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GWINNETT COUNTY, GEORGIA

12/<u>15</u>/2<u>00</u>9 4 09 PM Form

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2008 Open to Public

	al Revenue Ser		usry state r	eporting requirer	Tents	Inspection
A F	or the 2008 c	alendar year, or tax year beginning , and ending				
B Ch	eck if applicable	Please C Name of organization		I	D Emplo	oyer identification number
Ad	idress change	use IRS WFG FOUNDATION, INC.				
∏ Na	ame change	print or Doing Business As			82-	0557271
\equiv	tial return	type. Number and street (or P O box if mail is not delivered to street address)		Room/suite	•	one number
		Specific 11315 JOHNS CREEK PARKWAY			770	-248-3349
∐ Te	ermination	Instruc- City or town, state or country, and ZIP + 4			G Gross rece	eipts\$ 551,213
L An	nended return	tions DULUTH GA 30097				
☐ Ap	oplication pending	F Name and address of principal officer			H(a) Is this	a group return for
<u>.</u>	· · · · · ·	NANCY MOATE			affiliati	
		11315 JOHNS CREEK PARKWAY			H(b) Are all includi	affiliates Yes No
		DULUTH GA 30097			If "No,	attach a list (see instructions)
	ax-exempt stat					
7 N	Vebsite [.] 🕨					exemption number
K T	ype of organization	n X Corporation Trust Association Other ▶	LY	ear of formation 20	02	M State of legal domicile GA
Pa	rtl S	Summary				
	1 Briefly o	describe the organization's mission or most significant activities				
ا بو	EST.	ABLISHING NEIGHBORHOOD ENHANCEMENT PROGRAMS, PR	ROMOTIN	NG EDUCATION	ONAL A	ND
ີຂ[SCH	OLARSHIP OPPORTUNITIES, FOSTERING COMMUNITY TO	GETHER1	NESS, AWARI	ENESS,	AND
7 <u>, x</u>		ERCOMMUNICATION				
∌ક્ષ્	2 Check t	his box Fig. 1 if the organization discontinued its operations or disposed of m	nore than 2	5% of its assets		
∌ຜ		r of voting members of the governing body (Part VI, line 1a)			3	5
Z Sa		r of independent voting members of the governing body (Part VI, line 1b)			4	5
ج ن <u>ة</u>		umber of employees (Part V, line 2a)			5	0
Activities & Governance		umber of volunteers (estimate if necessary)			6	10
¥ X	7a Total or	oss unrelated business revenue from Part VIII, line 12, column (C)			7a	
nue Act	h Net unr	elated hisiness tayable income from Form 990-17 Interest in 157			7b	0
-	D 110. 0	elated business taxable income from Form 990-Pilme@FIVED	·····	Prior Year		Current Year
a			[405	,458	533,990
Revenue		[2]				
eve	•	n service revenue (Part VIII, line 2g) $\frac{6}{4}$ DEC 2 2 2009 $\frac{6}{6}$,490	17,223		
αŽ		evenue (Part VIII, column (A), lines 5, 6d 8c, 9c, 10c, and 11e)			<u> </u>	
		venue—add lines 8 through 11 (must equal Part VIII Column (A) (ine 12)		436	,948	551,213
		and similar amounts paid (Part IX, column (A), lines 1-3)			,067	178,228
		s paid to or for members (Part IX, column (A), line 4)			<i>'</i>	•
40		s, other compensation, employee benefits (Part IX, column (A), lines 5–10)				-
Se		ional fundraising fees (Part IX, column (A), line 11e)				
Expenses		ndraising expenses (Part IX, column (D), line 25) 116,86	61			
Ä		xpenses (Part IX, column (A), lines 11a-11d, 11f-24f)	- t	140	,987	988,948
		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			,054	1,167,176
		ie less expenses. Subtract line 18 from line 12			,894	-615,963
5 8	13 110101.0	ie iess expenses oubliad fine to from fine 12		Beginning of		End of Year
Net Assets or Fund Balances	20 Total as	ssets (Part X, line 16)			,759	2,845,231
Ass		abilities (Part X, line 26)		·		3,763,705
¥,5		ets or fund balances Subtract line 21 from line 20		541	,759	-918,474
		Signature Block			/ 1	
		nder penalties of perjury, I declare that I have examined this return, including accompanying s	chedules an	d statements, and to	the hest o	f my knowledge
		nd belief, it is true, correct, and complete Declaration of preparer (other than officer) is based				
Sigr	, \	Maney mosti			1 1:	2/17/2009
Here		Sand and affect			Data	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
пен		Nancy Moate, Treasurer			Date	
		Type or print name and title				
	'	Type of print name and tide				Preparer's identifying number
Paid	4	reparer's	Date	Check if self-		(see instructions)
	parer's	gnature Anne L. Cash	12/15	0/09 employe	1 > L	P00154462
•		rm's name (or yours \ Cash & Associates P.C.			EIN	▶ 58-2199216
030	ıf	self-employed) 4565 Trumble Ter			Phone	
	ac	ddress, and ZIP + 4 Snellville, GA 30039-8420			no 🕨	678-777-7022
May t	the IRS discu	uss this return with the preparer shown above? (see instructions)				X Yes No
DAA	For Privacy	Act and Paperwork Reduction Act Notice, see the separate instructions.		01/	10	Form 990 (2008)
				916	-19	/l7
				$\mathcal{O}_{\mathcal{I}}$	•	

