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990-PF

Return of Private Foundation

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

2009

OMB No 1545-0052

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

For	cale	endar year 2009, or tax year beginning		, 2009, and	enaing		, 20
GC	heck	all that apply:	rn of a former publ	ic charity	☐ Fina	ł return	
		Amended return Addre	ess change	_	Nam	ne change	
	- 46.		coo onange			yer identification numi	ber
US	labe				1	559952	
0	therv	Trailey B Chappereal Weldon Foundation	to etreet address)	Room/suite		one number (see page 10	of the instructions)
	prir	it	1 to street dodress)	Noonvaule	1 .		,
	or ty	pe. C/O CTAC, Plaza South Two, 7261 Engle Road, Suite 202) 239-8900	
		ecific City or town, state and ZIP code			B .	nption application is pendin	- =
		tions. Cleveland, Ohio 44130				eign organizations, chec	_
		type of organization. Section 501(c)(3) exempt p		undation	ı	eign organizations meeti ck here and attach comp	• -
<u>`</u>	ecu		r taxable private fo		1	ate foundation status was	
1 F	air m	narket value of all assets at end		Accrual		section 507(b)(1)(A), ch	
0	f yea	r (from Part II, col. (c),			F If the	oundation is in a 60-mor	nth termination
li	ne 1	6) \$ 32,187 42 (Part I, column (d) mu	ıst be on cash basıs) -		under	section 507(b)(1)(B), ch	eck here
Pai	t I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net invi		(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see page 11 of the instructions))	books	1110011		moonis	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	i				
	2	Check ✓ if the foundation is not required to attach Sch E	3				
	3	Interest on savings and temporary cash investments			•		5.5
	4	Dividends and interest from securities	77 66	5	77 [°] 66		
	5a	Gross rents					
		Net rental income or (loss)					
a	•	Net gain or (loss) from sale of assets not on line 10			£ 19 19		
Revenue	i	Gross sales price for all assets on line 6a			·	P. (12 1 1	1210
Ş	7	Capital gain net income (from Part IV, line 2)			1		75.1
8	8	Net short-term capital gain .		 	*	7 410 3 9	240 0
	9	Income modifications .		-		FIUU & O	
	10a	Gross sales less returns and allowances		- 		- y	17,21
		Less Cost of goods sold			****		r 4/9-3
		Gross profit or (loss) (attach schedule)			· · · · · · · · · · · · · · · · · · ·		
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	77 60	5	77 66		
_	13	Compensation of officers, directors, trustees, etc					
ės	14	Other employee salanes and wages .					
Expenses	15	Pension plans, employee benefits					
g.	l	Legal fees (attach schedule)		-			
	Ι.	Accounting fees (attach schedule)		-			
ative		Other professional fees (attach schedule)	500 00	5			
ati		Interest					
	18	Taxes (attach schedule) (see page 14 of the instructions)					
<u>:</u>	19	Depreciation (attach schedule) and depletion		<u> </u>			
兵	20	Occupancy					1
Ă	21	Travel, conferences, and meetings .					
Б	22	Printing and publications					
a	23	Other expenses (attach schedule)					
Operating and Administ	24	Total operating and administrative expenses.		1			
rat	-`	Add lines 13 through 23	500 0	0			1
þ	25	Contributions, gifts, grants paid	2,250 0			-	2,250 00
0	26	Total expenses and disbursements. Add lines 24 and 25	2,750 0				2,250 00
	27	Subtract line 26 from line 12	1				-,=====
		Excess of revenue over expenses and disbursements	(2,672 3	4)			
		Net investment income (if negative, enter -0-)	(-,-,-	1	77 66		
		Adjusted net income (if negative, enter -0-)		-			
	, ~		<u> </u>	<u> </u>			<u> </u>

For Privacy Act and Paperwork Reduction Notice, see page 30 of the instructions.

Cat No 11289X

Form 990-PF (2009)



D.	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End o	f year
_	ш	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	34,859 76	32,687 42	32,687 42
	3	Accounts receivable		_ %	
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			111111111111111111111111111111111111111
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons (attach schedule) (see page 16 of the			
		instructions)			
	7	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	ĺ ′	Other notes and loans receivable (attach schedule) Less: allowance for doubtful accounts			
ssets	8	Inventories for sale or use			
Š	9	Prepaid expenses and deferred charges			
ĕ	_	Investments—U.S. and state government obligations (attach schedule)			
		Investments—corporate stock (attach schedule)			
		Investments—corporate bonds (attach schedule)	75. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	74 /	
	11		<u> </u>		*
		Less: accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis	<u>.</u>		
		Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	34,859 76	32,687 42	32,687 42
	17	Accounts payable and accrued expenses		500 00	***
S	18	Grants payable			***
Ë	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
I	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	···-	500 00	
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
nces	۱				
ä	24	Unrestricted	34,859 76	32,187 42	
ā	25	Temporarily restricted			
	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
耳		and complete lines 27 through 31.			
ŏ	27	Capital stock, trust principal, or current funds			
Assets or Fund Bala	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Se	29	Retained earnings, accumulated income, endowment, or other funds			•
As	30	Total net assets or fund balances (see page 17 of the			
₹		instructions)	34,859 76	32,187 42	
Net	31	Total liabilities and net assets/fund balances (see page 17	,		
	•	of the instructions)	34,859 76	32,687 42	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balance		32,00. 12	
		net assets or fund balances at beginning of year—Part II, column (a),		th I	
'		of-year figure reported on prior year's return)	_	1 1	34,859 76
7		r amount from Part I, line 27a			(2,672 34)
		•			(2,072 34)
		r increases not included in line 2 (itemize)		3	22 107 42
		ines 1, 2, and 3			32,187 42
5	Decr	eases not included in line 2 (itemize)	N	5	20.100.12
_6	Total	net assets or fund balances at end of year (line 4 minus line 5)-Part	II, column (b), line 30.	6	32,187 42

