
2010 3011		3,849		43,			3.512374
2009 2010		5,790		14,			12.285275
2008 2009		7,400		27,			6.091038
2807 2008		9,741		69,	BTO	<u> </u>	2.431297
O Tatal of the American (d)							20 260423
2 Total of line 1, column (d)	5 has a said of the fatal a		46		<u> </u>	2	30.269433
-	5-year base period – divide the total of	-	by the				6 05200
number of years the foundation h	has been in existence if less than 5 year	ars		•	<u>}</u>	3	6.053887
4 Takantha anti-univa af annah antah	2013	6					107
4 Enter the net value of noncharital	ble-use assets for 201 2 from Part X, li	ine 5		•	-	4	187
						_	1 1 2 2
5 Multiply line 4 by line 3					}_	5	1,132
	(40) (5) (4) (5) (57)						
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)				_	6	
						_	1 100
7 Add lines 5 and 6	•				\vdash	7	1,132
	B 4 WILLS 4						E0/
8 Enter qualifying distributions from					L	8	504
	n line 7, check the box in Part VI, line	io, and complet	e that p	part using a 1% tax i	rate Sec	e tne	
Part VI instructions							

	1990-PF (2012) CHARLES & SANDRA CHANDLER 43-1938UZZ				F	age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction	ns)				
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		1			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	H	1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		+			
	here ▶ and enter 1% of Part I, line 27b		1			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	ا ر ا	1			
	Part I, line 12, col (b)					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0
3	Add lines 1 and 2	3_	+			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				0
6	Credits/Payments]			
a	2012 estimated tax payments and 2011 overpayment credited to 2012 6a					
b	Exempt foreign organizations – tax withheld at source 6b	_				
С	Tax paid with application for extension of time to file (Form 8868) 6c	4				
d _	Backup withholding erroneously withheld 6d	4	1			
7	Total credits and payments Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8_		-		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	 			
11	Enter the amount of line 10 to be. Credited to 2013 estimated tax ▶ 0 Refunded ▶	11				
-	art VII-A Statements Regarding Activities				<u> </u>	 -
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
_	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			۱.,		v
	Instructions for the 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					₩.
C	Did the foundation file Form 1120-POL for this year?			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 ▶ \$					
•	(1) On the foundation. \$:	
е	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				-	<u> </u>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		х
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			Ů		<u> </u>
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	İ
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 I	art XV	,	7		X
8a	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		N/A	8b	'	I
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,"			•	, i	İ
	complete Part XIV			9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					T
	names and addresses			10		x
				om 99	90-PI	(2012)