Form 990 (2008) WF	G FOUNDATION, I	NC.	82-0557271			Page 2
		ce Accomplishments (se	e instructions)			
ESTABLISH:	IP OPPORTUNITIES	ENHANCEMENT PRO FOSTERING COMM				
the prior Form 99	· · · · · · · · · · · · · · · · · · ·	rogram services during the year ville O	which were not listed on		Yes	X No
services?	tion cease conducting, or make these changes on Schedule O	significant changes in how it con	ducts, any program		Yes	X No
Section 501(c)(3) and 501(c)(4) organizations a	each of the organization's three I nd section 4947(a)(1) trusts are re renue, if any, for each program se	equired to report the amount o			
4a (Code ESTABLISH)(Expenses \$ ING NEIGHBORHOOD	including grants of ENHANCEMENT PRO) (Revenue \$)
4b (Code PROMOTING)(Expenses \$ EDUCATIONAL AND	including grants of SCHOLARSHIP OPE) (Revenue \$)
4c (Code FOSTERING		78,228 including grants of HERNESS, AWARENE) (Revenue \$)
INTERCOMM		·				
4d Other program s (Expenses \$	ervices (Describe in Schedule inclu	O) ding grants of \$) (Revenue \$)	
	service expenses 🕨 \$	4 5 4 4 4	al Part IX, Line 25, column (B))		
					Form 99	(2008)

Form 990 (2008) WFG FOUNDATION, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_ <u>x</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			v
_	Schedule C, Part II	4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		x
6	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any accounts where donors have the right to	_5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		<u>_x</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		1	
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4-	- 1	v
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		X
47	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	17		$\frac{\mathbf{x}}{\mathbf{x}}$
17 18	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 total on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		$\frac{1}{x}$
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	, , , , , , , , , , , , , , , , , , , ,		ŀ	77
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	25.		v
00	person from a prior year? If "Yes," complete Schedule L, Part I	25b		<u>_X</u> _
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	20	ŀ	x
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
	Substantial contributor, or to a person related to such an individual. If Tes, complete scriedule L, Fait III		990	

Form 990 (2008) WFG FOUNDATION, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		_X_
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		_X_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X
			noo	(0000)

Form **990** (2008)

	it v Statements Regarding Other IRS Fillings and Tax Compilance						110
1-	Enter the number reported in Pay 2 of Form 4000. Accord Common and Transmitted of					Yes	No
ıa	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	١. ا	ے ا		ļ		
L	U.S. Information Returns. Enter -0- if not applicable	1a	C		-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b)	-		
Ç	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	опаріе	•				•
2-	gaming (gambling) winnings to prize winners?	1 1	ı		1c		X
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	.	c	\			
L	Statements, filed for the calendar year ending with or within the year covered by this return	2a		<u> </u>	┨		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	IS 7			2b		-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	bv			1		
	this return?	Σ,			3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		 -
	At any time during the calendar year, did the organization have an interest in, or a signature or other air	uthority	,		1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other fina		,				
	account)?				4a		х
b	If "Yes," enter the name of the foreign country						
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign B	ank					1
	and Financial Accounts						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?			5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity						
	Regarding Prohibited Tax Shelter Transaction?				5c		
6a	Did the organization solicit any contributions that were not tax deductible?				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or					
	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more to	han					
	\$75?				7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	3					-
	required to file Form 8282?	1 [ı		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_7d_	l	 	┥		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe	rsonal			_		v
	benefit contract?	-40			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract.	St r			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C				7 <u>g</u>		
h	required?	as			7h		x
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion			' ''		
•	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spon-						
	organization, have excess business holdings at any time during the year?	Jonnig			8		x
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.						
a	Did the organization make any taxable distributions under section 4966?				9a		x
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		X
10	Section 501(c)(7) organizations. Enter				1		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>		1		
11	Section 501(c)(12) organizations. Enter				1		
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against				1		
	amounts due or received from them)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		· · · · · · · · · · · · · · · · · · ·	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body 1a 5			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations		••	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at]		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			·
42-	Does the exceptration have a written conflict of interest nation? If "No." as to line 13	12a	Yes	No X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		
b	rise to conflicts?	12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	125		
С	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		x
	Does the organization have a written document retention and destruction policy?	14		X
14 15	Did the process for determining compensation of the following persons include a review and approval by	'-		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		x
b	Other officers or key employees of the organization?	15b		X
b	Describe the process in Schedule O (see instructions)	1.02		
16a				
IVA	with a taxable entity during the year?	16a		x
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1.52		
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed GA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
. 🕶	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► NANCY MOATE 11315 JOHNS CREEK PARKWAY			
DI	JLUTH GA 30097	770-24	8-3	349