Part IV	(a) List and desc	nd Losses for Tax on Investments the kind(s) of property sold (e.g., real extrehouse, or common stock, 200 shs MLC (c.	state,		(b) How acquired P—Purchase D—Donation		ate acquired , day, yr)	(d) Date sold (mo , day, yr)
1a								**
b								
C								
<u>d</u>								
е		(f) Depreciation allowed	1) Cost or ot	hor hasis		(b) Gain	or (loss)
(e) Gross sales price	(i) Depreciation allowed (or allowable)		lus expens	e of sale) minus (g)
a	0 00				0 00			0 00
b C	0 00		-	· · · · · · ·	0 00			0 00
d	0 00				0 00			0 00
e	0 00				0 00			0 00
Con	plete only for assets s	howing gain in column (h) and owi	ned by the	foundatio	n on 12/31/69		(I) Gains (Col	(h) gain minus
(1)	F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of over col (j)				less than -0-) or om col (h))
а								
b								
<u> </u>								
d			-					
е		(If ga	⊥ in, also ent	er in Part	Lline 7			
2 Ca	pital gain net income		ss), enter -			2		0 00
3 Ne	t short-term capital gai	n or (loss) as defined in sections 1	•		·			. "
If g	ain, also enter in Part I	I, line 8, column (c) (see pages 13	and 17 of t	he instru	ctions). լ			
lf (l	oss), enter -0- ın Part I			<u> </u>	<u>.</u> J	3		
Part V	Qualification U	nder Section 4940(e) for Redu	iced Tax	on Net I	nvestment in	come		
(For op	tional use by domestic	private foundations subject to the	section 49	40(a) tax	on net investme	ent inco	me.)	
Was the	the foundation does r	eave this part blank. the section 4942 tax on the distributed to the distribution of qualify under section 4940(e). Expending the sech column for each year;	Do not com	plete this	part			☐ Yes ☑ No
1 611	(a)	built in each column for each year,	see page	10 01 1116	insudctions bei	ore ma	King any enu	(d)
Calend	Base period years dar year (or tax year beginnin	(b) Adjusted qualifying distribution	ns No	et value of n	(c) oncharitable-use as	sets		ribution ratio Irvided by col (c))
	2008		100 00		21,	144 81		0 0047
	2007		0 00		1,0	641 86		0 0000
	2006						<u>.</u>	0 0000
	2005							0 0000
	2004					<u> </u>		0 0000
	tal of line 1, column (d						2	0 0047
	•	for the 5-year base perioddivide		-	5, or by the			
nui	mber of years the found	dation has been in existence if less	s than 5 ye	ars .		+	3	0 0024
4 En	ter the net value of nor	ncharitable-use assets for 2009 fro	m Part X, I	ne 5 .			4	33,996 24
5 Mu	Itiply line 4 by line 3.						5	80 39
6 En	ter 1% of net investme	nt income (1% of Part I, line 27b) .	•				6	0 78
7 Ad	d lines 5 and 6			•			7	81 17
		ons from Part XII, line 4				<u>.</u> 	8	2,250 00
	ine 8 is equal to or gr rt VI instructions on pa	reater than line 7, check the box ge 18.	ın Part VI	line 1b,	and complete t	tnat pa	int using a 19	% tax rate. See the

	000 RF (0000)				D,	age 4
	990-PF (2009) LVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see pag	o 18 o	fthai	netri		
		- 100	i die	11341	101101	113/
٦а	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
L	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	1				0.70
D	Domestic foundations that meet the section 4940(e) requirements in Part V, check					0 78
_	here and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%					
^	of Part I, line 12, col. (b) Towards posting 511 (demostra posting 4947(a)(1) trusts and toyable foundations only. Others onter, 0.)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	3				0 78
-	Add lines 1 and 2	4				0 / 6
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5				0 78
	Credits/Payments:	3				0 78
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a	l				
	Exempt foreign organizations—tax withheld at source 6b					3
	Tax paid with application for extension of time to file (Form 8868) 6c					, ,
	Backup withholding erroneously withheld 6d					
	Total credits and payments. Add lines 6a through 6d	7				
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0 78
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be Credited to 2010 estimated tax Refunded	11				
	t VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation of	did it			Yes	No
-	participate or intervene in any political campaign?		.	1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	oage 1	19			
	of the instructions for definition)?		.	1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any r	nateri	als			
	published or distributed by the foundation in connection with the activities.					
С	Did the foundation file Form 1120-POL for this year?		[1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		Γ			
	(1) On the foundation \$(2) On the foundation managers.			l		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax in	posed	no t	l		
	foundation managers \$		ļ.	I		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? .		. [2		
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article			1		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the char			3		
	Did the foundation have unrelated business gross income of $$1,000$ or more during the year?		. [4a		
	If "Yes," has it filed a tax return on Form 990-T for this year?			4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		
	If "Yes," attach the statement required by General Instruction T.			l		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			ı		
	By language in the governing instrument, or		_	l		
	By state legislation that effectively amends the governing instrument so that no mandatory direct	ons th	nat			
_	conflict with the state law remain in the governing instrument?		· [6		
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part	ΧV.	ļ	7	-	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			1		1
	instructions)			l		}
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney					ļ
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 49					
	or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part	VIA O	rt			ŀ

