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Form **990-EZ**

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

_		e 2 <u>009 ca</u> l	endar year, or tax year beginning and endir		_		
B		Theck if pplicable please use IRS C Name of organization D Emp				loyer i	dentification number
F	Ichange Name	Change Iabel or					755158
F	lchange linitial	type	Number and street (or P O box, if mail is not delivered to street address) Ro			number	
늗	retum Termi) 938-2042		
F	ated Instruc-						mption
늗	return Applica pendin	1	POWELL, TN 37849			iber 🕨	•
			3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed	G Accoun			X Cash Accrual
	- 360	11011 301(6)(Schedule A (Form 990 or 990-EZ).	Other (s	-	_	71 00011
$\overline{}$							he organization is not
		•· · <u> </u>					Tule B (Form 990 990-EZ. or 990-PF)
			the organization is not a section 509(a)(3) supporting organization and its gross receipts are no				
_	Oligon P		rm 990 return is not required, but if the organization chooses to file a return, be sure to file a c			man wz	10,000 71 01111 000 12 01
$\overline{}$	Add line		nd 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form			▶ \$	0.
	art I		ue, Expenses, and Changes in Net Assets or Fund Balances (Se				
	1		ns, gifts, grants, and similar amounts received			1	0.
	2		rvice revenue including government fees and contracts		Ī	2	
	3		p dues and assessments			3	
	4	Investment			Ī	4	
			unt from sale of assets other than inventory 5a			-	
			or other basis and sales expenses 5b				
	1		s) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
ō	6		nts and activities (complete applicable parts of Schedule G). If any amount is from gaming , che	eck here >			
Revenue	1 -	•	nue (not including \$ of contributions				
ě	"	reported or			Į		
_	b	•	expenses other than fundraising expenses 6b				
	1		or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	
	1		of inventory, less returns and allowances 7a				
) b		of goods sold 7b				
	1		t or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	-	iue (describe		\	8	
	9		1001507	7		9	
_	10					10	
	11			Ω̈́	ļ	11	
S	12			입	Ì	12	
enses	13		her compensation, and employee benefits al fees and other payments to independent contractors SEP 2 4 2010	RS S	İ	13	
0	14			'트	İ	14	
Ň	15		, rent, utilities, and maintenance iblications, postage, and shipping OGDEN, UT		Ì	15	
	16		nses (describe		١ , ١	16	
	17		nses Add lines 10 through 16	-	′ †	17	
_	18		deficit) for the year (Subtract line 17 from line 9)			18	
ets	19		or fund balances at beginning of year (from line 27, column (A))				
ISS	'		e with end-of-year figure reported on prior year's return)		Ī	19	
Net Assets	20		ges in net assets or fund balances (attach explanation)			20	
Ž	21		or fund balances at end of year Combine lines 18 through 20		•	21	
P	art II	T = -	ce Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 in	istead of Fo	orm 990		·
نا.	311 3 34	·		Beginning o		T	(B) End of year
2	2 Cas	h, savings,	and investments			22	
2		d and build				23	
2		er assets (d	· .			24	<u> </u>
2		al assets				25	
2	6 Tot	al liabilities	(describe ►)			26	
2	7 Net		ind balances (line 27 of column (B) must agree with line 21)			27	
93	2171 -08-10		or Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.				Form 990-EZ (2009)

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Fort	m 990-EZ (2009) WEIGEL FOUNDATION		4	12-	17551	58 Page 2
	art III Statement of Program Service Accomplishme		Part III)		Ex	penses
Wh	at is the organization's primary exempt purpose? SEE STATEMEN'	Т 2		_		r section 501(c)(3)
Des	scribe what was achieved in carrying out the organization's exempt pu	irposes. In a clear and conc		е) organizations and 7(a)(1) trusts, optional
the	services provided, the number of persons benefited, and other releva	ant information for each prog	ram title.		for others)	
28						
		· · · · · · · · · · · · · · · · · · ·		_		
	(Grants \$) If this amount includes foreign	grants, check here		_	28a	
29				_		
						