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B) Average	Das	tion (C)	hat ap	unter)	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MONTE HOLM	-	7,							0	
DIRECTOR XUAN NGUYEN	1	X		<u> </u>				0	0	
DIRECTOR	1	x						o	o	
RICH THAWLEY		<u></u> → ^	1	-			<u> </u>	U	<u> </u>	
DIRECTOR	1	x						О	o	(
KENT H. DAVI		 								
PRESIDENT	1			x				0	0	ł
LEESA M. EAS										
SECRETARY	1			X				0	0	
NANCY MOATE										
TREASURER	1			X				0	. 0	

<u>Par</u>	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)				C)			(D)	(E)		(F)		
	Name and title	Average hours per week	ndividual trustee or director		Officer	a Key employee	Highest compensated employee		Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	an com	stimated nount of other pensation om the	1	
			ustee	trustee		ee	npensated		(W-2/1099-MISC)		an	anization d related anizations	•	
			_								i			
						-								
	·													
	· · · · · · · · · · · · · · · · · · ·													
										1				
1b	Total							<u> </u>						
2	Total number of indi	viduals (including those in	1a) v	vho r	ecei	ved	more	_	n \$100,000 in reportable co	ompensation from the	<u>.</u>			
	organization ▶ 0											Yes	s No	
3	employee on line 1a	? If "Yes," complete Sched	ule J	for s	such	ındı	vidua	al	yee, or highest compensate			3	х	
4									n and other compensation f i," complete Schedule J for			4	x	
5	Did any person lister services rendered to	the organization? If "Yes,"							unrelated organization for such person			5	х	
Sec	tion B. Independent Complete this table compensation from	for your five highest compe	nsat	ed ır	ndep	ende	ent c	ontra	actors that received more th	nan \$100,000 of	 			
(A) Name and business address Description of services											(C) Compen	sation		
														
											<u></u>			
		·						-						
2	Total number of inde		dıng	thos	se in	1) w	ho re	cen	ved more than \$100,000 in			0		
DAA								_	· · · · · · · · · · · · · · · · · · ·				0 (2008)	

<u>_Pa</u>	rt V	III Stater	nent of Rev	<u>venue</u>	<u> </u>					
					-		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
S S	4.0	Cada-stad sad		142				revenue	10101100	512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated car	· -	1a						į
ge	b	Membership d		1b						
a, ts	С	Fundraising ev	vents	1c						
ള	d	Related organ	izations	1d						
ž,E	е	Government grants	(contributions)	1e						
tio r s	f	All other contribution	ns, gifts, grants.							
₹Ē			not included above	1f	5	33,990				
달	_	Noncash contributio	and as bodyddad an			100,000				
ᅙᇀ	g			10-11 1)		E 3 3 . 000			
	<u>h</u>	Total. Add line	es 1a-1f				533,990			
Program Service Revenue						Busn Code				· · · · · · · · · · · · · · · · · · ·
eve	2a							·		
Š	b									
Š	С									
Ser	d						1			
E	е									
gra	_	All other progr	am service rev	enue						
<u>م</u>		, -		Citue		•				
		Total. Add line								
	3	Investment inc		g aiviae	nas, intere	st, and	15 000	45.000		
		other similar a				▶ -	17,223	17,223		
	4	Income from in	nvestment of ta	ax-exen	npt bond pi	roceeds 🕨 📙				
	5	Royalties				•				
			(ı) Real	1	(II) F	Personal				
	6a	Gross Rents								
	b	Less rental exps		-						
	С	Rental inc or (loss)								
	d	Net rental inco				—				
	7a			100	1 /11) Other				
		sales of assets			Other					
		other than inventory			+					
	b	Less cost or other				<u> </u>				
		basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (lo	ss)			•				
	8a	Gross income fro	om fundraising ev	ents						
e l		(not including \$	J			l				
e l		of contributions r	enorted on line 1	c)						
é		See Part IV, line		о, a						
Other Revenue										
۽		Less direct ex		. t						
0		Net income or			g events	•				
	9a	Gross income fro		ies						
		See Part IV, line		ā	·					
	b	Less direct ex	penses	t						
ı	C	Net income or	(loss) from gain	ming a	tivities	▶				
	10a	Gross sales of	inventory, less	8						
i		returns and all		a	,		ļ			
	h	Less cost of g		b						
		Net income or								
				_	ventory	Busn. Code				<u>.</u>
		WISC	ellaneous Reveni	uc		Dusii. Code				
	11a					}			<u></u>	
	b									
	С									
Ì	d	All other reven	ue							
	е	Total. Add line	es 11a–11d							
	12	Total Revenue		, 2g, 3.	4, 5, 6d. 7	d, 8c,				
		9c, 10c, and 1			•	•	551,213	17,223	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	178,228	178,228		
2	Grants and other assistance to individuals in				-
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				-
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
Ū	and section 403(b) employer contributions)				
0			· · ·		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	-			
	Legal				
	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	PAYMENTS TO ANNUITANTS	846,710		846,710	
b	FUNDRAISING EXPENSE	116,861			116,861
С	LATE FILING CHARGES	18,159		18,159	
d	FEES	5,375		5,375	<u> </u>
e	LICENSES AND PERMITS	945		945	
-	All other expenses	898		898	
25	·	1,167,176	178,228	872,087	116,861
26	Joint Costs. Check here			2,2,007	
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation		ļ		
	rundraising solicitation	<u> </u>	J		- 000