P	age	5

FOIL	1990-PF (2009)		- г	ige J
Pa	rt VII-A Statements Regarding Activities (continued)			
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		✓
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	
	Website address			
4.4		- 		
14	(0) Fact Dad Care I Clauded Obs			
	Located at			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			L
	and enter the amount of tax-exempt interest received or accrued during the year			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any Item is checked in the "Yes" column, unless and exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):	rrm		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes Vo			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			1.3
	the benefit of doe of a dioqualmon percenty.		•	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if			
	the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)—(6), did any of the acts fail to qualify under the exceptions described in Regulations	4 6		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		ļ
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2009?	1c		✓
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years 20 20 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see page 20 of the instructions.)	2b		
c	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			ļ
	enterprise at any time during the year?	İ		
b	of "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			ĺ
-	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2009.)	3b	i	1
4=	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable			i
•	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		1
	perpendicular non-perpendicular non-perpendicula	<u> </u>		

Form 990-PF (2009)								Pag	ge 6
Part VII-B Statements Regarding Act			rm 47	20 May B	e Rec	uired (continu	ed)		
5a During the year did the foundation pay or in	•								- 1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes V No									
(2) Influence the outcome of any specific p		•		•	-	— —			
directly or indirectly, any voter registrat						. 📙 Yes 💆 N	_		
(3) Provide a grant to an individual for trav	el, study, o	r other sımila	r purpo	ses?		. 🗌 Yes 🗹 N	lo		
(4) Provide a grant to an organization other	r than a ch	arıtable, etc.,	organi	zation desc	ribed ii	ı			
section 509(a)(1), (2), or (3), or section	4940(d)(2)	? (see page	22 of th	ne instructio	ons)	. 🗌 Yes 🗹 N	0		}
(5) Provide for any purpose other th	nan religio	us, charitab	le, sci	ientific, lite	erary,	or			
educational purposes, or for the prever	ntion of crue	elty to childre	n or an	ımals? .		. 🗌 Yes 🗹 N	ю		
b If any answer is "Yes" to 5a(1)—(5), didan									
Regulations section 53.4945 or in a current r	-			-				1	1
Organizations relying on a current notice re		-				_			
c if the answer is "Yes" to question 5a(4), do	-								
because it maintained expenditure respons						Yes N	0		
If "Yes," attach the statement required by F	-	-			• •				
	-		•	•	· O	•			
6a Did the foundation, during the year, receive					o mum.	。 . ☐ Yes 🔽 N		ļ.,	
on a personal benefit contract?							·	 -	
b Did the foundation, during the year, pay pro	emiums, air	rectly or indire	ectly, o	n a person	ai bene	iit contract? .	. 6b		✓
If "Yes" to 6b, file Form 8870.								3	
7a At any time during the tax year, was the foun							- I	<u> </u>	
b If yes, did the foundation receive any proce							7b	<u> </u>	
Part VIII Information About Officers,	Directors	, Trustees,	Found	dation Ma	nager	s, Highly Paid	Emplo	yees,	
and Contractors									
1 list all officers directors touches four	dation ma				on lead	naga 22 of the	inetruc	tione)	
1 List all officers, directors, trustees, four							msnuc	110113).	
(a) Name and address	(b) Tit	le, and average urs per week	(c) Co	ompensation t paid, enter	(d) empl	Contributions to oyee benefit plans	(e) Expe	nse acco allowance	ount,
	(b) Tit	le, and average	(c) Co	ompensation	(d) empl	Contributions to	(e) Expe	nse acco	ount,
(a) Name and address	(b) Tit	le, and average urs per week	(c) Co	ompensation t paid, enter	(d) empl	Contributions to oyee benefit plans	(e) Expe	nse acco	ount,
(a) Name and address	(b) Tit	le, and average urs per week	(c) Co	ompensation t paid, enter	(d) empl	Contributions to oyee benefit plans	(e) Expe	nse acco	ount,
(a) Name and address	(b) Tit	le, and average urs per week	(c) Co	ompensation t paid, enter	(d) empl	Contributions to oyee benefit plans	(e) Expe	nse acco	ount,
(a) Name and address See attached schedule	(b) Tit	le, and average urs per week	(c) Co	ompensation t paid, enter	(d) empl	Contributions to oyee benefit plans	(e) Expe	nse acco	ount,
(a) Name and address	(b) Tit	le, and average urs per week	(c) Co	ompensation t paid, enter	(d) empl	Contributions to oyee benefit plans	(e) Expe	nse acco	ount,
(a) Name and address See attached schedule	(b) Tit	le, and average urs per week	(c) Co	ompensation t paid, enter	(d) empl	Contributions to oyee benefit plans	(e) Expe	nse acco	ount,
(a) Name and address See attached schedule	(b) Tit	le, and average urs per week	(c) Co	ompensation t paid, enter	(d) empl	Contributions to oyee benefit plans	(e) Expe	nse acco	ount,