Part VII-B Statements F	Regarding Activities fo <u>r W</u> hich Fo	orm 4720 May Be R	Required (cont	inued)		
5a During the year did the foundati		Trao may be l	and toolic	niaca)		
•	herwise attempt to influence legislation (sec	tion 4945(e)\2		res X No		
	ny specific public election (see section 4955		L. '	12 110		
		o), or to carry on,	\Box	res X No		
directly or indirectly, any vo	•	0	\vdash			
•	dual for travel, study, or other similar purpos		\ `	res 🗓 No		
• •	ization other than a charitable, etc , organiz	ation described in		E23		
section 509(a)(1), (2), or (3)), or section 4940(d)(2)? (see instructions)	•	<u> </u>	es X No	1	
(5) Provide for any purpose oth	ner than religious, charitable, scientific, litera	ary, or educational				
purposes, or for the prevent	tion of cruelty to children or animals?		Y	'es X No		
b If any answer is "Yes" to 5a(1)-	(5), did any of the transactions fail to qualify	y under the exceptions d	escribed in			
Regulations section 53 4945 or	in a current notice regarding disaster assist	tance (see instructions)?	•	N/A	5b	
Organizations relying on a curre	ent notice regarding disaster assistance che	ck here		▶ 🗂		
• • •	on 5a(4), does the foundation claim exemption					
because it maintained expenditi	• • •		N/A 🗌 Y	es No		:
•	equired by Regulations section 53 4945–5(d)	, 🔲 '	L		;
	ear, receive any funds, directly or indirectly,					
on a personal benefit contract?	our, receive any lands, directly or manectly,	to pay premiums		es X No		
•				es 🖭 NO	_	
	ear, pay premiums, directly or indirectly, on	a personal benefit contr	aul'		6b	
If "Yes" to 6b, file Form 8870.	was the foundation of the Control		r .	, v		
	was the foundation a party to a prohibited to			es X No N/A		;
	ive any proceeds or have any net income at pout Officers, Directors, Trustees				7b	
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Exp	2000
(a) ! 	Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred compensation		aliowa
CHARLES R. CHANDLER	METTER	PRESIDENT/TR	_			
9831 UNION RD	GA 30439	1.00	ام	· _	1	
Gramma D. Guraman-			0	. 0	<u> </u>	
SANDRA B. CHANDLER	METTER	SECRETARY		0	-	
SANDRA B. CHANDLER 9831 UNION RD	METTER GA 30439	SECRETARY 1.00	0	0		
		i i				
9831 UNION RD C. RAY CHANDLER	GA 30439 STATESBORO	1.00 DIRECTOR				
9831 UNION RD	GA 30439	1.00	0	0		
9831 UNION RD C. RAY CHANDLER 5 GREENWOOD AVE MICHELLE CHANDLER	GA 30439 STATESBORO GA 30458 STATESBORO	1.00 DIRECTOR 1.00 DIRECTOR	0	0)	
9831 UNION RD C. RAY CHANDLER 5 GREENWOOD AVE MICHELLE CHANDLER 5 GREENWOOD AVE	GA 30439 STATESBORO GA 30458 STATESBORO GA 30458	1.00 DIRECTOR 1.00 DIRECTOR 1.00	0	0)	
9831 UNION RD C. RAY CHANDLER 5 GREENWOOD AVE MICHELLE CHANDLER 5 GREENWOOD AVE	GA 30439 STATESBORO GA 30458 STATESBORO	1.00 DIRECTOR 1.00 DIRECTOR 1.00	0	0)	
9831 UNION RD C. RAY CHANDLER 5 GREENWOOD AVE MICHELLE CHANDLER 5 GREENWOOD AVE 2 Compensation of five highest	GA 30439 STATESBORO GA 30458 STATESBORO GA 30458	1.00 DIRECTOR 1.00 DIRECTOR 1.00 ded on line 1 – see inst	0	o o e, enter)	
9831 UNION RD C. RAY CHANDLER 5 GREENWOOD AVE MICHELLE CHANDLER 5 GREENWOOD AVE 2 Compensation of five highest "NONE."	GA 30439 STATESBORO GA 30458 STATESBORO GA 30458 E-paid employees (other than those include	1.00 DIRECTOR 1.00 DIRECTOR 1.00 ded on line 1 – see inst	0 0 tructions). If non	e, enter (d) Contributions to employee benefit	(e) Exp	
9831 UNION RD C. RAY CHANDLER 5 GREENWOOD AVE MICHELLE CHANDLER 5 GREENWOOD AVE 2 Compensation of five highest "NONE."	GA 30439 STATESBORO GA 30458 STATESBORO GA 30458	1.00 DIRECTOR 1.00 DIRECTOR 1.00 ded on line 1 – see inst	0	O O e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	ense a
9831 UNION RD C. RAY CHANDLER 5 GREENWOOD AVE MICHELLE CHANDLER 5 GREENWOOD AVE 2 Compensation of five highest "NONE."	GA 30439 STATESBORO GA 30458 STATESBORO GA 30458 E-paid employees (other than those include	1.00 DIRECTOR 1.00 DIRECTOR 1.00 ded on line 1 – see inst	0 0 tructions). If non	e, enter (d) Contributions to employee benefit	(e) Exp	
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9831 UNION RD C. RAY CHANDLER 5 GREENWOOD AVE MICHELLE CHANDLER 5 GREENWOOD AVE 2 Compensation of five highest "NONE." (a) Name and address of each	GA 30439 STATESBORO GA 30458 STATESBORO GA 30458 E-paid employees (other than those include	1.00 DIRECTOR 1.00 DIRECTOR 1.00 ded on line 1 – see inst	0 0 tructions). If non	O O e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	
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9831 UNION RD C. RAY CHANDLER 5 GREENWOOD AVE MICHELLE CHANDLER 5 GREENWOOD AVE 2 Compensation of five highest "NONE."	GA 30439 STATESBORO GA 30458 STATESBORO GA 30458 E-paid employees (other than those include	1.00 DIRECTOR 1.00 DIRECTOR 1.00 ded on line 1 – see inst	0 0 tructions). If non	O O e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	
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9831 UNION RD C. RAY CHANDLER 5 GREENWOOD AVE MICHELLE CHANDLER 5 GREENWOOD AVE 2 Compensation of five highest "NONE."	GA 30439 STATESBORO GA 30458 STATESBORO GA 30458 E-paid employees (other than those include	1.00 DIRECTOR 1.00 DIRECTOR 1.00 ded on line 1 – see inst	0 0 tructions). If non	O O e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	
9831 UNION RD C. RAY CHANDLER 5 GREENWOOD AVE MICHELLE CHANDLER 5 GREENWOOD AVE 2 Compensation of five highest "NONE." (a) Name and address of each	GA 30439 STATESBORO GA 30458 STATESBORO GA 30458 E-paid employees (other than those include	1.00 DIRECTOR 1.00 DIRECTOR 1.00 ded on line 1 – see inst	0 0 tructions). If non	O O e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	
9831 UNION RD C. RAY CHANDLER 5 GREENWOOD AVE MICHELLE CHANDLER 5 GREENWOOD AVE 2 Compensation of five highest "NONE." (a) Name and address of each	GA 30439 STATESBORO GA 30458 STATESBORO GA 30458 E-paid employees (other than those include	1.00 DIRECTOR 1.00 DIRECTOR 1.00 ded on line 1 – see inst	0 0 tructions). If non	O O e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	
9831 UNION RD C. RAY CHANDLER 5 GREENWOOD AVE MICHELLE CHANDLER 5 GREENWOOD AVE 2 Compensation of five highest "NONE."	GA 30439 STATESBORO GA 30458 STATESBORO GA 30458 E-paid employees (other than those include the employee paid more than \$50,000	1.00 DIRECTOR 1.00 DIRECTOR 1.00 ded on line 1 – see inst	0 0 tructions). If non	O O e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	