P	art)	Balance Sheet							age I		
			-		(A) Beginning of year		(B End of	-			
	1	Cash—non-interest bearing			300,371	1	1	07,	178		
	2	Savings and temporary cash investments			21,448	2			294		
	3	Pledges and grants receivable, net				3					
	4	Accounts receivable, net				4					
	5	Receivables from current and former officers, directors, tr	ustees	, key							
		employees, or other related parties. Complete Part II of S	chedul	e L		5					
	6	Receivables from other disqualified persons (as defined u	under s	ection							
		4958(f)(1)) and persons described in section 4958(c)(3)(E	3) Con	nplete							
		Part II of Schedule L				6					
ţ	7	Notes and loans receivable, net				7					
Assets	8	Inventories for sale or use				8					
As	9	Prepaid expenses and deferred charges				9					
	10a	Land, buildings, and equipment cost basis	10a								
	ь	Less accumulated depreciation Complete			7						
		Part VI of Schedule D	10b			10c					
	11	Investments—publicly traded securities		•	219,940	11	2,1	36,	759		
	12	Investments—other securities See Part IV, line 11				12					
	13	Investments—program-related See Part IV, line 11				13					
	14	Intangible assets				14					
	15	Other assets See Part IV, line 11				15					
	16	Total assets. Add lines 1 through 15 (must equal line 34)			541,759	16	2,8	45,	231		
	17	Accounts payable and accrued expenses				17					
	18	18 Grants payable 18									
	19	Deferred revenue				19					
Liabilities	20	Tax-exempt bond liabilities				20					
	21	Escrow account liability Complete Part IV of Schedule D				21					
≝	22	Payables to current and former officers, directors, trustees	s, key			. 1					
ap		employees, highest compensated employees, and disqua	lified								
		persons Complete Part II of Schedule L				22	····				
	23	Secured mortgages and notes payable to unrelated third i	parties			23					
	24	Unsecured notes and loans payable				24					
	25	Other liabilities Complete Part X of Schedule D				25			705		
	26	Total liabilities. Add lines 17 through 25	_			26	3,7	<u>63,</u>	705		
es	İ	Organizations that follow SFAS 117, check here ▶ _	and								
E C	İ	complete lines 27 through 29, and lines 33 and 34.									
ala	27	Unrestricted net assets				27					
8	28	Temporarily restricted net assets				28					
Net Assets or Fund Balan	29	Permanently restricted net assets	. =	5		29					
Ĭ,		Organizations that do not follow SFAS 117, check here	e▶ 2≥	<u>{</u>							
ō		and complete lines 30 through 34.									
sts	30	Capital stock or trust principal, or current funds				30					
SSE	31	Paid-in or capital surplus, or land, building, or equipment			F 41 7 F 0	31			474		
Ä	32	Retained earnings, endowment, accumulated income, or	other f	unds	541,759	32			474		
<u>f</u> et	33	Total net assets or fund balances			541,759	33_		· · · · · · · · · · · · · · · · · · ·	474		
_	34	Total liabilities and net assets/fund balances			541,759	34	2,8	45,	231		
_P	art X	(I Financial Statements and Reporting							T		
	A = .			. n	0			Yes	No_		
1		• • • • • • • • • • • • • • • • • • • •			Other				1.0		
28		ere the organization's financial statements compiled or revie			ntant?		2a		X		
t		ere the organization's financial statements audited by an ind			f		2b		X		
(Yes" to lines 2a or 2b, does the organization have a commi		·				ļ			
•		e audit, review, or compilation of its financial statements an		•			2c				
32		a result of a federal award, was the organization required t	o unde	ergo an audit or audits as	s set torth in						
		Single Audit Act and OMB Circular A-133?	4.4.0				3a		X		
) IT "	Yes," did the organization undergo the required audit or aud	alts?				3b		<u> </u>		
							Form	フラリ	(2008)		

SCHEDULE A (Form 990 or 990-EZ)

1 OIIII 330 OI 330-E2

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WFG FOUNDATION, INC.