(a) Name and address See attached schedule 2 Compensation of five highest-paid emple	(b) Tit	le, and average urs per week sted to position	(c) Co (if not	ompensation t pald, enter -0-)	(d) empl and de	Contributions to oyee benefit plans ferred compensation	(e) Expe	onse acco	ount, es
(a) Name and address See attached schedule	(b) Tit	le, and average urs per week sted to position	(c) Co (if not	ompensation t pald, enter -0-)	(d) empl and de	Contributions to oyee benefit plans ferred compensation	(e) Expe	onse acco	ount, es
(a) Name and address See attached schedule 2 Compensation of five highest-paid emple	(b) Tit	le, and average urs per week sted to position	(c) Co (if not	ompensation t pald, enter -0-)	(d) empl and de	Contributions to oyee benefit plans ferred compensation	e instru	onse acco	ount, ess
(a) Name and address See attached schedule 2 Compensation of five highest-paid empl If none, enter "NONE."	(b) Tit	le, and average urs per week sted to position eer than thos (b) Title, and a hours per w	(c) Co (if not	ompensation t paid, enter -0-)	(d) empl and de	Contributions to oyee benefit plans ferred compensation ee page 23 of th (d) Contributions to employee benefit plans and deferred	e instru	nse acco	ount, ess
(a) Name and address See attached schedule 2 Compensation of five highest-paid empl If none, enter "NONE."	(b) Tit	le, and average urs per week sted to position eer than thos (b) Title, and a hours per w	(c) Co (if not	ompensation t paid, enter -0-)	(d) empl and de	Contributions to oyee benefit plans ferred compensation ee page 23 of th (d) Contributions to employee benefit plans and deferred	e instru	nse acco	ount, ess
(a) Name and address See attached schedule 2 Compensation of five highest-paid empl If none, enter "NONE."	(b) Tit	le, and average urs per week sted to position eer than thos (b) Title, and a hours per w	(c) Co (if not	ompensation t paid, enter -0-)	(d) empl and de	Contributions to oyee benefit plans ferred compensation ee page 23 of th (d) Contributions to employee benefit plans and deferred	e instru	nse acco	ount, ess
(a) Name and address See attached schedule 2 Compensation of five highest-paid empl If none, enter "NONE."	(b) Tit	le, and average urs per week sted to position eer than thos (b) Title, and a hours per w	(c) Co (if not	ompensation t paid, enter -0-)	(d) empl and de	Contributions to oyee benefit plans ferred compensation ee page 23 of th (d) Contributions to employee benefit plans and deferred	e instru	nse acco	ount, ess
(a) Name and address See attached schedule 2 Compensation of five highest-paid empl If none, enter "NONE."	(b) Tit	le, and average urs per week sted to position eer than thos (b) Title, and a hours per w	(c) Co (if not	ompensation t paid, enter -0-)	(d) empl and de	Contributions to oyee benefit plans ferred compensation ee page 23 of th (d) Contributions to employee benefit plans and deferred	e instru	nse acco	ount, ess
(a) Name and address See attached schedule 2 Compensation of five highest-paid empl If none, enter "NONE."	(b) Tit	le, and average urs per week sted to position eer than thos (b) Title, and a hours per w	(c) Co (if not	ompensation t paid, enter -0-)	(d) empl and de	Contributions to oyee benefit plans ferred compensation ee page 23 of th (d) Contributions to employee benefit plans and deferred	e instru	nse acco	ount, ess
(a) Name and address See attached schedule 2 Compensation of five highest-paid empl If none, enter "NONE."	(b) Tit	le, and average urs per week sted to position eer than thos (b) Title, and a hours per w	(c) Co (if not	ompensation t paid, enter -0-)	(d) empl and de	Contributions to oyee benefit plans ferred compensation ee page 23 of th (d) Contributions to employee benefit plans and deferred	e instru	nse acco	ount, ess
(a) Name and address See attached schedule 2 Compensation of five highest-paid empl If none, enter "NONE."	(b) Tit	le, and average urs per week sted to position eer than thos (b) Title, and a hours per w	(c) Co (if not	ompensation t paid, enter -0-)	(d) empl and de	Contributions to oyee benefit plans ferred compensation ee page 23 of th (d) Contributions to employee benefit plans and deferred	e instru	nse acco	ount, ess
(a) Name and address See attached schedule 2 Compensation of five highest-paid empl If none, enter "NONE."	(b) Tit	le, and average urs per week sted to position eer than thos (b) Title, and a hours per w	(c) Co (if not	ompensation t paid, enter -0-)	(d) empl and de	Contributions to oyee benefit plans ferred compensation ee page 23 of th (d) Contributions to employee benefit plans and deferred	e instru	nse acco	ount, ess
(a) Name and address See attached schedule 2 Compensation of five highest-paid empl If none, enter "NONE."	(b) Tit	le, and average urs per week sted to position eer than thos (b) Title, and a hours per w	(c) Co (if not	ompensation t paid, enter -0-)	(d) empl and de	Contributions to oyee benefit plans ferred compensation ee page 23 of th (d) Contributions to employee benefit plans and deferred	e instru	nse acco	ount, ess

