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Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009 Open to Public

			The organization may have to use a copy of this feturn to satisfy s	tate reporting	requireme	CITIS	Inspection
<u>A</u>	For the 200		ear, or tax year beginning , and ending				·
В	Check if applica		C Name of organization		D	Emplo	yer identification number
П	Address change	use IRS label or	WFG FOUNDATION, INC.			•	
$\overline{\Box}$	Name change	print or	Doing Business As			82-	0557271
_		type	Number and street (or P O box if mail is not delivered to street address)	Room/suite	e E		one number
Ш	Initial return	See	11315 JOHNS CREEK PARKWAY	1,000,000	ַ ן <u>'</u>		1-453-9300
	Termination	Specific	City or town, state or country, and ZIP + 4				400 000
	A	Instruc- tions	DULUTH GA 30097			Gross rece	eipis\$ 433,233
	Amended return			<u> </u>	─		
Ш	Application pen	unig	e and address of principal officer		H		a group return for
			NCY MOATE		H	affiliate b) Are all	affiliates -
			315 JOHNS CREEK PARKWAY		1	include	ed? Yes No
			LUTH GA 30097			If "No,"	attach a list (see instructions)
1_	Tax-exempt		501(c) (3) ◄ (insert no) 4947(a)(1) or 527				
J	Website [.] ▶			·			exemption number
K	Type of organia	zation X Co	poration Trust Association Other	L Year of forma	ation 200)2	M State of legal domicile GA
F	Part I	Summa	ry				
	1 Brief	ly describe t	he organization's mission or most significant activities				
41	E.	STABLIS	HING NEIGHBORHOOD ENHANCEMENT PROGRAMS, PROMO	TING EDU	JCATION	NAL A	ND
ĕ	1		HIP OPPORTUNITIES, FOSTERING COMMUNITY TOGETH				
& Governance			AUNICATION	LIGILIO,		1200,	1212
ě	i .	ck this box		- 250/ -6.4	-44-		
ဖွ	1			1 25% 01 115 11	et assets	1 _ 1	E
ಿ ಶ		-	members of the governing body (Part VI, line 1a)			3	5
Activities ?	4 Num	•	endent voting members of the governing body (Part VI, line 1b)			4	5
Σ	₽ 5 Tota	I number of	employees (Part V, line 2a)			5	0
3	🕇 6 Tota	I number of	volunteers (estimate if necessary)			6	10
7-	l 7a Tota	l gross unre	ated business revenue from Part VIII, column (C), line 12			7a	
_6		unrelated bu	siness taxable income from Form 990-T, line 34			7b	0
			150		Prior Year		Current Year
Į,	8 Con	tributions an	d grants (Part VIII-Ingelin EIVED		<u>533,</u>	990	422,872
Ü	9 Prog	ram service	revenue (Part VIII, line 2g)				
Š.	10 Inve	stment incor	ne (Part VIII, column (A), lines 3, 40 and 7d)	i	17,	223	10,423
9	11 Othe		Part VIII, column (A), little 5, 6d, 8c, 9c, 10c, and 11e)				
Z	12 Tota		add lines 8 through 11 (must equal-Part,VIII, column (A), line 12)		551,	213	433,295
K	13 Gran		ar amounts paid (Part X control (A), Imes 1=3)		178,		197,479
SCA NNReyenuer	14 Ben		or for members (Part IX column (A), line 4)				
	1	-	ompensation, employee benefits (Part IX, column (A), lines 5–10)	_			
Expenses	15 Sala		draising fees (Part IX, column (A), line 11e)				13,975
ë	Ibario						15,513
쏬	b lota	_	expenses (Part IX, column (D), line 25) ▶ 20,431		988,	040	566 162
-	J 17 Oine		(Part IX, column (A), lines 11a-11d, 11f-24f)		-		566,162
			Add lines 13–17 (must equal Part IX, column (A), line 25)	<u> </u>	,167,		777,616
		enue less ex	penses Subtract line 18 from line 12		-615,		-344,321
200					ng of Current		End of Year
Net Assets or	20 Tota	•	rt X, line 16)		, 845,	_	3,070,188
E A	21 Tota	•	Part X, line 26)		763,		4,242,181
_			nd balances Subtract line 21 from line 20		-918,	4/4	-1,171,993
<u>F</u>	Part II	Signatu	re Block				
			ties of perjury, I declare that I have examined this return, including accompanying schedul				
		and belief, if	is true, correct, and complete. Declaration of preparer (other than officer) is based on all i	nformation of w	nich prepare	er has an	y knowledge
Si	gn	7	lancy moste			///	15/2010
He	ere	Signati	ire of officer			Date	- <i>T</i>
	_		Nancy Moate, Treasurer				
		Type o	print name and title				
_			Date		Check if		Preparer's identifying number
Pa	nid	Preparer's		1	self-		(see instructions)
	eparer's	signature		/15/10	employed		P00154462
	se Only	Firm's name	Cash & Associates P.C.			EIN D	58-2199216
J	July	if self-emplo	yed). 4565 Trumble Ter			Phone	
		address, an	Snellville, GA 30039-8420			no 🕨	678-777-7022 678-77
Ma	y the IRS d	scuss this re	eturn with the preparer shown above? (see instructions)				X Yes No
		ct and Pape	rwork Reduction Act Notice, see the separate instructions.				Form 990 (2009)
DA	A ~						$\cdot \cap / \cap \cap $