Employer identification number 82-0557271

<u>Pa</u>	art I	Reas	on for Public Charity	Status (All organizations	s must o	complet	<u>e this</u>	part)	(see i	nstruc	ctions)		
Гһе	orga	nization is not	a private foundation because	e it is (Please check only one o	rganizatio	n)							
1		A church, co	nvention of churches, or asso	ociation of churches described i	n section	170(b)(1)	(A)(i).						
2	П	A school des	cribed in section 170(b)(1)(A)(II). (Attach Schedule E)									
3	П			ce organization described in sec	tion 170(b)(1)(A)(i	ıı). (Atta	ch Sche	dule H)			
4	П			in conjunction with a hospital c							spital's name	_	
		city, and state					• ,		•			'	
5	П	•		of a college or university owned	or operate	ed by a go	vernmei	ntal unit	describ	ed in			
		-	(b)(1)(A)(iv). (Complete Part	•	-	, 3-							
6	\Box			overnmental unit described in se	ection 17	0(b)(1)(A)	(v).						
7	П			substantial part of its support fro				om the o	peneral	public			
			section 170(b)(1)(A)(vi). (Co		3				,	F G G G			
8	\Box			70(b)(1)(A)(vi). (Complete Part	II)								
9	X) more than 33 1/3 % of its supp		contributio	ns. men	nbership	fees. a	and aros	ss		
	_			pt functions—subject to certain						-			
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
		acquired by t	he organization after June 30	0, 1975 See section 509(a)(2).	(Complet	e Part III))						
10		An organizati	ion organized and operated e	exclusively to test for public safe	ty See se	ection 50	9(a)(4). (see inst	truction	s)			
11		An organizati	ion organized and operated e	exclusively for the benefit of, to p	erform th	e function	s of, or	to carry	out the				
		purposes of o	one or more publicly supporte	ed organizations described in se	ction 509	(a)(1) or s	ection 5	09(a)(2)	See s	ection			
		509(a)(3). Ch	neck the box that describes the	ne type of <u>su</u> pporting organization	on and co	mplete lin	es 11e ti	hrough '	11h				
	a Type I b Type II c Type III-Functionally Integrated d Type III-Other												
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified												
		persons other than foundation managers and other than one or more publicly supported organizations described in section											
		509(a)(1) or section 509(a)(2)											
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II, or	Type III	support	ling				
		organization,	check this box										
g		Since August	t 17, 2006, has the organizat	ion accepted any gift or contribu	ition from	any of the)						
		following per	rsons?										,
			•	ntrols, either alone or together v	vith perso	ns descrit	ed in (ii))				Yes	No
		, ,		the supported organization?							11g(i)	T T	┼
		•	member of a person describ	• •							11g(ii		
			controlled entity of a person d	., .,							11g(ii	<u>) </u>	<u></u>
h		Provide the f	following information about the	ne organizations the organizatio	n support	S 							
(1)		e of supported	(II) EIN	(III) Type of organization	1 ' '	organization		ou notify		ls the	, ,	nount of	
	org	anızatıon		(described on lines 1–9 above or IRC section		sted in your document?	col (i)	nization in of your	organizat	zed in the		port	
				(see instructions))	3			oort?		S?			
					Yes	No	Yes	No	Yes	No			
					,								
					<u> </u>								
			7.7.		 							-	
							-						
					<u> </u>								
ota	I		I		1	1		!	1		I		

13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	_
	organization, check this box and stop here	▶Ĺ
Sec	ction C. Computation of Public Support Percentage	

ection C.	Computation	1 of Public 5	upport Per	centage	
5		(0000 # 0			4.4

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	<u> </u>
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%

16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

b	33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this
	hox and stop here. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b

	· • • • • • • • • • • • • • • • • • • •		, ,,			
10%-facts-and-circumstances test—2007. If the organization	i did not check	a box on line 1	3, 16a, 16	6b, or 17a, ar	nd line 15 is	10% or
more, and if the organization meets the "facts-and-circumstance	es" test, check	this box and st	op here.	Explain in Pa	art IV how the	е
organization meets the "facts-and-circumstances" test. The org	janization quali	ifies as a public	ly support	ted organizat	ion	

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	ecked the box	on line 9 of Pai	rt I.)			
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	102,609	192,742	168,833	405,458	533,990	1,403,63
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5	102,609	192,742	168,833	405,458	533,990	1,403,63
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	102,609	192,742	168,833	405,458	533,990	1,403,63
	tion B. Total Support	r		· - · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	102,609	192,742	168,833	405,458	533,990	1,403,63
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,329	2,660	4,008	5,701	17,223	30,92
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	1,329	2,660	4,008	5,701	17,223	30,92
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	7,651	4,711	13,030	25,789		51,18
13	Total support. (Add lines 9, 10c, 11,	111,589	200,113	185,871	436,948	551,213	52,10
-	and 12)					,	1,485,73
14	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year a	s a section 501(c)	(3)	
	organization, check this box and stop here		····				<u> </u>
<u>Sec</u>	tion C. Computation of Public Su					····	
15	Public support percentage for 2008 (line 8,	, ,	•	(f))		15	94.4740 %
16	Public support percentage from 2007 Sche					16	94.3306 %
	tion D. Computation of Investme						
17 40	Investment income percentage for 2008 (III			column (f))		17	2.0812 %
18 195	Investment income percentage from 2007			14 and line 15 is ~	ore than 33 1/3 0/	18	1.3579 %
19a b	33 1/3 % support tests—2008. If the orga 17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2007. If the orga	ox and stop here. T	The organization qu	alifies as a publicly	supported organiz	zation	▶ 2
-	line 18 is not more than 33 1/3 %, check th						▶ [
20	Private foundation, If the organization did		_	-			