Page	4

Total. Add lines 1 through 3 . .

Form	990-PF (2009)	Page 7
Par	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pa	id Employees,
	and Contractors (continued)	_
3	Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E	
	050,000 ((1
lota	I number of others receiving over \$50,000 for professional services	• • 1
Par	IX-A Summary of Direct Charitable Activities	
Lint	the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number	
of o	rganizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	None	
2		
3		
4		
•		
Par	t IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
Des	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
2		
All 4	other program-related investments. See page 24 of the instructions	
AII (onei program-related investments. See page 24 of the instructions	

Рa	rt X Minimum Investment Return (All domestic foundations must complete this part. Fore	eign fo	oundations,
	see page 24 of the instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes:		
а	Average monthly fair market value of securities	1a	0 00
b	Average of monthly cash balances	1b	34,513 95
	Fair market value of all other assets (see page 24 of the instructions)	1c	
	l Total (add lines 1a, b, and c)	1d	34,513 95
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	34,513 95
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see page 25		
	of the instructions)	4	517 71
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	33,996 24
	Minimum investment return. Enter 5% of line 5	6	1,699 81
Pa	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) p		
	foundations and certain foreign organizations check here 🔲 and do not complete this	part.)
1	Mınımum investment return from Part X, line 6	1	1,699 81
2 a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	0 78
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,699 04
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,699 04
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	1,699 04
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	The state of the s		
	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	2,250 00
	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	_	
	purposes	2	
	Amounts set aside for specific charitable projects that satisfy the.		
	Suitability test (prior IRS approval required)	3a	
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, and Part XIII, line 4	4	2,250 00
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,250 00
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	the fo	undation
	qualifies for the section 4940(e) reduction of tax in those years.		

⊃aı	t XIII Undistributed Income (see page	26 of the instruct	ions)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				1,699 04
2	Undistributed income, if any, as of the end of 2009:				
а	Enter amount for 2008 only			1,034 76	
b	Total for prior years. 20 ,20 ,20				
3	Excess distributions carryover, if any, to 2009:				
а	From 2004				
b	From 2005				
C	From 2006				
d	From 2007				
е	From 2008				
f	Total of lines 3a through e		, ,		
4	Qualifying distributions for 2009 from Part XII,				
	line 4: \$ 2,250 00	* * * * * * * * * * * * * * * * * * * *			
а	Applied to 2008, but not more than line 2a .	*		1,034 76	r
b	Applied to undistributed income of prior years (Election				
	requiredsee page 26 of the instructions) .				
C	Treated as distributions out of corpus (Election			Ŷ.	
	requiredsee page 26 of the instructions)				
d	Applied to 2009 distributable amount		`		1,215 24
е	Remaining amount distributed out of corpus .			,	
5	Excess distributions carryover applied to 2009				0 00
	(If an amount appears in column (d), the same		5		
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	Indicated below:			*	<i>∱</i> +
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5.				
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				1
	income for which a notice of deficiency has been				ı
	issued, or on which the section 4942(a) tax has				
_	been previously assessed				
d	Subtract line 6c from line 6b. Taxable				,
	amount—see page 27 of the instructions				
е	Undistributed income for 2008. Subtract line				
	4a from line 2a. Taxable amount—see page			0.00	
	27 of the instructions			0 00	
1	Undistributed income for 2009. Subtract lines				
	4d and 5 from line 1. This amount must be				483 80
7	distributed in 2010				400 00
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				i
Ω	Excess distributions carryover from 2004 not				
Ü	applied to line 5 of line 7 (see page 27 of the				Į
	instructions)				
۵	Excess distributions carryover to 2010.				
•	Subtract lines 7 and 8 from line 6a				
ın	Analysis of line 9:				
	Excess from 2005				
	Excess from 2006				
	Evenes from 2007				
	Evenes from 2008				
	Excess from 2009				