Form 990-PF (2	2012) CHARLES & SANDRA CHANDLER	43-1958022	Page 7
Part VIII	Information About Officers, Directors, Trustees, Fo and Contractors (continued)	undation Managers, Highly Paid E	mployees,
3 Five high	nest-paid independent contractors for professional services (see in	nstructions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
· · · · · · · · · · · · · · · · · · ·			
	, <u>, , , , , , , , , , , , , , , , , , </u>		
Total number o	f others receiving over \$50,000 for professional services		•
Part IX-A	Summary of Direct Charitable Activities		
	's four largest direct charitable activities during the tax year. Include relevant statistical information other beneficiaries served, conferences convened, research papers produced, etc	tion such as the number of	Expenses
1 N/A			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see ins	structions)	
	argest program-related investments made by the foundation during the tax year on lines 1 and		Amount
1 N/A			, undang
2			
	related investments. See instructions		
3		•	
Total. Add lines	1 through 3	>	

P	Minimum Investment Return (All domestic foundations must complete this part. Foreig	n foundatio	ns,
	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	0
þ	Average of monthly cash balances	1b	190
С	Fair market value of all other assets (see instructions)	1c	0
ď	Total (add lines 1a, b, and c)	1d	190
е	Reduction claimed for blockage or other factors reported on lines 1a and	1	
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	190
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	!	
	instructions)	4	3
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	187
6_	Minimum investment return. Enter 5% of line 5	6	4
Pi	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	4
2a	Tax on investment income for 2012 from Part VI, line 5		
þ	Income tax for 2012 (This does not include the tax from Part VI)	1	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	4
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	4
Ď.	ert VII — Qualifying Dietributions (see instructions)	-	
	urt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	504
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	_
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	
ь	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	504
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	504
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation		
	qualifies for the section 4940(e) reduction of tax in those years.		