Schedule A (Form 990 or 990-EZ) 2008 WFG FOUNDATION, INC.

82-0557271

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12 Provide any other additional information (see instructions)

Part III, Line 12 - Other Income Detail

UNREALIZED APPREICATION IN ASSETS

\$

51,181

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 2008

Open to Public Inspection

Employer identification number WFG FOUNDATION, INC. 82-0557271 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2008 WFG FOUND	ATION, INC.		82-05	57271			_ P	age 2
Pa	rt III Organizations Maintaining	Collections of Art,	Historical Treas	sures, or Other	Similar As	sets (contin	ued)	
3	Using the organization's accession and other items (check all that apply)	records, check any of the f	following that are a s	ignificant use of its o	ollection				
а	Public exhibition	d Loan o	or exchange program	18					
b	Scholarly research	e Other	or exercise program						
c	Preservation for future generations	0 0(0)				_			
4	Provide a description of the organization's co	llections and explain how th	ney further the organ	nzation's exempt pur	pose in				
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, h	istorical treasures, o	r other similar		\Box ,	res		No
Da	art IV Trust, Escrow and Custod				ed "Vec" to				NO
Га	Part IV, line 9, or reported				eu les ic	, 1 0111	1 330,		
10									
14	Is the organization an agent, trustee, custodia	in or other intermediary for	contributions or othe	er assets not		\Box ,	4	\Box	No
	included on Form 990, Part X?		4-64-			Ш,	/es	ш	NO
D	If "Yes," explain the arrangement in Part XIV	and complete the following	table				Amount		
							Amoun		
	Beginning balance				1c				
	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f			_	
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21?				_ ∐ `	Yes		No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Comp	lete if organization a		to Form 990, Pa	1				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	s back	(e) Four	years	back
1a	Beginning of year balance								
b	Contributions								
C	Investment earnings or losses				<u> </u>				
d	Grants or scholarships								
е	Other expenditures for facilities					1			
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	end balance held as							
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %								
	Term endowment ▶ %								
	Are there endowment funds not in the posses	sion of the organization tha	at are held and admi	nistered for the					
	organization by						ſ	Yes	No
	(i) unrelated organizations						3a(ı)		
	(ii) related organizations						3a(iı)		
h	If "Yes" to 3a(ii), are the related organizations	listed as required on Sche	dule R?				3b		
4	Describe in Part XIV the intended uses of the	•					استنسا		
	art VI Investments—Land, Build			0 Part X line 1	0				
	Description of investment	(a) Cost or other basis	(b) Cost or otl		preciation	T^-	(d) Book	value	
		(investment)	basis (other	1			,.,		
4.	Land	,,		•		1			
	Land					+			
	Buildings		+			+			
	Leasehold improvements				· · · · · · · · · · · · · · · · · · ·	+			
	Equipment					+			
	Other	1 000 Part V 11 15	2) (=== 40(=))			+			
ota	I. Add lines 1a-1e (Column (d) should equal F	orm 990, Paπ X, column (E	o), line 10(c))						
					6~	PORTIN	D /Earn	* 00U)	เวกกฎ

Schedule D (Form 990) 2008 WFG FOUNDATION, INC.		82-055/2/1	Page 3
Part VII Investments—Other Securities. See Form 990	, Part X, line 12		
(a) Description of security or category	(b) Book value	(c) Method of	valuation
(including name of security)	·	Cost or end-of-yea	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
			·. · · · · · · · · · · · · · · · · · ·
			
			·
			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	.,		
Part VIII Investments—Program Related. See Form 990), Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Method of	valuation
		Cost or end-of-yea	r market value
		· · · · · · · · · · · · · · · · · · ·	
			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)		· · · · · · · · · · · · · · · · · · ·	
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description			(b) Book value
			· · · · · · · · · · · · · · · · · · ·
			<u></u>
			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		•	
Part X Other Liabilities. See Form 990, Part X, line 25			
(a) Description of liability	(b) Amount		
	(b) Allount		
Federal income taxes			
OTHER LIABILITIES	3,463,705		
SUBORDINATED DEBT	300,000		
	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	3,763,705		
		nizationa li deliti de	
In Part XIV, provide the text of the footnote to the organization's financial states	nems that reports the orga	mzadon s hability for	
uncertain tax positions under FIN 48			