Page	10
ı ayc	

	rt XIV Private Operating Four				art VII-A, quest	ion 9)
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective	for 2009, enter th	ie date of the ruling)		
	Check box to indicate whether the found	dation is a private o	perating foundation	described in section	n ∐4942(j)	(3) or4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax Year		Prior 3 Years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) i otai
	each year listed					
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 .					
е	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:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i) . [
b	"Endowment" alternative test—enter 2/3 of					
	mınımum investment return shown ın Part					
	X, line 6 for each year listed .					
C	"Support" alternative test—enter:					1
	(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	<u> </u>				
	and 5 or more exempt		1			
	organizations as provided in					
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Informa	tion (Complete	this part only i	f the foundation	had \$5,000 or	more in assets
	at any time during the ye				• • • • • • • • • • • • • • • • • • •	
1	Information Regarding Foundation					
' a	List any managers of the foundation		outed more than 2	% of the total cont	ributions received	by the foundation
u	before the close of any tax year (but					
	below the close of any tax your (but	orny ii alloy havo t	John Dutou more tr	40,000,. (000 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
<u> </u>	List any managers of the foundation	who own 10% o	or more of the stor	ck of a corporation	o (or an equally la	arge portion of the
D	ownership of a partnership or other e					arge portion or the
	ownership of a partitership of other e	mility) of willion the	riodiloalion has a	10 /6 Or greater little	nest.	
	Information Donarding Containution	- Crant Cift La	on Coholorobin d	to Broggomo:		
2						
	Check here If the foundation unsolicited requests for funds. If the					
	organizations under other conditions,			ic. (see page 20 i		s) to individuals of
а	The name, address, and telephone n	umber of the pers	son to whom applic	ations should be a	ddressed:	
					tal and a dec	
b	The form in which applications should	o de submitted an	a information and i	materiais they shot	na iucinae;	
	Any submission deadlines:				······································	
C	Any submission deadmies.					
	Any restrictions or limitations on a	wards such as	hy geographical a	reas charitable fi	elds kinds of in-	stitutions or other
u	factors:	maras, suom as	o, goograpinoai a	Unamabile	5.50, Allias of Illa	J
	IQUIUI3.					

art XV Supplementary Information (c	continued)			
Grants and Contributions Paid Durin	g the Year or Appro	ved for Fut	ure Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year Parker College of Chiropractic, to benefit students		501(c)(3)	General	250 00
Cumberland College		501(c)(3)	General	2,000 00
Total				3a 2,250 0
b Approved for future payment	<u> </u>			2,230 0

Enter gross	Analysis of Income-Producing amounts unless otherwise indicated.	Unrelated bus	siness income	Excluded by sect	on 512, 513, or 514	(e)
4.0		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
_	service revenue:					the instructions)
h				 		
۸						
e						
f						
g Fees	and contracts from government agencies					
2 Members	ship dues and assessments					
	on savings and temporary cash investments					
	Is and interest from securities	F (1888) 1881 1881 1881	930	14	77 66	
	al income or (loss) from real estate:			4 ,		3 7 7 7 7 7
	-financed property					
	debt-financed property					
	vestment income					
	oss) from sales of assets other than inventory					
•	me or (loss) from special events					· · ·
	rofit or (loss) from sales of inventory					
•	venue: a					
h			**			
_						
d						
е						
	. Add columns (b), (d), and (e)				77 66	
	dd line 12, columns (b), (d), and (e)				13	77 66
Part XVI-E	neet in line 13 instructions on page 28 to v Relationship of Activities to th			ampt Purpos	.05	
Line No.						
	Explain below how each activity for wh	nich income is	reported in con	ımın (e) or Par	t XVI-A contribut	еа ітропапцу ц
LINE NO.	Explain below how each activity for what the accomplishment of the foundation's page 29 of the instructions.)	nich income is exempt purpose	es (other than	by providing	t XVI-A contribut funds for such	ed importantly to purposes) (See
LINE NO.	the accomplishment of the foundation's	exempt purpose	es (other than	by providing	t XVI-A contribut funds for such	ed importantly to purposes) (See
Line RU.	the accomplishment of the foundation's	nich income is exempt purpose	es (other than	umn (e) or Pai	t XVI-A contribut funds for such	ed importantly to purposes) (See
LING NO.	the accomplishment of the foundation's	nich income is exempt purpose	es (other than	umn (e) or Par by providing	t XVI-A contribut funds for such	ed importantly to purposes) (See
Line NO.	the accomplishment of the foundation's	nich income is exempt purpose	es (other than	by providing	t XVI-A contribut funds for such	ed importantly to purposes) (See
Line NO.	the accomplishment of the foundation's	nich income is exempt purpose	es (other than	by providing	t XVI-A contribut funds for such	ed importantly to purposes) (See
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Line NO.	the accomplishment of the foundation's	nich income is exempt purpose	es (other than	by providing	t XVI-A contribut funds for such	ed importantly (C
Line NO.	the accomplishment of the foundation's	exempt purpose	es (other than	by providing	t XVI-A contribut funds for such	ed importantly (C
Line NO.	the accomplishment of the foundation's	exempt purpose	es (other than	by providing	t XVI-A contribut funds for such	ed importantly (C
Line NO.	the accomplishment of the foundation's	exempt purpose	es (other than	by providing	t XVI-A contribut funds for such	ed importantly (C
Line NO.	the accomplishment of the foundation's	exempt purpose	es (other than	by providing	t XVI-A contribut funds for such	ed importantly (C
Line NO.	the accomplishment of the foundation's	exempt purpose	es (other than	by providing	t XVI-A contribut funds for such	ed importantly (C
Line NO.	the accomplishment of the foundation's	exempt purpose	es (other than	by providing	t XVI-A contribut funds for such	ed importantly (Capurposes) (See
Line NO.	the accomplishment of the foundation's	exempt purpose	es (other than	by providing	t XVI-A contribut funds for such	ed importantly (C purposes) (See
Line NO.	the accomplishment of the foundation's	exempt purpose	es (other than	by providing	t XVI-A contribut funds for such	ed importantly (C purposes) (Sec
Line NO.	the accomplishment of the foundation's	exempt purpose	es (other than	by providing	t XVI-A contribut funds for such	ed importantly (C purposes) (Sec
Line NO.	the accomplishment of the foundation's	exempt purpose	es (other than	by providing	t XVI-A contribut funds for such	ed importantly (C purposes) (Sec
	the accomplishment of the foundation's	exempt purpose	es (other than	by providing	t XVI-A contribut funds for such	ed importantly (C purposes) (See
Line NO.	the accomplishment of the foundation's	exempt purpose	es (other than	by providing	t XVI-A contribut funds for such	ea imporantiy (c purposes) (See
	the accomplishment of the foundation's	exempt purpose	es (other than	by providing	t XVI-A contribut funds for such	ed importantly (C purposes) (See
	the accomplishment of the foundation's	exempt purpose	es (other than	by providing	t XVI-A contribut funds for such	ea importantily to purposes) (Sec

