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

Department of the Treasury Internal Revenue Service

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

2009

OMB No 1545 0052

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Martin M			Return of a former public charity	y Final return
Martin M	-	—	Address change	Name change
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Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions, gifts, grants, etc., received (alt six)) 1 Contributions, gifts, grants, etc., received (alt six)) 2 Cir.			column (d) must be on cash basis	s) under section 507(b)(1)(B), check here
Columns (b), (c), and (d) may not necessarily equal the amounts in oclumn (e) (cash basis only)	Part			
Sarily equal the amounts in column (a) (see the instructions) 1 Conhibetions, gifts, grants, sic, received (still sich) 2 Cis. * [X] in the bounds is not ret to bat Sich B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Cross rents by the grant income Consistency of the securities by the grant income Consistency of the securities by the grant income Consistency of the securities Consistency of the secur		eclumns (b) (c) and (d) may not neces-	expenses per books inco	
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Sa Gross rents be Net rental income or flows of loss of loss sees not on line 10 b Gross sales price for all Capital and income modifications of Costs of Costs sales price for all Capital and income modifications of Costs of Costs and Capital and			9,242.	9,242. 9,242.
B Net rental an according to the following t		4 Dividends and interest from securities		
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assets on hine Sa Capital gaan net income (from Part IV. line 2) 8 Net short-term capital gain				
8 Net short-term capital gain 9 Income modifications 10a Goosa salid sess allowances bess Cost of goods and (loss) (att sch) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 9, 242. 9, 242. 9, 242. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 16 Cother profiles (attach schedule) 17 Interest 18 Tasis (attan schedule) 18 Total expenses and displanting that the schedule) 20 Cocupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid Stmt 3 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements. Add lines 24 revenue over expenses and disbursements. 29 Legical from line 12: 20 Legical from line 12: 21 Excess of revenue over expenses and disbursements. Add lines 25 revenue over expenses and disbursements. Excess of revenue over expenses and disbursements. Add lines 26 from line 12: 25 Excess of revenue over expenses and disbursements. Add lines 26 revenue over expenses and disbursements. Legical from line 12: 26 Excess of revenue over expenses and disbursements. Add lines 26 revenue over expenses and disbursements. Legical from line 12: 26 Excess of revenue over expenses and disbursements. Add lines 26 revenue over expenses and disbursements. Legical from line 12: 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements. Legical from line 12: 29 Excess of revenue over expenses and disbursements. Legical from line 12: 20 Legical from line 12: 21 Excess of revenue over expenses and disbursements. Legical from line 12: 28 Excess of revenue over expenses and disbursements. Legical from line 12: 29 Legical from line 12: 20 Legical from line 12: 21 Legical from line 12: 22 Legical from line 12: 23 Legical from line 1		assets on line 6a		
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C Adjusted net income (if negative, enter -0-)		l .	-10,023.	
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	DAA		t Notice, see the instructions	9, 242. TEEA0504 02/02/10 Form 990-PF (2009