<u>sche</u>	dule D (Form 990) 2008 WFG FOUNDATION, INC.		82-0557271	Page 4
_Pa	art XI Reconciliation of Change in Net Assets from Form 99	to Financial	Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4-8		9	_
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10	
	rt XII Reconciliation of Revenue per Audited Financial State	ments With I	· · · · · · · · · · · · · · · · · · ·	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1.1		
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	_2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1) [3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	_4b	4.	
C	Add lines 4a and 4b		4c	
<u>5</u>	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12) Irt XIII Reconciliation of Expenses per Audited Financial Sta	oments With		
1	Total expenses and losses per audited financial statements	CITICITES TATELL	1	
_	·		 	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2a		
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2a		
2 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments	2b		
2 a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25	2b 2c		
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV)	2b		
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d	2b 2c		
2 a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1	2b 2c		
2 a b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2b 2c 2d		
2 a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2b 2c 2d		
2 a b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV)	2b 2c 2d	2e 3	
2 a b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b	2b 2c 2d		
2 a b c d e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	2b 2c 2d	2e 3	
2 a b c d e 3 4 a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) art XIV Supplemental Information	2b 2c 2d	2e 3 4c 5	
2 a b c d e 3 4 a b c 5 Pa	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	2b 2c 2d 4a 4b	2e 3 4c 5	
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Schedulę D (F	orm 9	90) 20	08 1	WFC	F	OUN	IDA	TI	ON,	_ I	NC								82-0557271		271						Page 5			
Schedule D (F	Suj	ppler	nenta	al In	forn	natio	on (c	ontir	nued)							_													
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

General Information on Grants and Assistance

WFG FOUNDATION, INC.

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22

▶ Attach to Form 990.

Employer identification number

82-0557271

2008

OMB No 1545-0047

Open to Public Inspection

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) 2008

Page 2

82-0557271	is in the United States. Complete if the ord
, INC.	o Individuals in the Un
FOUNDATION	Grants and Other Assistance to I
Schedule I (Form 990) 2008 WFG 1	Grants and Ot
Schedule I (Part III

m 990, Part IV, line 22.		(e) Method of valuation (book, (f) Description of non-cash assistance					
tion answered "Yes" on Forr		(e) Method of valuation (book,	FMV, appraisal, other)				
nplete if the organizat		(d) Amount of	non-cash assistance				
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	Use Schedule I-1 (Form 990) if additional space is needed.	(c) Amount of	cash grant				
		(b) Number of	recipients				
		(a) Type of grant or assistance					
Part III							

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information Part IV

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

GRANTS ARE MADE TO WELL KNOWN ORGANIZATIONS THROUGH AN APPROVAL PROCESS

HANDLED BY A COMMITTE MADE UP OF OFFICERS AND DIRECTORS OF THE

ORGANIZATION.

Schedule I (Form 990) 2008

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SCHEDULE 1-1

(Form 990)

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No 1545-0047

Open to Public Inspection

Employer identification number (h) Purpose of grant or assistance 82-0557271 Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (c) IRC Code section (d) Amount of cash grant (e) Amount of non-cash if applicable 9,824 (b) EIN INC. WFG FOUNDATION I ŀ I i (a) Name and address of organization ı ŀ I or government I ı I OTHER MISC CHARITIES ı Department of the Treasury Internal Revenue Service Ī Ī ı Name of the organization I I ļ İ i I Part 1 I

Enter total number of Section 501(c)(3) and government organizations Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule 1-1 (Form 990) 2008

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

WFG FOUNDATION, INC. Employer identification number 82-0557271

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990 An annual meeting is schedule between the CPA firm and the organization's treasurer to go over Form 990 reporting requirements. Once complete, the return is reviewed by the officer and then filed by the CPA firm.

Form (Rev April 2009)