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	[]		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	-		
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 109 If "Yes," complete	Ì		
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets	ľ		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-	-	77
	Schedule D, Parts XI, XII, and XIII	12	 	X
12A		X		
40				•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
14a		14a	+	
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	446		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b	 	<u>^</u>
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13	1	1
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	1	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	1.0	<u> </u>	+**
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>	1	<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	``	1	† <u></u>
	If "Yes," complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	The state of the s		900	1 (2000)

Form 990 (2009) WFG FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

		1	v	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			İ .
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			37
	III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	_		77
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			v
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			v
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			v
	19? Note. All Form 990 filers are required to complete Schedule O	38	000	X
		Forn	n ササリ	(2009)

Form 990 (2009) WFG FOUNDATION, INC. 82-0557271 Page 5 Part V .Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a

Form 990 (2009) WFG FOUNDATION, INC. 82-0557271 Page 6 .Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? X 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Does the organization have local chapters, branches, or affiliates? 10a X b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the

11315 JOHNS CREEK PARKWAY

GA 30097

DULUTH

organization > NANCY MOATE

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

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

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

 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Name and Title Name	Check this box if the organization (A) Name and Title	(B) Average		(0	2)		(D) Reportable	(E) Reportable	(F) Estimated
DIRECTOR 1.00 X 0 0 XUAN NGUYEN DIRECTOR 1.00 X 0 0 RICH THAWLEY DIRECTOR 1.00 X 0 0 KENT H. DAVIES PRESIDENT 1.00 X 0 0 LEESA M. EASLEY SECRETARY 1.00 X 0 0 NANCY MOATE		hours per	1				compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
XUAN NGUYEN DIRECTOR 1.00 X 0 0 RICH THAWLEY 0 0 0 DIRECTOR 1.00 X 0 0 KENT H. DAVIES 0 0 0 PRESIDENT 1.00 X 0 0 LEESA M. EASLEY 0 0 0 SECRETARY 1.00 X 0 0 NANCY MOATE 0 0 0	ı								
DIRECTOR 1.00 X 0 0 RICH THAWLEY DIRECTOR 1.00 X 0 0 KENT H. DAVIES PRESIDENT 1.00 X 0 0 LEESA M. EASLEY SECRETARY 1.00 X 0 0 NANCY MOATE		1.00	X				0	0	O
RICH THAWLEY DIRECTOR 1.00 X 0 0 KENT H. DAVIES PRESIDENT 1.00 X 0 0 LEESA M. EASLEY SECRETARY 1.00 X 0 0 NANCY MOATE	XUAN NGUYEN								
DIRECTOR 1.00 X 0 0 KENT H. DAVIES PRESIDENT 1.00 X 0 0 LEESA M. EASLEY SECRETARY 1.00 X 0 0 NANCY MOATE		1.00	X				0	0	
RENT H. DAVIES PRESIDENT 1.00 X 0 0 LEESA M. EASLEY SECRETARY 1.00 X 0 0 NANCY MOATE	RICH THAWLEY								
PRESIDENT 1.00 X 0 0 LEESA M. EASLEY SECRETARY 1.00 X 0 0 NANCY MOATE		1.00	X				0	0	0
LEESA M. EASLEY SECRETARY 1.00 X 0 0 NANCY MOATE	KENT H. DAVIES								
SECRETARY 1.00 X 0 0 NANCY MOATE		1.00	ļ	 X			0	0	
NANCY MOATE	i								
		1.00	ļ	 X			0	0	
TREASURER 1.00 X 0 0	1		ĺ		l				
	TREASURER	1.00	<u> </u>	 X	<u> </u>	 	0	0	C