Page 2

			Attached schedules and amounts in the description	Beginning of year	E	nd of t	year	
Part	<u> </u>	Balance Sheets	column should be for end-of year amounts only (See instructions)	(a) Book Value	(b) Book Value	1	(c) Fair Mar	ket Value
	- - -	Cash - non-interest	<u></u>	31,536.	12,46	-		12,469.
1			ary cash investments	269,936.	278,98	_		78,980.
	2	Accounts receivable		207, 550.	2,10,150			, 0, 300 .
-	3	Less, allowance for					•	
ŀ			doubtiui accounts			-		
	4	Pledges receivable						
	_	Less allowance for	doubtful accounts			-+		
	5	Grants receivable				\dashv		
	6	Receivables due from offi disqualified persons (atta	cers, directors, trustees, and other ch schedule) (see the instructions).					
_	7	Other notes and loans red	eivable (attach sch).		-			
A S E T S		Less allowance for	doubtful accounts ▶					
š	8	Inventories for sale	or use					
ξļ	9	Prepaid expenses a	nd deferred charges					
Ś	10 a	Investments – US obligations (attach s	and state government schedule)					
	t	Investments — corporate	stock (attach schedule)		_,,,,_,			
	c	: Investments — corporate	bonds (attach schedule)					
	11	Investments – land equipment basis	, buildings, and					
		Less accumulated depred (attach schedule)	ciation		·			•
	12	Investments – mort	rage loans			\dashv		
		Investments – othe				$\neg +$		
		Land, buildings, and	·			\dashv		
	14			<u> </u>	-			
		Less accumulated depred (attach schedule)	►					
		Other assets (descr				\dashv		
	16	Total assets (to be see instructions Als	completed by all filers — so, see page 1, item I)	301,472.	291,4	19.	2	91,449.
Ļ	17	Accounts payable a	nd accrued expenses					
<u> </u>	18	Grants payable						
A B	19	Deferred revenue						
· ¦	20	Loans from officers, direct	ctors, trustees, & other disqualified persons					
Ī	21	Mortgages and other note	es payable (attach schedule)					
Ţ	22	Other liabilities (desc	· •					
Ė						\neg		
S	23		d lines 17 through 22)	0.		0.		
		Foundations that for and complete lines	ollow SFAS 117, check here 24 through 26 and lines 30 and 31.					
N F E U	24	Unrestricted						
EU	25	Temporarily restrict	ed					
D	26	Permanently restric	ted					
A B S A L A		Foundations that dand complete lines	o not follow SFAS 117, check here ► X 27 through 31.					
ĒĹ	27	Capital stock trust	principal, or current funds	301,472.	291,4	19.		
TA	28		s, or land, building, and equipment fund	002,112.	272/3			
С	29	•	nulated income, endowment, or other funds		 			
O E R S	30	- · · · · · · · · · · · · · · · · · · ·	fund balances (see the instructions)	301,472.	291,4	19		
•	31		net assets/fund balances	301,472.	291,4			
Part	III T		nges in Net Assets or Fund Balanc		, -			
			palances at beginning of year — Part II, colu		aree with	\Box		
•	end-	of-year figure reporte	ed on prior year's return)	ana (a), and so (must a)	J. 50 17101	1	3	01,472.
2	Ente	r amount from Part I	, line 27a			2		10,023.
3	Other	increases not included in I	ine 2 (itemize)		[3		
4	Add	lines 1, 2, and 3				4	2	91,449.
		ases not included in line 2	(itemize)		[5		
			palances at end of year (line 4 minus line 5)	- Part II, column (b), I	ne 30	6	2	91,449.

	(a) List and describ	e the kind(s) of property sold (e g , rese, or common stock, 200 shares ML	al estate,	(b) How acquired P — Purchase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A				D — Donation		<u> </u>
b						
<u>c</u>						
						
	sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal	e e	(h) Gain or (e) plus (f) m	
a						
b						
С						
<u>d</u>		 				
<u>e</u>		<u> </u>				
		ving gain in column (h) and owned by			(I) Gains (Coli ain minus column (I	
	larket Value 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if ar		an -0-) or Losses (fr	om column (h))
<u>a</u>		 				
b		<u> </u>				
d e						
3 Net short-te	enter in Part I, lin	e 8, column (c) (see the instructions)	If (loss), enter -0-	3		
Part V Qua	ilification Unde	r Section 4940(e) for Reduced	Tax on Net Investme	ent Income		
If 'Yes,' the found	dation does not qua	ction 4942 tax on the distributable am diffy under section 4940(e). Do not cor in each column for each year; see the	nplete this part		(d)	X No
Calendar ye	eriod years ear (or tax year nning in)	Adjusted qualifying distributions	Net value of noncharitable-use ass	sets (col	Distribution umn (b) divided	
2	.008	19,130.				
2	.007	17,870.				
	006	23,476.				
2	2005	24,412.				
2	2004	14,962.		_	· · · · · · · · · · · · · · · · · · ·	
2 Total of line	e 1, column (d)			2		
		he 5-year base period – divide the tol n nas been in existence if less than 5		3		
4 Enter the n	et value of noncha	ritable-use assets for 2009 from Part 2	K, line 5	4		
5 Multiply line	e 4 by line 3			5		
6 Enter 1% o	f net investment in	come (1% of Part I, line 27b)		6		92.
7 Add lines 5		, , , ,		7		92.
		rom Part XII, line 4		8		18,595.
•	equal to or greater	than line 7, check the box in Part VI, I	ine 1b, and complete that [tax rate See t	
BAA	ructions				Forr	n 990-PF (2009)