Pa	rt X	VII	Information Exempt Org			sfers To a	nd Trans	sactions	and Re	lationshi	ips With N	loncharitat	ole		
	а	in s orga Trar (1) (the Coo	de (other the	an section 5	501(c)(3) ole exemp	organizatio	ons) or in				1a(1)	Yes	No
	b	Othe	Other assets er transactions.										1a(2)		✓
			Sales of assets to Purchases of ass					 n		 			1b(1) 1b(2)		✓
		` '	Rental of facilities		•								1b(3)		√
			Reimbursement a Loans or loan gua	_				 					1b(4) 1b(5)		√
		٠,	Performance of se			•	-				•		1b(6)		√
			ring of facilities, e le answer to ar		· -		· -				(b) should	always show	1c v the	faır m	_ √ narket
			e of the goods,			-	-								
 (a) I	-ine no		e in any transa b) Amount involved			angement, si ncharitable exer						r assets, or s actions, and shar		_	
_															
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		$\dot{\parallel}$						<u> </u>		-				-	
_		-													
	de	scrit	oundation directly ned in section 501	(c) of the	Code (othe				-	-	tions		Y	'es 🗹	No
	b If "	Yes	" complete the fo (a) Name of orga		chedule	(b) Type of or	rganization			(c) Desc	nption of relations	ship		~
_															
															
	Un	der r	enalties of nerium	l declare	that I have ex	ramined this re	eturn includ	una accomo	anving sch	edules and s	statements ar	nd to the best o	of my kr	nowledo	e and
	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of belief, it is true, correct, and complete Declaration of prepare (other than texpayer or fiduciary) is based on all information of which prepare							has ar	y know	rledge					
ere	7 7	Signa	ture of officer or trus	tee			<u> </u>		Date	/	Title				
Sign Here	Pald Preparer's	Auc	Preparer's	_	,	6	/	Date		Check if self-emplo	oyed [Preparer's id (See Signatur Instructions)	•	•	
-	Paid repare	Use Only	signature	<u>حبگ</u>				August 5	5, 2010		1	292-76-6706	5		
	_ <u>~</u>		Firm's name (or you self-employed), add and ZIP code			Trust Administ Road, Suite L,		· · · · · · · · · · · · · · · · · · ·)		EIN 34 Phone no	4-1817981 (440) 239-8900)		

2009 Form 990-PF Supplementary Statements

Form 990-PF Part I, Line 16c, Column a

Date	Description of Other professional fees	Amount
March 27, 2009	Q1 Administration Fee	125 00
June 25, 2009	Q2 Administration Fee	125 00
September 23, 2009	Q3 Administration Fee	125 00
December 7, 2009	Q4 Administration Fee	125 00
Total (Part I, Line 16c, Column a)		\$500.00

Form 990-PF Part VIII, Line 1

Name and Address	Title and hours worked	Compensation
John Calandro, III, 4128 Windsor Parkway, Dallas, Texas 75205	President	0 00
Leonard E Ciokajlo, 1812 Broadstone Road, Grosse Point Farms, Michigan 48236	Secretary, Treasurer, Vice President	0 00
Kevin Calandro, 9002 Woodhurst, Dallas, Texas 75243	Vice President	0 00
Timothy D McCormick, 2500 Leroy Lane, West Bloomfield, Michigan 48324	Board of Directors	0 00
Katherine Calandro, 4128 Windsor Parkway, Dallas, Texas 75205	Board of Directors	0 00
John Calandro, IV, 4128 Windsor Parkway, Dallas, Texas 75205	Board of Directors	0 00
Nancy Weldon, 4128 Windsor Parkway, Dallas, Texas 75205	Board of Directors	0 00
Total (Part VIII, Line 1)		\$0.00