<u>Pa</u>	rt VII Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	nplo	yee	s, ar	nd Highest Compensated	Employees (continued)				
	、(A) Name and Title	(B) Average	Pos	ition (C) k all t	that a	pply)		(E) Reportable		(F) stimat		
	•	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fi org an	nount other opension the panizated d rela	ation ne ition ited	
			<u> </u>											
			-											
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			_			_								
1b	Total		<u> </u>		<u> </u>	<u></u>	<u> </u>	<u> </u>						
2	Total number of individuals (in reportable compensation from				hose	e list	ed al	oove	e) who received more than S	\$100,000 in				
3	Did the organization list any fo								yee, or highest compensate	ed			Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line the organization and related or	e 1a, is the sum of	of rep	oorta	ble d	comp	oens	ation				3		<u> </u>
5	individual Did any person listed on line 1 services rendered to the organ											5		x x
	ction B. Independent Contract	ors												
1	Complete this table for your five compensation from the organic	zation	ensat ——	ed ir	naep	end	ent c	ontra					(C)	
	Name and	(A) business address			··				Descrip	(B) stron of services		Con	(C) npensati	on
_								-						
								-						
									· · · · · · · - · · - · · - · · - · · · - · · · - · · · - · · · - ·					
2	Total number of independent of more than \$100,000 in compe						d to	thos	se listed above) who receive	ed		0		
DAA		auton nom ule	orga	∠d		_							990	(200

(A) (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax
		under sections 512, 513, or 514
		312, 313, 6/ 314
The property of the program service revenue 1 a Federated campaigns 1 a Federated campaigns 1 b Membership dues 1 c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions included above 1 f 422,872 8 Busin Code 1 f All other program service revenue 1 g Total Add lines 2a-2f		
E e Fundamento vicato		
gradient C Fundraising events 1c		
d Related organizations 1d		
e Government grants (contributions)		
f All other contributions, gifts, grants, and similar amounts not included above 16 422 872		
and similar amounts not included above 1f 422,872		
g Noncash contributions included in lines 1a-1f \$		
0 to h Total. Add lines 1a-1f ► 422,872		
Busn Code		
2a		
<u> </u>		
Ö c		
d		
E e		
f All other program service revenue		
g Total. Add lines 2a–2f		
3 Investment income (including dividends, interest, and		
other similar amounts) 10,423 10,423		
4 Income from investment of tax-exempt bond proceeds ▶		
5 Royalties		
(i) Real (ii) Personal		
6a Gross Rents		
b Less rental exps		
d Net rental income or (loss)		
7a Gross amount from (i) Securities (ii) Other	<u> </u>	
sales of assets		
other than inventory		
b Less cost or other		
basis & sales exps		
c Gain or (loss)		
d Net gain or (loss)		
8a Gross income from fundraising events		
(not including \$		
of contributions reported on line 1c)		
(not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b		
b Less direct expenses b		
c Net income or (loss) from fundraising events		
9a Gross income from gaming activities		
See Part IV, line 19 a		
b Less direct expenses b		
c Net income or (loss) from gaming activities ▶		
10a Gross sales of inventory, less		
returns and allowances a		
b Less cost of goods sold b		
c Net income or (loss) from sales of inventory		<u></u>
Miscellaneous Revenue Busn. Code		
11a		<u> </u>
b		
c	· · · · · · · · · · · · · · · · · · ·	
d All other revenue		
,		
e Total. Add lines 11a–11d		

Part IX Statement of Functional Expenses

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

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

	All other organizations must	complete column (A) but a	are not required to compl	ete columns (B), (C), and	(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	197,479	197,479		
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	<u> </u>			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV. lines 15 and 16				
4	Benefits paid to or for members			· · · · · · · · · · · · · · · · · · ·	
5	Compensation of current officers, directors,				
3					
6	trustees, and key employees Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7					
7	Other salaries and wages Pension plan contributions (include section 401(k)				
8	•				
٥	and section 403(b) employer contributions) Other employee benefits			_	•
9 10					
10 11	Payroll taxes Fees for services (non-employees)				· · · · · · · · · · · · · · · · · · ·
а	Management				
b	Legal				
	Accounting				
c d	Lobbying				
e	Professional fundraising services See Part IV, line 17	13,975			13,975
f	Investment management fees				13,313
g g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		_		
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed	[
	5% of total expenses shown on line 25 below)				
а	PAYMENTS TO ANNUITANTS	557,290		557,290	,
b	Supplies	6,456			6,456
С	FEES	1,065		1,065	
d	SERVICE CHARGES	771		771	· · · · · · · · · · · · · · · · · · ·
е	ADMINISTRATIVE EXPENSE	420		420	
f	All other expenses	160	107 470	160	00 40=
	Total functional expenses. Add lines 1 through 24f	777,616	197,479	559,706	20,431
26	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation				Form 990 (2009)
					::UIII 230 (2009)