Form	990-PF (2009) BILL WEEKS CHARITABLE FOUNDATION 58-25910			Р	age 4
Parl		ruction	15)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter (attach copy of letter if necessary - see instr.)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,				<u>92.</u>
	check here ► X and enter 1% of Part I, line 27b				
C	: All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)				į
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	-			
	foundations only. Others enter -0-)				0.
3	Add lines 1 and 2				92.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				92.
6	Credits/Payments				
	2009 estimated tax pmts and 2008 overpayment credited to 2009				,
	Exempt foreign organizations – tax withheld at source 6b				
	: Tax paid with application for extension of time to file (Form 8868).				,
	Backup withholding erroneously withheld	-			,
7	Total credits and payments Add lines 6a through 6d				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				92.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
_11	Enter the amount of line 10 to be Credited to 2010 estimated tax				
Par	t VII-A Statements Regarding Activities				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1 a	Yes	No X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	,	1 Ь		х
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year?	1	1 c		X
e	Inter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation (2) On foundation managers Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers (3) On foundation managers (4) On foundation managers	0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	<u> </u>	2		X
	If 'Yes,' attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3		 _ X
4 8	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_ 4	4a		Х
t	of 'Yes,' has it filed a tax return on Form 990-T for this year?	<u>_</u>	4 b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	If 'Yes,' attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.	i			,
	By language in the governing instrument, or			1	,
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 	(6		: X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	Х	
	Enter the states to which the foundation reports or with which it is registered (see the instructions) AL				-
ŀ	o If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				-
	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation		ВЫ	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part X	(5) (1V	9		x '
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10	0		х

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the tax year beginning in 2009?

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b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of

Form 990-PF (2009) BILL WEEKS CHARIT Part VII-B Statements Regarding Activit			uired (c			1064	Pag
5a During the year did the foundation pay or inci		14/20 May be Key	ulleu (c	Oritinae	u)	$\overline{}$	—т
(1) Carry on propaganda, or otherwise attem		n (section 4945(e))?		Yes	X	10	ĺ
(2) Influence the outcome of any specific put on, directly or indirectly, any voter registr	olic election (see section ation drive?	n 4955), or to carry		Yes	X X	10	
(3) Provide a grant to an individual for travel		purposes?		Yes	1	No l	- 1
(4) Provide a grant to an organization other in section 509(a)(1), (2), or (3), or section	than a charitable, etc, o n 4940(d)(2)? (see instri	rganization described uctions)		Yes	X	10	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	ous, charitable, scientific on of cruelty to children	c, literary, or or animals?		Yes	X	10	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or i (see instructions)?	the transactions fail to n a current notice regard	qualify under the excep ding disaster assistance	tions			5 b	N/
Organizations relying on a current notice rega	ardıng disaster assistand	ce check here		•		30	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure response of 'Yes,' attach the statement required by Reg	nsibility for the grant?		N/A	Yes		No	
6a Did the foundation, during the year, receive a			5	_			
on a personal benefit contract? b Did the foundation, during the year, pay prem				Yes	X	Vo 6ь	
If 'Yes' to 6b, file Form 8870	•				(F.)		1
7a At any time during the tax year, was the foun				Yes	X		
b If yes, did the foundation receive any proceed					: a F	7b	N/
Part VIII Information About Officers, D and Contractors	orectors, Trustees,	Foundation Manag	jers, Hi	gniy Pa	ia Ei	mpioyees	; ,
1 List all officers, directors, trustees, foundation	on managers and their	compensation (see inst	ructions)	<u> </u>			
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	emplo plans a	tributions yee bene ind deferr pensation	fit ed	(e) Expense other allo	e accor wance
M.M. BILL WEEKS	Foundation M	0.			0.		
878 COUNTY ROAD 56 FYFFE, AL 35971	20.00						
BROOKIE M. WEEKS	Trustee	0.			0.		
878 COUNTY ROAD 56	20.00				•		
FYFFE, AL 35971							
	1						
2 Compensation of five highest-paid employe	es (other than those inc	luded on line 1— see ir	struction	s). If nor	e, ent	ter 'NONE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	emplo plans a	tributions yee bene ind deferi pensation	fit ed	(e) Expens other allo	
None							
	-						
	-						
					+		

and Contractors (continued)	
3 Five highest-paid independent contractors for professional services — (see instructions). If none, enter 'NONE.	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None	
	ļ <u> </u>
	
