

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

A F	or the 20	09 cale	endar ye	ar, or tax	year beginr	ning			,	and e	nding	_				
B Che	eck of applica	able	Please	C Name	of organization	THE WI	EHRLY FOL	JNDAT	ION			D Emplo	yer id	entification nu	ımber	
Ad	dress char	nge	use IRS label or	Doing	Business As	The Wehrly	y Foundatio	n				26-4753	549			
☐ Na	me change	e	print or	Numbe	er and street (d	or PO box if mail			address)	Ro	com/suite	E Teleph	one n	umber		
Int	al return		type. See	14665 V	VHISTLING	OAKS DRIVI	=		-			281 528	5760)		
Те	rminated		Specific			country, and ZIP										
╡	nended ret	นกา	Instruc- tions.	MONTG		,,		ΤХ	77	356		G Gross	receip	ts \$	2	05,358
╡	plication p	•				rincipal officer			•		lu(a) la t	tio o aroun	mbum	for officetoe?		X No
.		Ť			•	•		AD 05		TEV 6 (1 ' '			for affiliates?	_ = ;	_
						5 SPRING CY			_	IEXA:	7				Yes[No
Ta	x-exempt	status	X 50)1(c) (3) ◄ (ın	sert no.)	4947(a)(1)	or _	527			No," attach	a list	(see instruction	is)	
We	ebsite: 🕨	► N/A									H(c) Gro	oup exempt	on nui	mber 🕨		
For	m of organ	nzation	X co	rporation	Trust	Association	Other •	•		L Yea	r of forma	tion 20	09	M State of le	gal domicile	TX
Рa	rt l	Sur	nmary													
T				the organ	nization's m	nission or mos	t significant	activiti	es In	short f	to sprea	ad the me	essac	e of the Go	spel of ou	ur Lord
		-		_		shops and Su	_									
3						nestic violence										3.515.
								1651151	.=:9::		-144443.	Principal F.		1002110091		
Acuviues & Governance	2 C	neck th	nis hay	▶ ☐ if	the organi	zation disconti	inued its on	eration	e or dier	nnead	of more	than 25	% of	ite not seed	ate	
5						overning body								3	,13.	-
				_	•	bers of the go	•	•					_	4		
						line 2a)								5		'
	6 To	tai nu	mber of	voluntee	re (petimat	e if necessary		•					⊢	6		
						nue from Part							⊢	7a		
- 1						me from Form			<u> </u>	• •				7b		
†	D 110	ot unic	nated be	2311033 10	axable into	The Homin day	FCFIA5	:0	1	• • •		Prior Yea			Current Year	
-	8 C	ontribu	tions an	nd arants	(Part VIII, I	line th)			တ္တ		——	11101 100		·····		04,756
3					(Part VIII,	100	AY 1 3 21		۵ <u> </u>	• •	\vdash					07,700
	10 In	vestme	ent inco	me (Part	VIII colum	n (A), lines 3,	Alligiti 4 and 7d)		(A)	•	<u> </u>					602
ı	11 Ot	her re	venue (Part VIII	column (A)), lines 5, 6d, 8	7, and 74). ₹~ 9~ 10¢	and 11	影							002
- 1						nust equal Part					<u> </u>			0		05,358
_						art IX, column				-	<u> </u>					92,007
						rt IX, column (• •	•		•						<u>52,007</u>
						oyee benefits			\\ lines	5_10\	 					
						X, column (A)					 					
						column (D), li					·			- 		
LApolloes), lines 11a–1					'					65
- !			•	•	•	ust equal Par								0	1	92,072
- 1		-	•	•		ne 18 from line				•	—					13,286
ᇷ		- + Criuc	- 1000 G/	-parises.	Cubildot III	io to nom inte	. 16		• • •	•	Begins	ning of Cur	rent V		End of Year	
Balances	20 To	ntal ass	sets (Pa	ırt X, ine	16) j						229			316		90,602
8				Part X, lir						•				0		30,002
						ct line 21 from	 n line 20			•			77	316		90,602
arı			nature			or mic 21 HOII	<u>LU</u> .	<u> </u>		•	1		,	<u> </u>		30,002
لللند		Unde	r perlaities	of penury.	I declare that I	have examined th	us return, includ	ling acco	mpanving	schedul	les and st	atements a	nd to t	he best of my l	Cnowledge	
		and b	elief, it is f	ne correct	, and complete	Declaration of pr	reparer (other t	han office	r) is base	d on all i	informatio	n of which p	repare	er has any knov	wledge	
			\mathcal{M}			71)										
ign		▎Ν.	-17		W 00 114											
ere		7	Signature	of officer		17						Da	ite			
ere	,	.	PATRIC	CK J. WE	HRLY DIR	RECTOR				MAY	04, 201	1				_
			Type or pr	nnt name ar	nd title			•								
aid		Prepa	, ,					Date			heck if			Preparer's iden		ег
		signa	ture /		CELE DOS	DADED DET	IDN				elf- m ployed		ין ר	see instructions)		
-	arer's	Firm's	s name (or		SELF-PKE	PARED RETU	אוצור			e	pioyeu					—
se (Only		employed		· 							EIN	<u> </u>			
			ss, and Z									Phone no	•			
lay i	the IRS	discus	s this re	eturn with	the prepar	rer shown abo	ve? (see ins	structio	ns)			•		. Г	X Yes	No
or P	rivacy A	ct and	Panerw	ork Reduc	tion Act No	tice, see the se	narate ineta	uctions							3 Form 99	
(HTA)	acy A	or and	. apoiwi	on Neual	AUL HU	ave, see the St	Parate IIISti	2000113	•					ſ	7 17	<u> </u>