			(A)		(B)
	·		Beginning of year		End of year
1	Cash—non-interest bearing		107,178	1	592,218
2	Savings and temporary cash investments		601,294	2	2,810
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	52,628
5	Receivables from current and former officers, directors,	trustees, key	ŀ		
}	employees, and highest compensated employees. Com	plete Part II of			
1	Schedule L			5	
6	Receivables from other disqualified persons (as defined	d under section			
}	4958(f)(1)) and persons described in section 4958(c)(3))(B) Complete		.	
	Part II of Schedule L			6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges	•		9	
10a	Land, buildings, and equipment cost or				
	other basis Complete Part VI of Schedule D	10a			
b	Less accumulated depreciation	10b		10c	
11	Investments—publicly traded securities		2,136,759	11	2,422,532
12	Investments—other securities See Part IV, line 11			12	
13	Investments—program-related See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 3	34)	2,845,231	16	3,070,188
17	Accounts payable and accrued expenses			17	60,97
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV of	of Schedule D		21	
22	Payables to current and former officers, directors, truste	ees, key			*
	employees, highest compensated employees, and disq	ualified	_	ł	
	persons Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated thir	d parties		23	
24	Unsecured notes and loans payable to unrelated third p	parties		24	
25	Other liabilities Complete Part X of Schedule D		3,763,705	25	4,181,204
26	Total liabilities. Add lines 17 through 25		3,763,705	26	4,242,181
	Organizations that follow SFAS 117, check here ▶	and			
ł	complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets			27	
27 28 29	Temporarily restricted net assets			28	· · · · · · · · · · · · · · · · · · ·
29	Permanently restricted net assets			29	
1	Organizations that do not follow SFAS 117, check h	ere ▶ X			
	and complete lines 30 through 34.			_	
				30	
31		nt fund		31	
32	Retained earnings, endowment, accumulated income,	or other funds	-918,474	32	-1,171,993
30 31 32 33 34	Total net assets or fund balances		-918,474	33	-1,171,993
34	Total liabilities and net assets/fund balances		2,845,231	34	3,070,188

Form **990** (2009)

orm	990 (2009) WFG FOUNDATION, INC.	82-0557271		Pa	ge 12
Pa	rt XI Financial Statements and Reporting				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash	X Accrual Other	[
	If the organization changed its method of accounting from a prior year	or checked "Other," explain in			
	Schedule O			ļ	
2a	Were the organization's financial statements compiled or reviewed by	an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independe	ent accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that a	assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and select	ion of an independent accountant?	2c		
	If the organization changed either its oversight process or selection pr	ocess during the tax year, explain in			
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the final	ancial statements for the year were			
	issued on a consolidated basis, separate basis, or both				ļ
	Separate basis Consolidated basis Both consolidate	ed and separate basis			
3а	As a result of a federal award, was the organization required to under	go an audit or audits as set forth in			-
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the	ne organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any	steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