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 Revenu	e Service	File a separate application for each return.				
If you are	filing for an Au	tomatic 3-Month Extension, complete only Part I and check this box		▶ X		
If you are	filing for an Ad	ditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this for	m)			
Do not comp	lete Part II uni	ess you have already been granted an automatic 3-month extension on a previously filed Fo	11) 5==5 0060			
Partit	Automati	c 3-Month Extension of Time. Only submit original (no copies needed) })		
A			•			
	required to file	Form 990-T and requesting an automatic 6-month extension—check this box and complete		. 🗀		
Part I only				▶ 📋		
time to file inc	orations (includ come tax return:	ing 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exte s	ension of			
Electronic Fi	ling (e-file). Ge	nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of t	time to fil	e		
		w (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8				
		he additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870				
		nsolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Page 1)		orm		
		e electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonpre				
Type or	Name of Exe	empt Organization	Employ	er identification number		
print						
File by the		UNDATION, INC.	82-0	557271		
due date for filing your return See		et, and room or suite no. If a P.O. box, see instructions JOHNS CREEK PARKWAY				
instructions	City, town or	post office, state, and ZIP code. For a foreign address, see instructions				
	DULUTH	GA 30097				
	f return to be	iled (file a separate application for each return)				
X Form 99	90	Form 990-T (corporation)		Form 4720		
Form 99	90-BL	Form 990-T (sec 401(a) or 408(a) trust)		Form 5227		
Form 99	90-EZ	Form 990-T (trust other than above)		Form 6069		
Form 990-PF Form 1041-A				Form 8870		
Telephoni If the orga If this is for for the whole a list with the list with the until	anization does represented to the form of a Group Return of the form of the fo	or have an office or place of business in the United States, check this box rn, enter the organization's four digit Group Exemption Number (GEN) as box		▶ □		
▶ [_]	tax year begin	ning , and ending				
2 If this ta	x year is for les	s than 12 months, check reason Initial return Final return Change ii	n accoun	ting period		
3a If this a	oplication is for	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,				
less any	nonrefundable	credits. See instructions.	3a	\$		
b If this a	oplication is for	Form 990-PF or 990-T, enter any refundable credits and estimated tax				
paymen	ts made Includ	e any prior year overpayment allowed as a credit	3b	\$		
c Balance	Due. Subtrac	line 3b from line 3a Include your payment with this form, or, if required,				
		on or, if required, by using EFTPS (Electronic Federal Tax Payment				
_	. See instruction		3c	\$		
		nake an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879				
for payment in	structions					
For Privacy A	ct and Paperv	ork Reduction Act Notice, see Instructions.		Form 8868 (Rev 4-2009)		

Form	8868 (R	ev. 4-2009)								Doe	
• 1	f you are	filing for an Additiona	I (Not Automatic	3-Month Extension	, complete only Part	II an	nd check this box			Pag	X
Note	. Only cor	mplete Part II if you ha	ave already been o	ranted an automatic	3-month extension on	n a pi	reviously filed Form	8868			Δ
<u>• 11</u>	f you are	filing for an Automati	c 3-Month Extens	ion, complete only	Part I (on page 1).	р.	ovidedly mod i oim	0000			
PE	THE	Additional (No	t Automatic) 3	-Month Extens	ion of Time. Only	v file	e the original (n	o copie	s needed	<u> </u>	
Type	or	Name of Exempt O	rganization							tion number	
print											
File by		WFG FOUND	ATION, IN	C.			F 100	82-0	557271		
extend due de		Number, street, and	d room or suite no	If a P O box, see in:	structions			For IRS (ise only		
filing t		11315 ЈОН	NS CREEK	PARKWAY					•		
return		City, town or post o	ffice, state, and ZII	code For a foreign	address, see instructi	ions		Rational Control	المداملة والمستولد عدد موا	uni tele-	200
instruc	ctions	DULUTH		GA 3009	7						
Chec	k type of	return to be filed (F	ile a separate app	lication for each retui	n).						
X	Form 99	0	Form 990-PF	•			Form 1041-A		☐ Fo	rm 6069	
Ш	Form 99	0-BL	Form 990-T (sec 401(a) or 408(a) trust)		Form 4720		☐ Fo	rm 8870	
$\perp \perp$	Form 99			trust other than abov			Form 5227				
STO	PI Do not	complete Part II if y	ou were not alrea	dy granted an auto	matic 3-month extens	sion	on a previously fi	ed Form	3868.		
		are in the care of		OATE							
	elephone		48-3349		No ▶					,	
					Inited States, check th		ox .			, , ▶ (
					remption Number (GE		If this				
	•	roup, check this box			e group, check this bo	X	▶ ∐ a	nd attach	3		
		mes and EINs of all n			^^						
4				e until 11/16/							
5			3, or other tax yea	- 	, and e		~ ~ 				
6		year is for less than		reason Initial	i return 🔲 Final r	returr	n Change ii	n accounti	ng period		
7		detail why you need t			- 					1	
		accurate re		ested to ga	ather infor	ma	tion to bi	epar	a co	шъте <i>г</i> е	
	aiid	accurate 1	scarn.								
8a	If this an	nlication is for Form 9	190-RI 990-PF 99	00-T 4720 or 6069	enter the tentative tax,			Т			
•		nonrefundable credit			onter the temptive tax,	•		8a	\$		
ь					y refundable credits ar	nd					
-	-	•		•	llowed as a credit and						
		paid previously with F	• •	your overpayment a		,		8b	\$		
С				ude your payment wi	th this form, or, if requ	ured.	deposit		<u></u>		
					Tax Payment System)			8c	\$		
					e and Verification						
Under	penalties o	of perjury, I declare that I	have examined this fo	orm, including accompan	ying schedules and staten		, and to the best of my	knowledge	and belief,		
it is tru	ie, correct,	and complete, and that I	am authorized to prep	pare this form	0.00		·	_			
Signat	ture 🕨	Unn	e war	<u> </u>	Title)	<u>t </u>		<u>.</u>	Date >		
									Form 8	868 (Rev 4-20	(90