	L
Total number of others receiving over \$50,000 for professional services ▶	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
	1
3	
4	
" ~~	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	0.
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Part	Minimum Investment Return (All domestic foundations must cor see instructions.)	nplete this part. Foreign fo	oundations,
1 l	Fair market value of assets not used (or held for use) directly in carrying out charitable a Average monthly fair market value of securities	, etc, purposes	
b A	b Average of monthly cash balances	_ 1b	
c i	c Fair market value of all other assets (see instructions)	_ 1c	
ď.	d Total (add lines 1a, b, and c)	[1 d	0.
e l	e Reduction claimed for blockage or other factors reported on lines 1a and 1c	1 1	
+	(attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on line 3.	Part V, line 4. 5	0.
6	Minimum investment return. Enter 5% of line 5.	6	0.
Part	nt XI Distributable Amount (see instructions) (Section 4942(j)(3) and	(j)(5) private operating fo	undations
		ot complete this part.)	
1	Minimum investment return from Part X, line 6	1	
2a '	a Tax on investment income for 2009 from Part VI, line 5	92.	
ь	b Income tax for 2009 (This does not include the tax from Part VI)		
	c Add lines 2a and 2b	2c	92.
3 (Distributable amount before adjustments. Subtract line 2c from line 1	3	-92.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	-92.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part	XIII, line 1 7	0.
	urt XII Qualifying Distributions (see instructions)		
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc, purpo a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	ses 1a	18,595.
b	b Program-related investments — total from Part IX-B	_ 1b	
2 /	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable	e, etc, purposes 2	
3 a	Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
b	b Cash distribution test (attach the required schedule).	_3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, ar	d Part XIII, line 4	18,595.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inves Enter 1% of Part I, line 27b (see instructions).	tment income 5	92.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	18,503.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years	when calculating whether the fo	oundation

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Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2009		-		
a Enter amount for 2008 only			0.	
b Total for prior years. 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004 15,010.				
b From 2005 24, 475.				
c From 2006 23, 585.				
d From 2007 18,000.				
e From 2008 19,275.	100 245			
f Total of lines 3a through e.	100,345.			
4 Qualifying distributions for 2009 from Part XII, line 4 ► \$ 18,595.				
a Applied to 2008, but not more than line 2a			0.	
• •		_	0.	
 Applied to undistributed income of prior years (Election required — see instructions) 		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			, 1
d Applied to 2009 distributable amount			-	0.
e Remaining amount distributed out of corpus	18,595.			
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
Same amount most be shown in column (ay)				
6 Enter the net total of each column as				1
indicated below:	110 040			
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	118,940.		<u> </u>	
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency has been issued, or on which the section				ļ
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				;
amount — see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from			0	
line 2a Taxable amount — see instructions			0.	· · · · · · · · · · · · · · · · · · ·
f Undistributed income for 2009 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2010.				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed				1
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			·
8 Excess distributions carryover from 2004 not				
applied on line 5 or line 7 (see instructions)	15,010.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	103,930.			
10 Analysis of line 9	200,300:			· · · · · · · · · · · · · · · · · · ·
a Excess from 2005 24, 475.				•
b Excess from 2006 23, 585.	1			
c Excess from 2007 18,000.]	1		i
d Excess from 2008. 19, 275.				,
e Excess from 2009 18, 595.				F 000 PF (2000)