WFG FOUNDATION, INC

Employer identification number 82-0557271

			WEG FOUNDATI	ON, INC.					02.	-055	1211			
Pa	art I	Reas	on for Public Charity	Status (All organizations	s must o	complet	e this	part.)	See ir	struct	tions			
he	orgai	nization is not	a private foundation because	e it is (For lines 1 through 11, cl	heck only	one box)								
1	\Box	A church, cor	nvention of churches, or asso	ociation of churches described in	n section	170(b)(1)	(A)(i).							
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)		,								
3	\sqcap			ce organization described in sec	tion 170/	b)(1)(A)(ii	i).							
4	\sqcap			in conjunction with a hospital d				11/A1/iii) Enter	the hos	enital'e i	name		
•	ш	city, and state		an conjunction with a hospitar c	icoonbea i	50000	(),	. , , , , , , , , , , , , , , , , , , ,	,. Linci	1110 1100	эрнагэт	mairie,		
5		•		of a college or university owned of	or operato	d by a aa			daaarib	- d				
•			b)(1)(A)(iv). (Complete Part		oi operate	u by a go	venime	ılaı uılıl	describ	eu III				
_	\Box													
6	H			overnmental unit described in se										
7	Ш	-		substantial part of its support fro	m a govei	nmental i	unit or fro	om the g	general	public				
			section 170(b)(1)(A)(vi). (Co	· ·										
8		_		70(b)(1)(A)(vi). (Complete Part l	•									
9	X	An organizati	on that normally receives (1) more than 33 1/3 % of its supp	ort from o	ontributio	ns, men	nbership	fees, a	nd gros	SS			
		receipts from	activities related to its exem	pt functions—subject to certain	exception	s, and (2)	no more	than 3	3 1/3 %	of its				
		support from	gross investment income an	d unrelated business taxable ind	come (les	s section :	511 tax)	from bu	sinesse	es .				
		-	=	0, 1975 See section 509(a)(2) .										
10		An organizati	on organized and operated of	exclusively to test for public safe	ty See se	ection 509	9(a)(4).							
11		An organizati	on organized and operated o	exclusively for the benefit of, to p	perform th	e function	s of, or t	o carry	out the					
		purposes of c	one or more publicly supporte	ed organizations described in se	ction 509	(a)(1) or s	ection 5	09(a)(2)	See s	ection				
		509(a)(3). Ch	eck the box that describes the	ne type of supporting organization	on and cor	nplete line	es 11e tl	rough 1	11h					
		a Type	I b Type II	c Type III-Functions	ally integra	ated	d [Тур	e III-Ot	her				
е		By checking t	his box, I certify that the orga	anization is not controlled directly	y or indire	ctly by on	e or mor	e disqu	alified					
		persons othe	r than foundation managers	and other than one or more pub	licly supp	orted orga	nization	s descri	bed in s	ection				
		509(a)(1) or s	section 509(a)(2)											
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I, 1	Гуре II, or	Type III	support	ing					
		organization,	check this box						_					
g		Since August	17, 2006, has the organizat	ion accepted any gift or contribu	ition from	any of the	,							
_		following per		, , , ,		•								
				ntrols, either alone or together v	vith perso	ns describ	ed in (ii)	١					Yes	No
				the supported organization?			(,				11g(ı)	<u> </u>	<u> </u>
			member of a person describ									11g(II)		
			ontrolled entity of a person d	• •								11g(iii)	_	
h			·	ne supported organization(s)								119(111		L
<u>n</u>	Name	e of supported			(iv) Is the	rannization	(a) Did ii	ou potifu	600	o tho	,	۸	ount of	
(')		anization	(iı) EIN	(III) Type of organization (described on lines 1-9		organization sted in your		ou notify	organizat	s the ion in col	,	viı) Am supp		
	•			above or IRC section		document?	∞l (ı)			zed in the		.,		
				(see instructions))	Yes	No	Yes	ort?	Yes	No No				
				-	162	- 140	162	140	Tes	140	-			
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Γota	11		İ	I	1	ı	ı	ı	1	ı I	ı			

Schedule A (Form 990 or 990-EZ) 2009 WFG FOUNDATION, INC. 82-0557271 Page 2 .Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (c) 2007 (d) 2008 (b) 2006 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2008 If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2009

Part III .Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

500	tion A. Public Support	ecked the box c	on line 9 of Par	τι)			
-	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(a) 2007	(4) 2008	(a) 2000	(f) Total
- Ou	ichidal year (or fiscar year beginning in)	(a) 2003	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and				li e		
	membership fees received (Do not include any "unusual grants")	192,742	168,833	405,458	533,990	350,802	1,651,825
2	Gross receipts from admissions, merchandise	132,742	100,033	403,438	333,330	330,802	1,031,823
_	sold or services performed, or facilities						
	furnished in any activity that is related to the					10,423	10,423
	organization's tax-exempt purpose					10,423	10,423
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	192,742	168,833	405,458	533,990	361,225	1,662,248
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that			-			
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						1,662,248
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	192,742	168,833	405,458	533,990	361,225	1,662,248
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar				İ		
	sources	2,660	4,008	5,701	17,223	10,423	40,015
b	Unrelated business taxable income (less		+				
	section 511 taxes) from businesses			į			
	acquired after June 30, 1975						
	Add lines 10a and 10b	2,660	4,008	5,701	17,223	10,423	40,015
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
	carried on					0	
12	Other income Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part IV)	4,711	13,030	25,789			43,530
13	Total support. (Add lines 9, 10c, 11, and 12)	200	105 071	125 010	551 010	271 612	4 545 500
14	First five years. If the Form 990 is for the	200,113	185,871	436,948	551,213	371,648	1,745,793
14	organization, check this box and stop here	•	secona, imra, iouri	n, or militax year a	as a section 50 I(c)	(3)	▶ □
Sec	tion C. Computation of Public St		age				
15	Public support percentage for 2009 (line 8			(ft)		15	95.21%
16	Public support percentage from 2008 Sche		•	(1))		16	94.47%
	tion D. Computation of Investme						34.47,0
17	Investment income percentage for 2009 (li			olumn (f))		17	2 %
18	Investment income percentage from 2008		•	(,,,		18	2 %
19a	33 1/3 % support tests—2009. If the orga			14, and line 15 is m	nore than 33 1/3 %		
	17 is not more than 33 1/3 %, check this b						▶ [X
b	33 1/3 % support tests—2008. If the orga		-	· · · · · ·			
	line 18 is not more than 33 1/3 %, check th						▶ [
20	Private foundation. If the organization did	i not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	S	▶ □