				<u> </u>		
	(Grants \$) If this amount includes foreign	grants, check here		<u></u>	29a	
30		_ 	· -			
		· · · · · · · · · · · · · · · · · · ·	······································			
				$\overline{}$	00-	
	(Grants \$) If this amount includes foreign	grants, check here		Ш	30a	<u> </u>
31	Other program services (attach schedule)		_		24.5	
	(Grants \$) If this amount includes foreign	grants, check here		<u> </u>	31a	
32	Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key	Employees		· · · · ·	32	
P	art ty List of Officers, Directors, Trustees, and Key	Lilipioyees. List each one ev			ontributions	or Part IV)
		(b) Title and average hours		• •	employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)		eferred ipensation	other allowances
TAT :	ILLIAM B. WEIGEL, 3100	PRESIDENT/DIR	FCTOP	COIII	pensation	
	TAFFORDSHIRE BLVD, POWELL, TN 37849		0.		0.	0.
	NN R. WEIGEL, 3100 STAFFORDSHIRE	SEC/TREAS/DIR	l			
	LVD, POWELL, TN 37849	0.00	0.		0.	0.
	AURIE W. KEVILLE, 3100	VP/DIRECTOR				•
	TAFFORDSHIRE BLVD, POWELL, TN 37849		0.		0.	0.
	ILLIAM KURT WEIGEL, 3100	VP/DIRECTOR				
	TAFFORDSHIRE BLVD, POWELL, TN 37849		0.		0.	0.
	ARGARET B. WEIGEL, 3100	VP/DIRECTOR				
	TAFFORDSHIRE BLVD, POWELL, TN 37849		0.		0.	0.
<u> </u>	IMITORDONING BEVEY TOWNERS, IN CYCLE					
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933	2172		<u> </u>			000 F7 (0000)

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V)						
			Yes	No			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	_	X			
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X			
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not						
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T						
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			ĺ			
-	and proxy tax requirements?	35a		Х			
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"						
	complete applicable parts of Sch. N	36		Х			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions						
	Did the organization file Form 1120-POL for this year?	37b		Х			
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made						
JUU	in a prior year and still outstanding at the end of the period covered by this return?	38a		X			
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A						
39	Section 501(c)(7) organizations Enter						
	Initiation fees and capital contributions included on line 9 N/A						
	Gross receipts, included on line 9, for public use of club facilities 39b N/A						
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	†					
40 a	section 4911 O • , section 4912 O • , section 4955 O •						
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the						
U	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction						
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.	705		 -			
U	or disqualified persons during the year under sections 4912, 4955, and 4958						
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the						
u	▶ ∧						
	organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter						
e	transaction? If "Yes," complete Form 8886-T	40e		X			
41	List the states with which a copy of this return is filed $ ightharpoonup$ TN	100	1				
41	The organization's books are in care of ► WADE LETSINGER Telephone no ► (865)9	38-	204	2			
42 a	Located at ► 3100 WEIGEL LANE, POWELL, TN ZIP+4 ► 3	784	9				
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority						
IJ	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No			
	account)?	42b	<u> </u>	X			
	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 Bank and Financial Accounts.						
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х			
•	If "Yes," enter the name of the foreign country						
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>				
43	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A					
	and enter the amount of tax-exempt interest received of accreed during the tax year		-				
			Yas	No			
AA	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1.53	† 			
44	Form 990-EZ	44		X			
AE	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	—	 	† -			
45	completed instead of Form 990-EZ	45	1	X			
	Combinera merean of Louin 220-27	Form 9	On-F7	-			

Form 9	90-EZ (2009) WEIGEL FOUNDATION			42-1755		Page 4
Part	Section 501(c)(3) organizations and section 4 organizations and section 4947(a)(1) nonexempt charitable and 51.	947(a)(1) nonexempt trusts must answer question	charitable tru ns 46-49b and con	sts only. All a nplete the table	section 50 s for lines	1(c)(3) 50
46 D	id the organization engage in direct or indirect political campaign activities of	on behalf of or in opposition to o	candidates for public	-	Ye	s No
	ffice? If "Yes." complete Schedule C, Part I		•	ſ	46	X
	id the organization engage in lobbying activities? If "Yes," complete Sch	edule C. Part II		j	47	X
	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes			ļ	48	$\frac{1}{X}$
	id the organization make any transfers to an exempt non-charitable related			<u> </u>	49a	$\frac{1}{X}$
	•	organization ,		ŀ	49b	+
	"Yes," was the related organization a section 527 organization?	as father than officers, directors	tructone and key or	L co adw (seevalam		
	omplete this table for the organization's five highest compensated employe nan \$100,000 of compensation from the organization. If there is none, enter		s, trustees and key ei	iipioyees) wito ea	icii ieceivei	i inore
			-	(d) Contribution		
		(b) Title and average hours	(c) Compensation	(d) Contribution to employee	S (e) Ex	oense
	(a) Name and address of each employee paid more	per week devoted to	1.,	benefit plans &	accour	
	than \$100,000	position		deferred	other allo	wances
	NONE			compensation	 	
		_				
		_				
	complete this table for the organization's five highest compensated independing organization. If there is none, enter "None" NONE	dent contractors who each recei	ived more than \$100	,000 of compens	ation from t	he
	(a) Name and address of each independent contractor paid more	than \$100,000	(b) Type of ser	rvice (d) Compens	ation
				-		
			_			
	Fotol number of other independent contractors each recovuing over \$100.00	0				
d 1	otal number of other independent contractors each receiving over \$100,00		The end to the best of m	w knowledge and be	hof it is true	
Sign Here	Under penalties of penuly, Ildeslare that I flave examined this return, including a correct, and complete Declaration of preparer (other than officer) is based on all Signature of officer	ccompanying schedules and stateme information of which preparer has any	y knowledge	9-13-	_	
	President Type or print name and title			_ .		
Paid Prepa	Reparer signature ► 0 0 0 0	1 - 1	eck if self-	- parer's identifying n	ımber (See ın	str)
Use O	nly Firm's name (or yours PUGH & OMPANY, P.C.	10/1/10/	EIN			
	address. and ZIP+4 KNOXVILLE, TN 37923		Phor no	ne ► (865 <u>)</u>	769-0	660