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Part XIV Private Operating Foundation					N/A
1 a If the foundation has received a ruling or one is effective for 2009, enter the date of the	ruling				1
b Check box to indicate whether the founda		erating foundation d		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year (a) 2009	(b) 2008	Prior 3 years (c) 2007	(d) 2006	(e) Total
investment return from Part X for each year listed	3.6				
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					·
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon.					
a 'Assets' alternative test — enter					
(1) Value of all assets		ļ			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments					
on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942()(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information			organization ha	ad \$5,000 or more	in
assets at any time during th 1 Information Regarding Foundation Management		structions.)			
a List any managers of the foundation who close of any tax year (but only if they have M.M. BILL WEEKS	nave contributed m	ore than 2% of the than \$5,000). (See	total contributions r section 507(d)(2))	eceived by the founda	ation before the
b List any managers of the foundation who	own 10% or more o	of the stock of a cor	poration (or an equ	ally large portion of th	e ownership of
a partnership or other entity) of which the None	foundation has a 1	0% or greater inter	est		
None					
2 Information Regarding Contribution, Gra	nt, Gift, Loan, Scho	larship, etc, Progra	ams:		
Check here \(\overline{\mathbb{X}} \) if the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d	nakes contributions s gifts, grants, etc,	to preselected cha (see instructions) t	ırıtable organızatıon o ındıvıduals or org	s and does not accept anizations under other	t unsolicited r conditions,
a The name, address, and telephone number	er of the person to	whom applications	should be addresse	d	
, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,			_	
			 		
b The form in which applications should be	submitted and info	mation and materia	als they should inclu	ıde	
c Any submission deadlines	·		'		
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charita	ble fields, kinds of	institutions, or other fa	actors.

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3 Grants and Contributions Paid During the Y	ear or Approved for Ent	ure Paymen	· •	
•	If recipient is an individual		Ì	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Autount
a Paid during the year		 		1
a Falu during the year				
		1		
			1	
Total			<u> </u>	
b Approved for future payment				
		1		
		1		
			1	
Total			► 3t	<u> </u>

Part XVI-A Alialysis of illcolle-Producing Activity	Part XVI-A	ysis of Income-Producing Activities
---	------------	-------------------------------------

Ente	r gross ar	mounts unless otherwise indicated	Unrelate	ed business income	Excluded	by section 512, 513, or 514	
	•		(a)	(b)	(c)	(d)	(e)
			Business	Amount	Exclu-	Amount	Related or exempt
_	_		code		sion code		function income (see the instructions)
- 1	Program	service revenue			code		(see the matructions)
í	·				1		
t)						
(
							
							
	`——				+	 	
1					 		
Ç	Fees and	d contracts from government agencies					
2	Members	ship dues and assessments					
3	Interest on	savings and temporary cash investments			3	9,242.	
4		Is and interest from securities					
		al income or (loss) from real estate		**-	1		!
		anced property			+ +		
					 		
		-financed property			1 1		
6	Net rental	income or (loss) from personal property					
7	Other in	vestment income					
8	Gain or (lo	ss) from sales of assets other than inventory					
9		me or (loss) from special events					
10		rofit or (loss) from sales of inventory				··	
	-				 		
	Other re		<u> </u>		+		
					+		
1	·				1		
(:						
	•		l				
		Add columns (b), (d), and (e)				9,242.	
12	Subtotal	Add columns (b), (d), and (e)				9,242.	
12 13	Subtotal Total. A	dd line 12, columns (b), (d), and (e)	Jaylations)			9,242.	
12 13	Subtotal Total. A	· · · · · · · · · · · · · · · · · · ·	Iculations)				
12 13 (See	Subtotal Total. A	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca		ishment of Exemp	ot Purpo	13	
12 13 (See	Subtotal Total. Ac workshee	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See	Subtotal Total. Ac workshee	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See	Subtotal Total. Ac workshee	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B e No. E	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. Ac workshee	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B e No. E	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B e No. E	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B e No. E	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B e No. E	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B e No. E	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B e No. E	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B e No. E	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B e No. E	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B e No. E	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
12 13 (See Par	Subtotal Total. As workshed t XVI-B e No. E	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca Relationship of Activities to the	Accompl			13 oses	9,242.
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12 13 (See Par	Subtotal Total. As workshed t XVI-B e No. E	dd line 12, columns (b), (d), and (e) et in the instructions for line 13 to verify ca	Accompl			13 oses	9,242.