Schedule A (Form 990 or 990-EZ) 2009 WFG FOUNDATION, INC.

82-0557271

Page 4

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

Part III, Line 12 - Other Income Detail

UNREALIZED APPRECIATION IN ASSETS

43,530

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Name of the organization Employer identification number WFG FOUNDATION, INC. 82-0557271 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	edule D (Form 990) 2009 WFG FOUNDA				57271	Page 2
Pa	art III Organizations Maintaining (Collections of Ar	t, Historical Trea	sures, or Other	Similar Assets	(continued)
3		and other records, ch	eck any of the following	g that are a significai	nt use of its	·
а	Public exhibition	d 🗍 Loa	n or exchange progran	ns		
b	Scholarly research	e Oth	_ · · · -	113		
c	Preservation for future generations	C O				
4	Provide a description of the organization's colle	ctions and explain hov	v they further the orgar	nization's exempt pur	pose in	
5	During the year, did the organization solicit or re	eceive donations of art	, historical treasures, c	or other similar		П., П.,
Da	assets to be sold to raise funds rather than to but IV Escrow and Custodial Arrar				"\/"	Yes No
	Irt IV Escrow and Custodial Arrar IV, line 9, or reported an amount			ation answered	Yes to Form 9	90, Ρаπ
1a	Is the organization an agent, trustee, custodian	or other intermediary f	or contributions or other	er assets not		
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV an	d complete the followi	ng table			
						Amount
С	Beginning balance				1c	
	Additions during the year				1d	
	Distributions during the year				1e	
•	Ending balance				1f	
20	•	- 000 Dad V III- 240				
	Did the organization include an amount on Form	n 990, Part X, line 217				☐ Yes ☐ No
	If "Yes," explain the arrangement in Part XIV	4. if		1- F 000 D-		
Pa	art V Endowment Funds. Comple			† *··· ···	T	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
	Other expenditures for facilities					
ŭ	and programs					
	Administrative expenses					
g	End of year balance				ļ	
2	Provide the estimated percentage of the year el	nd balance held as				
	Board designated or quasi-endowment	%				
	Permanent endowment ▶ %					
С	Term endowment ▶ %					
3a	Are there endowment funds not in the possessi	on of the organization	that are held and admi	inistered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
h	If "Yes" to 3a(ii), are the related organizations lis	sted as required on Sc	hedule R?			3b
4	Describe in Part XIV the intended uses of the or	·				<u> </u>
	art VI Investments—Land, Buildin			O Part V line 1	0	
<u> </u>			1			(4) B - 1 - 1 -
	Description of investment	(a) Cost or other basis	1 ' '	''	cumulated	(d) Book value
		(investment)	basis (other	, aepr	eciation	
1a	Land					
b	Buildings			<u> </u>		
C	Leasehold improvements	=				
d	Equipment					
е	Other					
Tota	i. Add lines 1a through 1e (Column (d) must equ	al Form 990, Part X, c	olumn (B), line 10(c))		•	

Schedule D (Form 990) 2009 WFG FOUNDATION, INC.		82-0557271	Page 3
Part VII Investments—Other Securities. See Form 99	0, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market val	ue
Financial derivatives			
Closely-held equity interests			
Other			
			· · · · · · · · · · · · · · · · · · ·
T-1-1 (O-1 (1) (15		**************************************	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See Form 99	Dort V. line 12		
		(a) Mathada (a)	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market val	
	<u> </u>	Cost of end-of-year market val	
			
	-		
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.	<u>-l </u>		
(a) Description		(b) E	Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		>	
Part X Other Liabilities. See Form 990, Part X, line 2	5		
1 (a) Description of liability	(b) Amount		
Federal income taxes			
OTHER LIABILITIES	3,881,204		
SUBORDINATED DEBT	300,000		
	<u> </u>		
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	4,181,204		
2. FIN 48 Footnote in Part XIV, provide the text of the footnote to the organ	ization's financial statements	that reports the	
organization's liability for uncertain tax positions under FIN 48			