Form **990-EZ** (2009)

(865)769-0660 ► X Yes No

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Inspection

Name of the organization **Employer identification number** WEIGEL FOUNDATION 42-1755158 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Other c Type III - Functionally integrated **b** Type II 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (III) Type of (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ir) EIN (vii) Amount of organization in col (i) organized in the organization in col (ı) lısted ın your organization in col organization support (described on lines 1-9 governing document? (i) of your support? US? above or IRC section (see instructions)) Yes No Yes No Yes No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		1		İ		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to		İ				
	the organization without charge				1		
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					-	
^	**			ļ	-	-	0.
	Public support. Subtract line 5 from line 4	<u> </u>	1	.i	1	<u>.t.,,,,</u>	•
		(a) 200E	(h) 2006	(a) 2007	(4) 2009	(e) 2009	(f) Total
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(I) Total
	Amounts from line 4			 	 		
8	Gross income from interest,						
	dividends, payments received on					İ	
	securities loans, rents, royalties						
	and income from similar sources				<u> </u>		
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				-		
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)			<u> </u>			
11	Total support. Add lines 7 through 10		<u> </u>	<u> </u>		<u> </u>	0.
12	Gross receipts from related activities	, etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, the	rd, fourth, or fifth 1	tax year as a secti	on 501(c)(3)	
_	organization, check this box and stop	p here					▶ X
Se	ction C. Computation of Publ	ic Support Pe	rcentage			1 1	
14	Public support percentage for 2009 (line 6, column (f) c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2008	3 Schedule A, Part	t II, line 14			15	%
16a	33 1/3% support test - 2009.If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	more, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
t	33 1/3% support test - 2008.If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	us box
	and stop here. The organization qua	lifies as a publicly	supported organi	zation			▶∟_
17a	10% -facts-and-circumstances tes	t - 2009.If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶ □
ŧ	10% -facts-and-circumstances tes	t - 2008 . If the org	anization did not	check a box on lin-	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circi	umstances" test, o	heck this box and	d stop here. Expla	in in Part IV how the	е
	organization meets the "facts-and-cir						▶
18	Private foundation. If the organization		-	•			is ►
						edule A (Form 990	

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Section A. Public Support Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(4) 2000	(2) 2000	(0) =001	(0).====	1-7	1,7 , 5 , 5 .
membership fees received (Do not						
include any "unusual grants.")						
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 through 5						
7a Amounts included on lines 1, 2, and			_			
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support				-		T
Calendar year (or fiscal year beginning in)▶∟	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	<u>.</u>					
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b 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)						
13 Total support (Add lines 9, 10c, 11, and 12)						<u> </u>
14 First five years. If the Form 990 is for the	he organization	's first, second, the	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	zation,
check this box and stop here						▶□
Section C. Computation of Public	Support P	ercentage				
15 Public support percentage for 2009 (lir	ne 8, column (f)	divided by line 13,	column (f))		15	
16 Public support percentage from 2008	Schedule A, Pa	rt III, line 15			16	
Section D. Computation of Invest	tment Incor	ne Percentage)			
17 Investment income percentage for 200	9 (line 10c, col	ımn (f) dıvıded by l	ine 13, column (f))		17	
18 Investment income percentage from 2	008 Schedule A	, Part III, line 17			18	<u> </u>
19a 33 1/3% support tests - 2009. If the c	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box an	d stop here. Th	e organization qua	lifies as a publicly s	supported organi	zation	▶□
b 33 1/3% support tests - 2008. If the c	organization did	not check a box o	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and _
line 18 is not more than 33 1/3%, chec	k this box and	stop here. The org	anızatıon qualifies	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organization						