Page 13

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

 1 Did t		izations					
desc	he organization directly ribed in section 501(c) o ng to political organizat	of the Code (ot	ngage in any of the following wither than section 501(c)(3) org	with any other organizate ganizations) or in section	on 527,		Yes N
	• .		a noncharitable exempt organ	nization of			
(1) (louridation to	a nonchantable exempt organ	neadon of		1a(1))
` '		1a (2)	1 3				
` '	Other assets r transactions						
	Sales of assets to a non-	charitable exe	mot organization			16(1)]
(1) S		1b(2)	 }				
` '		1b (3)					
(3) Rental of facilities, equipment, or other assets(4) Reimbursement arrangements							7
(4) Reimbursement arrangements (5) Loans or loan guarantees							
٠.	(5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations						
			sts, other assets, or paid empl	OVERS		1 b (6)	2
Conai	ing or lacilities, equipme	sitt, mailing no	its, other assets, or paid empr	oyees			
the c	loods, other assets, or s	ervices aiven	complete the following scheduly by the reporting foundation of the how in column (d) the value of	f the foundation received	l less than fair marki	et value in	e of
(a) Line no.	(b) Amount involved	T	of noncharitable exempt organization		ansfers, transactions, and		ements
I/A	(b) Amount involved	(c) Name o	Torionaria de distribuir di garrización	(a) Booonpaon or an			
7 11				 		:	
			···· 457				
							
							
							
	 						
		 					
	+	1					
	 	-					
	 						
		 				···	-
2a Is the	e foundation directly or	Indirectly affilia	ated with, or related to, one or	r more tax-exempt organ	nizations	□Yes	XN
			ated with, or related to, one of ther than section 501(c)(3)) or	r more tax-exempt orgai r in section 527?	nizations	Yes	XNo
	es,' complete the follow	ng schedule		· · · · · · · · · · · · · · · · · · ·			XNo
b If 'Ye		ng schedule	ated with, or related to, one of ther than section 501(c)(3)) or (b) Type of organization	· · · · · · · · · · · · · · · · · · ·	nizations (c) Description of re		XNo
b If 'Ye	es,' complete the follow	ng schedule		· · · · · · · · · · · · · · · · · · ·			XNo
b If 'Ye	es,' complete the follow	ng schedule		· · · · · · · · · · · · · · · · · · ·			XNo
b If 'Ye	es,' complete the follow	ng schedule		· · · · · · · · · · · · · · · · · · ·			X No
b If 'Ye	es,' complete the follow	ng schedule		· · · · · · · · · · · · · · · · · · ·			XN
b If 'Ye	es,' complete the following (a) Name of organization	ng schedule on	(b) Type of organizati	ion	(c) Description of re	lationship	
b If 'Ye	es,' complete the following (a) Name of organization	ng schedule on		ion	(c) Description of re	lationship	
b If 'Ye	es,' complete the following (a) Name of organization	ng schedule on	(b) Type of organizati	dules and statements, and to the hich preparer has any knowledge	(c) Description of re	elationship	
b If 'Ye	es,' complete the following (a) Name of organization of preparer (other the control of the control of preparer (other the control of the control of preparer (other the control of the con	ng schedule on	(b) Type of organizati	dules and statements, and to the hich preparer has any knowledge	(c) Description of re	elationship	
b If 'Ye	es,' complete the following (a) Name of organization	ng schedule on	(b) Type of organizati	dules and statements, and to the hich preparer has any knowledge	best of my knowledge and	elationship	, correct, a
b If 'Ye	malties of artifury, I declare that Declaration of preparer (other that Preparer's	ng schedule on	(b) Type of organizati	dules and statements, and to the hich preparer has any knowledge Date	best of my knowledge and Title Check if Precise	elationship	, correct, a
b If 'Ye	nature of officer or trustee	I have examined the	(b) Type of organization of which is return, including accompanying scheduciary) is based on all information of which is the control of the c	dules and statements, and to the hich preparer has any knowledge	best of my knowledge and Title	elationship belief, it is true parer's identifying Signature in t	, correct, a
b If 'Ye	nature of officer or trustee Preparer's signature Prim's name (or DOWN) (a) Name of organization of preparer (other trustee	I have examined the	(b) Type of organizations return, including accompanying scheduciary) is based on all information of whether the companying scheduciary is based on all information of whether the companying scheduciary is based on all information of whether the companying scheduciary is based on all information of whether the company is the companying scheduciary is seen to be companying scheduciary in the companying scheduciary is seen to be companying scheduciary in the companying scheduciary is seen to be companying scheduciary.	dules and statements, and to the hich preparer has any knowledge Date	best of my knowledge and Title Check if Self	elationship belief, it is true parer's identifying Signature in t	, correct, a
b If 'Ye /A Under per complete Sig Paid Pre-	nature of officer or trustee Preparer's signature Firm's name (or yours if self-employed), 1 Name of organization of preparer (other trustee) Proparer's signature DOWN 351	I have examined the than taxpayer or fides as D. Dow S. & COLQU WASHINGTO	(b) Type of organizations return, including accompanying scheduciary) is based on all information of whether the companying scheduciary is based on all information of whether the companying scheduciary is based on all information of whether the companying scheduciary is based on all information of whether the company is the companying scheduciary is seen to be companying scheduciary in the companying scheduciary is seen to be companying scheduciary in the companying scheduciary is seen to be companying scheduciary.	dules and statements, and to the hich preparer has any knowledge Date	best of my knowledge and Title Check if self employed N/	blationship belief, it is true.	, correct, a