Sche	dule D (Form 990) 2009 WFG FOUNDATION, INC.	82-	-0557271	Page 4
Pa	irt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financ	ial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3_	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8_	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	
	rt XII Reconciliation of Revenue per Audited Financial Statem	ents With Reven	· · · · · · · · · · · · · · · · · · ·	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c 2d		
d	· · · · · · · · · · · · · · · · ·	_ 20]	20	
е 3	Add lines 2a through 2d Subtract line 2e from line 1		2e 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 [3	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b		4b		
c	Add lines 4a and 4b	(10]	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	irt XIII Reconciliation of Expenses per Audited Financial Staten	nents With Expe	nses per Retur	'n
1	Total expenses and losses per audited financial statements	-	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1) (3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b		
	Add lines 4a and 4b		4 <u>c</u>	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	·
	art XIV Supplemental Information	4 4 D+ N/		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 2, Part VI, line 9, Part VI, lines 9, Part VII, lines 9, Part VIII,			
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lin part to provide any additional information	ies 20 and 40. Also co	ompiete	
1115	and to provide any additional information			
				·
	 			
				.

Schedule D (Fo	orm 990) 2009	WFG	FOUNDA	TION,	INC.				82-0	055727:	L		Page 5
Schedule D (Fo	Suppleme	ntal Info	ormation (continued)			-					
	_				•••							-	
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11/15/2010
820557271

SCHEDULE 1 (Form 990)

General Information on Grants and Assistance

WEG FOUNDATION, INC.

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

▶ Attach to Form 990.

Employer identification number 82-0557271

2009	Open to Public Inspection

OMB No 1545-0047

1 Does the organization maintain records to substantiate the amount of the grants the selection criteria used to award the grants or assistance?	e amount of the grace?	ants or assis	or assistance, the grantees' eligibility for the grants or assistance, and	igibility for the grants o	r assistance, and		X Yes	8
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	intoring the use of g	rant funds	n the United States]	1
Part II Grants and Other Assistance to Governments and (vernments an	d Organi	Organizations in the United States. Complete if the organization answered "Yes" to	ited States. Com	plete if the org	anization answ	vered "Yes" to	
	ecipient that re) if addıtional s	ceived m pace is n	ore than \$5,000.	Check this box if	no one recipiei	nt received mo	ire than \$5,000 Use ▶	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
AID TO CHILDREN WITHOUT PARENTS								
134 MARTINVALE, LA								
SAN JOSE CA 95119			11,200					
MANDARIN BUSINESS ASSOCIATION								
139 PORT ROYAL AVE								
SAN MATEO CA 94404			16,490					
WEG CHARITABLE TRUST								
11315 JOHNS CREEK PARKWAY								
DULUTH GA 30097			67,975					
MAKE A WISH FOUNDATION								
4742 N 24TH STREET, SUITE 400	_							
PHOENIX AZ 85016			7,500					
AMERICAN CANCER SOCIETY								
250 WILLIAMS STREET #6000						_		
ATLANTA GA 30305			22,665					
NATIONAL MS SOCIETY								
733 THIRD AVENUE 3RD FLOOR								
NEW YORK NY 10017			7,580					
THE NEC FOUNDATION								
3050 CENTRAL AVENUE						-		
TOLEDO OH 43606			10,492					
NATIONAL WILDLIFE SOCIETY								
730 PEACHTREE ST #1000								
ATLANTA GA 30308			27,965					1
CENTRAL TEXAS CHILDREN'S HOME								
13200 CRANE ROAD								
BUDA TX 78610			10,762					-

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

Enter total number of other organizations

Page 2	rm 990, Part IV, line 22.		(f) Description of non-cash assistance				
	ation answered "Yes" to For		(e) Method of valuation (book, EMV appraisal other)	(our distribution)			
82-0557271	nplete if the organiza		(d) Amount of				
8	ne United States. Cor	nal space is needed	(c) Amount of	500			
ON, INC.	to Individuals in the	(Form 990) if additio	(b) Number of	Supplement			
Schedule I (Form 990) 2009 WFG FOUNDATION, INC.	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(a) Type of grant or assistance				

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. GRANTS ARE MADE TO WELL KNOWN ORGANIZATIONS THROUGH AN APPROVAL PROCESS Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds Part IV

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

ORGANIZATION.