Pa	art XIII Undistributed Incom	e (see instructions)				
	2013	Į.	(a)	(b)	(c)	(d)
1	Distributable amount for 2012 from Part	: XI,	Corpus	Years prior to 2011	2011	2012
	line 7					4
2	Undistributed income, if any, as of the e	and of 2012				
а		Ī	1		ĺ	
	•	, 20	-			
3	Excess distributions carryover, if any, to	r				······································
	From 2907 2, 008	166,268	1		1	
	From 2008 2009	166,026	1			
	From 2009 2010	175,075	1		1	
	From 2010 2011	151,659	1		1	
		173,420	1		-	
_	From 2011 2012	175,420	832,448			
f 4	Total of lines 3a through e		032,440			
4	Qualifying distributions for 2012 from Pater 1 Ine 4. S 504	in All,				
					į	
	Applied to 2011, but not more than line	T				
b	Applied to undistributed income of prior	years	1	ļ	· 1	
	(Election required – see instructions)					······
С	Treated as distributions out of corpus (E	lection	İ		ļ	
	required – see instructions)	-				
	Applied to 2012 distributable amount					4
е	Remaining amount distributed out of co	rpus	500			
5	Excess distributions carryover applied to	2012			<u> </u>	
	(If an amount appears in column (d), the	same	1	1		
	amount must be shown in column (a))		1			
6	Enter the net total of each column as		1		1	
	indicated below:		1			
а	Corpus. Add lines 3f, 4c, and 4e Subtra	ct line 5	832,948			
b	Prior years' undistributed income. Subtri	act		:	1	
	line 4b from line 2b	<u> </u>				
С	Enter the amount of prior years' undistri	buted	1			
	income for which a notice of deficiency l	nas '	-			
	been issued, or on which the section 49	42(a)		-		
	tax has been previously assessed					
ď	Subtract line 6c from line 6b. Taxable	F				
	amount - see instructions					
е	Undistributed income for 2011. Subtract	line				
	4a from line 2a. Taxable amount - see		1			
	instructions		1			
f	Undistributed income for 2012. Subtract	lines			-	
	4d and 5 from line 1. This amount must	be	1			
	distributed in 2013		1	Ŧ		0
7	Amounts treated as distributions out of	corpus				
	to satisfy requirements imposed by sect	•				
	170(b)(1)(F) or 4942(g)(3) (see instruction			1		
8	Excess distributions carryover from 200	2000 F				
_	applied on line 5 or line 7 (see instruction		166,268	1	Ī	
9	Excess distributions carryover to 204					
•	Subtract lines 7 and 8 from line 6a		666,680	1	‡	
10	Analysis of line 9	ŀ				
	Excess from 2008 2009	166,026	1		1	
		175,075	1		1	
	Excess from 20 09° 2 o 10	151,659	1		1	
C	Excess from 2014 201	173,420	1	1	1	
d	Excess from 2011 2012	500	1		1	
_ <u>e</u> _	Excess from 2012 2013	1 300	1		<u>.</u>	

DAA

Form 990-PF (2012)

3 Grants and Contributions Paid During the	e Year or Approved for I	Future 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				
N/A				
			1	
			1	
		}		
Total			▶ 3a	
b Approved for future payment		 	- Ja	
b Approved for future payment N/A				
·			1	
Total		<u>*</u>	▶ 3b	