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 (complete Part II unless you have already been granted an automatic 3-month extension on a	on page 2 o	f this form).					
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies nee	ded).	ed Form 6008.					
A corpor	ation required to file Form 990-T and requesting an automatic 6-month extension—check	•	id complete					
Part I on	Part I only							
All other time to f	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form le income tax returns	7004 to requ	iest an extension of					
electronic returns, o	ic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month aune returns noted below (6 months for a corporation required to file Form 990-T). Howe cally if (1) you want the additional (not automatic) 3-month extension or (2) you file Form or a composite or consolidated Form 990-T. Instead, you must submit the fully completed are more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file in the file of the second	ver, you car s 990-BL, 60 nd signed pag	nnot file Form 8868 069, or 8870, group ge 2 (Part II) of Form					
Type or	Name of Exempt Organization	Employer ic	yer identification number					
print	Nancy B. Chappelear-Weldon Foundation	77	0559952					
File by the	Number, street, and room or suite no If a P O box, see instructions 3500 Maple Suite 1120, LB-34							
filing your return See	City, town or post office, state, and ZIP code For a foreign address, see instructions							
instructions	Dallas, Texas 75219							
Check ty	pe of return to be filed (file a separate application for each return)							
☐ Form			Form 4720					
☐ Form	990-BL Form 990-T (sec. 401(a) or 408(a) trust)		Form 5227					
Form	990-EZ Form 990-T (trust other than above)		Form 6069					
✓ Form	990-PF		Form 8870					
If the cIf this for the w	one No. ► (440) 239-8900 FAX No. ► (440) 23							
1 l r unt for	equest an automatic 3-month (6 months for a corporation required to file Fo	rm 990-T) named abo	extension of time ve. The extension is					
•	tax year beginning, 20, and ending		, 20					
2 f t	nis tax year is for less than 12 months, check reason. Initial return Final return	☐ Change	in accounting period					
3a If the less	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative ta s any nonrefundable credits. See instructions.	ıx, 3a	\$					
b If the pay	nis application is for Form 990-PF or 990-T, enter any refundable credits and estimated to ments made. Include any prior year overpayment allowed as a credit.	ах 3b	\$					
c Ba der Sys	ance Due. Subtract line 3b from line 3a Include your payment with this form, or, if require posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymestem). See instructions.	ent 3c	\$					
	If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8 ent instructions.	453-EO and	Form 8879-EO					

Form 8868 (Rev	4-2008)			Page 2				
Note. Only c	filing for an Additional (Not Automatic) 3-Month Extension, complete Part II if you have already been granted an automatic 3-monthly filing for an Automatic 2 Month Extension, complete only Residue.	nth extension on a pre	and check the choice of the children and check the children and childr	his box . ► ✓ Form 8868.				
 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy. 								
Type or								
print Nancy B. Chappelear-Weldon Foundation 77 055995								
File by the	Number, street, and room or suite no. If a PO box, see instructions		For IRS use	only				
extended due date for	C/O CTAC, Plaza South Two, 7261 Engle Road, Suite 202			•				
filing the return See	City, town or post office, state, and ZIP code For a foreign address, see insti	ructions						
instructions	Cleveland, Ohio 44130							
Check type	of return to be filed (File a separate application for each return):						
☐ Form 990	0	Form 1041-A		Form 6069				
☐ Form 990		☐ Form 4720		Form 8870				
☐ Form 99	(index office that above)	☐ Form 5227						
	ot complete Part II if you were not already granted an automatic	3-month extension of	on a previou	sly filed Form 8868.				
The books	are in the care of ▶ CTAC							
Telephone	No. ► (440) 239-8900 FAX No. ► (.4	140) 239-86	600					
If the organ	nization does not have an office or place of business in the Unit	ed States, check this	box	▶ □				
	r a Group Return, enter the organization's four digit Group Exen							
	e group, check this box \dots . $ ightharpoonup$. If it is for part of the g	roup, check this box	▶ [and attach a				
	names and EINs of all members the extension is for		4.5					
4 I reque	st an additional 3-month extension of time until Nov	ember 15	,					
5 For cale	endar year, or other tax year beginning	, 20 , and endin						
	ax year is for less than 12 months, check reason: 🗌 Initial reti							
7 State in	n detail why you need the extension							
Adultio	nai time is needed to obtain pertinent data needed to complete the ret	uiii.						

On If this s	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069,	antar the tentative to	, 					
	y nonrefundable credits. See instructions.	enter the tentative ta	x, 8a	\$				
	application is for Form 990-PF, 990-T, 4720, or 6069, enter any	rofundable credits as		\				
	ed tax payments made. Include any prior year overpayment allow							
	t paid previously with Form 8868	. sa do a orodit and al	8b	İ _{\$}				
	Due. Subtract line 8b from line 8a Include your payment with this for	m or if required depor		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
with FTC	O coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	System) See instruction	sit sc	\$				
	Signature and Verificat	ion						

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Mula Mallan

Title ► Administrator

Date 🕨

8/5/2010

Form **8868** (Rev 4-2008)