2009

Federal Statements BILL WEEKS CHARITABLE FOUNDATION C/O MM BILL AND BROOKIE WEEKS

Page 1

58-2591064

Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees

(b) Net (a) (c) (d) Investment Adjusted Charitable Expenses per Books Income Net Income Purposes TAX PREPARATION Total \$ 0. \$ 525.

Statement 2 Form 990-PF, Part I, Line 18 Taxes

(b) Net (c) (d) (a) Adjusted Expenses Investment Charitable per Books Income Net Income Purposes FEDERAL TAXES 145. Total \$ <u>145.</u> \$

Statement 3 Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants

Cash Grants and Allocations

Class of Activity: Donee's Name: Donee's Address:

SCHEDULE ATTACHED

Relationship of Donee:

Organizational Status of Donee:

Amount Given:

18,595.

Total \$ 18,595.

BILL WEEKS CHARITABLE FOUNDATION 2009 DONATIONS

A DAY FOR REINHARDT	100
ALZHEIMERS DISEASE RESEARCH	100
AMERICAN CANCER SOCIETY	100
AMERICAN DIABETES ASSOCIATION	100
ANTIOCH BAPTIST CHURCH	1000
ARTHRITIS FOUNDATION	100
BURNT MT HOLY BIBLE CHURCH	100
CANTON COMMUNITY CHURCH	2000
CANTON FIRST UNITED METHODIST CHURCH	1000
CASA FOR CHILDREN CHEROKEE CO	2000
CHEROKEE COUNTY OFFICE RESCUE UNIT	1000
CHEROKEE HIGH SPEC ED CLASS	100
CHILDRENS HOSPITAL OF ALABAMA	100
COALITION TO SALUTE AMERICA'S HEROS	100
DEKALB CO ARC	1000
DEKALB CO CHILDREN'S ADVOCACY CENTER	1000
EASTER SEALS	100
FLAT ROCK BAPTIST CHURCH	1025
GA LIGHTHOUSE FOUNDATION	1000
GLOBAL HARVEST EVANGELIST	100
HOME HEALTH ED SERVICES	70
HOWARD CROWE BENEFIT	200
INDIAN ROCKS CHRISTIAN SCHOOL	25
JUVENILE DIABETES RESEARCH	300
LEUKEMIA/LYMPHOMA SOCIETY	100
LOTTIE MOON MISSIONS	100
MAKE A WISH FOUND OF GA AND AL	100
MATT WATKINS MEMORIAL BENEFIT	100
MUSCULAR DYSTROPHY ASSOCIATION	100
NATIONAL MS SOCIETY AL CHAPTER	100
NEW HOPE BAPTIST CHURCH	1025
NICOLE HARPER BENEFIT	150
OAKDALE BAPTIST CHURCH	1000
PARALYZED VETERANS OF AMERICA	100
RAINSVILLE RESCUE SQUAD	100
SAVE-A-LIFE OF DEKALB COUNTY	1000
SHANNON BROOKS BENEFIT	200
SMILE TRAIN	100
ST JUDE'S CHILDREN'S HOSPITAL	100
SUTALEE BAPTIST CHURCH	1000
THE SALVATION ARMY	100
THE USO	100
TOYS FOR TOTS	100
VETERANS OF FOREIGN WARS	100
YE VISITED ME MINISTRIES	100