Enter gross am	ounts unless otherwise indicated		ed business income		d by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	Related or exempt function income
1 Program se	ervice revenue			code	7 - 110 - 111	(See instructions)
a		. [
b				ļ		
				<u> </u>	· · · · · · · · · · · · · · · · · · ·	
d				ļ		
e			· · · · · · · · · · · · · · · · · · ·			
f						
	nd contracts from government agencies			ļ		
	p dues and assessments			-		
	savings and temporary cash investments			1		
	and interest from securities					
	ncome or (loss) from real estate.		4.4.	 		··
	nanced property					
	ot-financed property					
o Necrentarii 7 Other inves	ncome or (loss) from personal property		-	+		_ ·
	s) from sales of assets other than inventory			 		
	or (loss) from special events			-		· · · · · · · · · · · · · · · · · · ·
	or (loss) from sales of inventory			 		
				 		· · · · · · · · · · · · · · · · · · ·
h	ue. a			 		
c						
			-			
е				1		
	dd columns (b), (d), and (e)			1 1		
∠ Subtotal Ac	ad columns (b), (d), and (e)		O	" 1	Ol	0
		L		1 1	0 13	0
3 Total. Add I	ine 12, columns (b), (d), and (e) In line 13 instructions to verify calculations.)	<u> </u>		' <u> </u>	0 13	
3 Total. Add I	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.)	ccomplishm		4	13	
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the A	is reported in c	ent of Exempt P	urpose A contrib	13s	0
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0
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3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0
3 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in c	ent of Exempt P	urpose A contrib	13s	0

Form 99	90-PF (20	12) CHARLES	& SAND	RA CHANDL	ER	43-1958022	<u> </u>		Pag	ge 1
Part			jarding Tr			ns and Relationships \	Vith Nonch	aritable		
1 Di	d the orga	inization directly or in	directly enga	ge in any of the fol	llowing with any o	other organization described			Yes	No
ın		01(c) of the Code (oth				ection 527, relating to political				
	•	om the reporting found	dation to a ne	oncharitable exem	ot organization o	f				
) Cash	om and roporting roun.			pr organization o	•		1a(1)	1 1	x
• •) Other a	ccotc						1a(2)		X
, ,	ther transa						-	14(2)		
		f assets to a nonchari	table evemnt	t organization				1b(1)		x
	•	ses of assets from a n	•	-	ion			1b(2)		X
		of facilities, equipment			.011			1b(3)		X
		rsement arrangement		3013				1b(4)		X
		r loan guarantees	.3					1b(5)		X
		ance of services or m	embershin o	r fundraisına solıcı	tations			1b(6)		X
• •		acilities, equipment, m	•	_				1c		X
	•		•			nn (b) should always show the	fair market			<u> </u>
				•		the foundation received less to				
		-	-		_	the goods, other assets, or se				
	ine no	(b) Amount involved	T	e of noncharitable exem		(d) Description of transfers			nts	
N/A					· ·					
								·		
										
										
			· · · · · · ·							
2a Is	the found	ation directly or indire	ctly affiliated	with, or related to.	one or more tax	exempt organizations				
		section 501(c) of the	=			· -		☐ Y	es X	No
b If"	'Yes," con	nplete the following so	chedule	•						•
	(a	i) Name of organization		(b) Type of o	organization	(c) Des	cription of relations	hip		
<u>N/</u>	A	_								
						edules and statements, and to the best which preparer has any knowledge	of my knowledge	and belief, it is true	∍,	
	contra, un	ia complete Dedaration of	proparer (earler	andir texperyory to seese		miar preparer has any knowledge		ne IRS discuss this r		
Sign				. /	1			ne preparer shown b	elow Yes	٦ ,,,
Here	. /		DI	1/0 1/	. 7	1-1.	(366.11	istrocacris)?	163	<u></u>
1		quells 1	114	andly		PRI PRI	ESIDENT			
	Signa	ature of officer or trustee			Date	Title		· · · · · · · · · · · · · · · · · · ·		
	Print/Ty	pe preparer's name			Preparer's signatur	e d		Date	Check	X
Daid	-				Ih	-K			self-en	$\overline{}$
Paid		IAM R. HICKMA	N		WILLIAM R	. HICKMAN		06/10/13	<u> </u>	
Prepare	l Fırm's n	ame ► DABB	S, HICI	KMAN, HIL	L & CANNO	ON, LLP	PTIN	P0074	1476	5
Use Onl	у	210	C MATE	C III			1 .	EQ 113	7 5 7	

30458-0716

Firm's EIN

Phone no

Firm's address

319 S MAIN ST STATESBORO, GA