SCHEDULE Q (Form 990)

4 □ 1 P = 4

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection.

Department of the Treasury Internal Revenue Service Name of the organization

WFG FOUNDATION, INC.

No review was or will be conducted.

Employer identification number 82-0557271

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form	8868 (Rev	4-2009)			Page 2
Note	e. Only c	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and opmplete Part II if you have already been granted an automatic 3-month extension on a previous filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	check th	is box Form 8868	▶ Ø
Par		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies	needed)	
Type			•	lentification	
print			82 ;	055727	1
File by extended due d		Number, street, and room or suite no. If a PO box, see instructions 11315 JOHNS CREEK PARKWAY For	r IRS use	only	,
filing t	the	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DUCUTE, US 1039			
		of return to be filed (File a separate application for each return)			
_	orm 990		\Box	Form 6069	
_	orm 990			Form 8870	
_	orm 990			01111 0070	
		t complete Part II if you were not already granted an automatic 3-month extension on a	previous	ly filed For	m 8868.
		are in the care of ► NANCY MOATE	<u>provious</u>	.,	
Tel	lenhone	No ► (7 2) 248 3345 FAX No ► ()			
	•	nization does not have an office or place of business in the United States, check this box			▶ □
	-	r a Group Return, enter the organization's four digit Group Exemption Number (GEN)		If this	_
		group, check this box If it is for part of the group, check this box		and attach	
		names and EINs of all members the extension is for	_		-
4	I reque	st an additional 3-month extension of time until 407FMEFR 15 , 20.	10		
5	For cale	endar year (2005), or other tax year beginning, 20, and ending			20
6	If this t	ax year is for less than 12 months, check reason 🗌 Initial return 🗋 Final return 🗖 C	Change ii	n accountin	g period
7	State in	detail why you need the extension TAXPAYER IS AWAITING ADDITIONAL INFORMAT ANILS ON STOCK BASIS IN ORDER TO PREPARE A COMPLETE AND ACCURATE RE	ION FR	OM BROKE	RAGE
	•••••				
8a		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, y nonrefundable credits. See instructions	8a	\$	
b		application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and ed tax payments made. Include any prior year overpayment allowed as a credit and any			
		paid previously with Form 8868	8b	\$	
С		Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit a coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0
		Signature and Verification			
		of perjury. I declare that I have examined this form, including accompanying schedules and statements, and to the and complete, and that I am authorized to prepare this form	best of m	y knowledge a	and belief,
Signa	ture ►	Und Cash Title + CFA	Date ►	08/14/2	2010

Form 8868 (Rev 4-2009)

Form 8868

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

QMB No 1545-1709

• If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this bo	x , , ,		▶ Ø				
On not come	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II blete Part II unless you have already been granted an automatic 3-month extension on a	on page 2	of this form),	n				
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies nee	eded).	nieu Fuith doug	<u>. </u>				
	n required to file Form 990-T and requesting an automatic 6-month extension—checi		and complete	▶ □				
All other con time to file ii	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form	7004 to re	quest an exte	nsion of				
one of the relectronically returns, or a	illing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au eturns noted below (6 months for a corporation required to file Form 990-T). Howe or if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed are one details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	iver, you d s 990-BL, ad slaned r	annot file For 6069, or 8870 sage 2 (Part II)	m 8868), group of Form				
Type or print	Name of Exempt Organization WFG FOUNDATION INC	Employer 82	Identification					
File by the due date for filing your	Number, street, and room or suite no, if a P.O. box, see instructions							
raturn. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DULUTH, GA 30097							
Check type Form 990 Form 990 Form 990 Form 990	D-BL		Form 4720 Form 5227 Form 6069 Form 8870					
Telephone	are in the care of ▶ NANCY MOATE No. ▶ (770) 248-3349							
 If this is for for the whole 	nization does not have an office or place of business in the United States, check this if a Group Return, enter the organization's four digit Group Exemption Number (GEN), group, check this box							
until for the ► Ø	est an automatic 3-month (6 months for a corporation required to file Fo	named ab	ove. The exter	nsion Is				
2 If this t	ax year is for less than 12 months, check reason: Initial return Final return	Change	in accounting) period				
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tally nonrefundable credits. See instructions.		\$					
	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated to the made. Include any prior year overpayment allowed as a credit.	lat	s					
c Balanc deposit	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, If required, by using EFTPS (Electronic Federal Tax Payme). See instructions.	d, nt	\$ S	0				
•	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 84 instructions.	53-EO and	i Form 8879-E	:0				