TOTAL 18595 ✓

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

Internal Revenue	Service		File a separate application for each r	eturn.			
If you are filing for an Automatic 3-Month Exten			Extension, complete only Part I and check	► X			
If you are	filing for an A	dditional (Not Aut	omatic) 3-Month Extension, complete only	Part II (on page 2 of the	s form)		
			dy been granted an automatic 3-month exte				
Part I	Automatic 3	-Month Extens	ion of Time. Only submit original (r	no copies needed).			
			, ,	,			
A corporation	required to fil	e Form 990-T and	requesting an automatic 6-month extension	n – check this box and o	complete Part I only . 🕒 🗌		
All other corp	oorations (inclu	idina 1120-C filers	, partnerships, REMICS, and trusts must us	se Form 7004 to request	an extension of time to file		
income tax re		,		·			
returns noted the additiona Form 990-T	l below (6 mon I (not automati Instead, you m	iths for a corporation of the corporation of the corporation of the corporation of the full of the full of the full of the corporation of the corp	lectronically file Form 8868 if you want a 3- on required to file Form 990-T) However, you non or (2) you file Forms 990-BL, 6069, or 8 y completed and signed page 2 (Part II) of e-file for Charities & Nonprofits	ou cannot file Form 8868	B electronically if (1) you want		
	Name of Exempt 0	Organization			Employer identification number		
Type or	BILL WEEK	KS CHARITABL	E FOUNDATION				
print	C/O MM BI	58-2591064					
File by the due date for	Number, street, an	nd room or suite number	If a P O box, see instructions				
filing your return See		2127 MARIETTA HWY					
instructions]	City, town or post office, state, and ZIP code. For a foreign address, see instructions					
	CANTON, C	GA 30114					
		filed (file a separa	te application for each return)				
Form 990		<u> </u>	Form 990-T (corporation)				
Form 990			Form 990-T (section 401(a) or 408(a) trust) Form 5227				
Form 990-EZ			Form 990-T (trust other than above) Form 6069				
X Form 990)-PF		Form 1041-A	Form 8870			
Telephone If the org If this is f check this the exten I reques until The ext	e No ► 256- anization does for a Group Ref s box ► sion will cover st an automatic 8/15	not have an office turn, enter the org If it is for part of t 3-month (6 mont 20 10 , to file ne organization's re 20 09 or	FAX No Fa	n a list with the names a 90-T) extension of time	this is for the whole group, nd EINs of all members		
	_						
2 If this to	ax year is for le	ess than 12 month	s, check reason Initial return	Final return C	hange in accounting period		
3a If this a nonrefu	application is fo indable credits	or Form 990-BL, 99 See instructions	0-PF, 990-T, 4720, or 6069, enter the tenta	tive tax, less any	3a \$ 0.		
			990-T, enter any refundable credits and est ent allowed as a credit	imated tax payments	3ь\$ 0.		
deposit	e Due. Subtrac with FTD coup structions	t line 3b from line oon or, if required,	3a Include your payment with this form, or by using EFTPS (Electronic Federal Tax Pa	, if required, ayment System)	3c\$ 0.		
Caution. If you payment inst		make an electron	ic fund withdrawal with this Form 8868, see	Form 8453-EO and For	m 8879-EO for		
BAA For Pri	vacy Act and F	Paperwork Reduct	on Act Notice, see instructions.		Form 8868 (Rev 4-2009)		