FORM 990-EZ		INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	Sī	MENT	T 1	
A)	DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[]	YES	[X]	NO
B)		GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[]	YES	[X]	МО

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STATEMENT

2

TO BENEFIT POOR CHILDREN IN THE AREA DURING THE CHRISTMAS HOLIDAY SEASON BY OBTAINING INFORMATION FROM THE LOCAL SALVATION ARMY IDENTIFYING SUCH CHILDREN AND THEN PURCHASING GIFT CARDS FOR THE CHILDREN FROM K-MART AND OTHER RETAILERS.

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this for not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed	
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).	-
corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and comp Part I only	lete 🕨 🗔
Ul other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an e o file income tax returns	extension of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension toted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronicated automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consider our construction of the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing yow.irs.gov/efile and click on e-file for Chanties & Nonprofits	ally if (1) you want the additional solidated Form 990-T. Instead,
ype or Name of Exempt Organization	Employer identification number
rint WEIGEL FOUNDATION	42-1755158
ile by the	42-1733136
ing your 3100 WEIGEL LANE	
City, town or post office, state, and ZIP code For a foreign address, see instructions. POWELL, TN 37849	
Check type of return to be filed (file a separate application for each return):	
Form 990 Form 990-T (corporation) Form 472	20
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 522	
X Form 990-EZ Form 990-T (trust other than above) Form 606	69
☐ Form 990-PF ☐ Form 1041-A ☐ Form 887	70
The books are in the care of ▶ 3100 WEIGEL LANE - POWELL, TN 37849 Telephone No ▶ (865)938-2042 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	Ŧ :
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 16, 2010 , to file the exempt organization return for the organization named at its for the organization's return for: ► X calendar year 2009 or ★ tax year beginning , and ending	
2 If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	
tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ N/A
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-EO for payment instructions.
LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 4-2009)
LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.	`

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Fo <u>rm 8</u>	868 (Rev. 4-2009)			Page	2
● If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and ch	neck this box	(> X	
	Only complete Part II if you have already been granted an automatic 3-month extension on a prev	nously filed f	orm 8	868	
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)				
Par		iginal (no co			_
Туре	Name of Exempt Organization		Emplo	yer identification number	•
print			42-1755158		
File by 1	GEL FOUNDATION			S use only	
extende due dat			רטוות	S use only	
filing the	STOO WHICHI MAND	<u> </u>	7 2	(독)하나를 한 목표는 사 17 전 _ 1 구 함은	
instruct			-, - -, -		
Chec	c type of return to be filed (File a separate application for each return):	- 224 - 2- 21			<u> </u>
		1041-A	For	m 5227 Form 887	0
	Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4	=	For	m 6069	
STOR	! Do not complete Part II if you were not already granted an automatic 3-month extension or	n a previous	ly filer	+ Form 8868	_
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	WADE LETSINGER	4.0			
	e books are in the care of > 3100 WEIGEL LANE - POWELL, TN 378	49			
	ephone No. ► <u>(865)938-2042</u> FAX No. ►				
	the organization does not have an office or place of business in the United States, check this box		٠.	▶ └─┤	
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			the whole group, check th	s
box	If it is for part of the group, check this box and attach a list with the names and life it is an additional 3-month extension of time until NOVEMBER 15, 2010	EINS OF All I	nembe	ers the extension is for	_
4 5	0000	nd onding			
6	If this tax year is for less than 12 months, check reason: Initial return Final re	nd ending etum		Change in accounting pend	٠.
7	State in detail why you need the extension	cium	<u> </u>	Manye in accounting pend	•
•	• • • • • • • • • • • • • • • • • • • •	ORMATI	ON 1	NECESSARY TO	_
	FILE A COMPLETE AND ACCURATE RETURN.				
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less a	ny			
	nonrefundable credits. See instructions.		8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estir	nated			
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	d .			
	previously with Form 8868		8b	<u>\$</u>	
С	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, or	deposit			
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See in	structions.	8c	s N/A	
	Signature and Verification				
Under	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statement ie, correct, and complete, and that I zipl authorized to prepare this form.	nts, and to the	best of	my knowledge and belief,	
Signa	$\mathcal{M}(1, 2, 2, 1) \times (1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,$		Date	► 8/9/2010	
<u> </u>	The same of the sa			Form 8868 (Rev. 4-20	— 09)

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