Form	990 (2009)	THE WEHRLY FOUNDATION	26-4753549	Page 2
Pá	irt III	Statement of Program Service Accomplishments		
1 (Briefly d	escribe the organization's mission		
2	Did tho	propriestion undertake any significant program consists during the year which were not listed		
2		organization undertake any significant program services during the year which were not listed or Form 990 or 990-EZ?		X No
	•	describe these new services on Schedule O.	тез	
3		organization cease conducting, or make significant changes in how it conducts, any program		
•	services		. Tyes	X No
	If "Yes,"	describe these changes on Schedule O.	<u>—</u>	
4	Describe	the exempt purpose achievements for each of the organization's three largest program service	es by expenses.	
		501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the	amount of grants a	ind
	allocatio	ns to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 0 including grants of \$ 0) (Reveni	ле \$	<u>0</u>)
		•••••••••••••••••••••••••••••••••••••••		
4b	(Code) (Expenses \$ 0 including grants of \$ 0) (Reven	ue \$	0)
				·
				·
				•
4c	(Code:) (Expenses \$ 0 including grants of \$ 0) (Reven	ле \$	0)
				.
				- <i></i>
				·
				·
4d	Other or	ogram services. (Describe in Schedule O.)	 -	
	(Expens		0)	
4e		ogram service expenses 0	- /	

Part	IV Checklist of Required Schedules			<u> </u>
			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	Х	<u> </u>
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4		х
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	<u> </u>	ļ	
	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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		┢ᢚ
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			ı —
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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 10? If "Yes," complete 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	表示。		
_	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 in Part X, line 15 that is 5% or more of its total assets			
	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? <i>If "Yes," complete</i>			
'-	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No			
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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? <i>If</i> "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<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?		<u> </u>	Ė
	If "Yes," complete Schedule G, Part III	19	l	X
20	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20	l	х

Form :	990 (2009) THE WEHRLY FOUNDATION	<u> 4753549</u>	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	,		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21	Х	
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 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
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? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25	. 24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
U	to defease any tax-exempt bonds?	. 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24u		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		V
	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,			l
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			١.,
	If "Yes," complete Schedule L, Part III	27	28.245 aur.	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).	14.2	de uni	\$ 1 Ca
	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
C	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,			ļ
	Part IV	. 28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	. 34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	. 35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	. 36		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, Part		1	
	VI	37		Ιx

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O. .

Par	t 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			<u> </u>
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			1
-	gaming (gambling) winnings to prize winners?	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 2a			l !
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		l
_	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?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
Tu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			l
	account)?	4a		x
b	If "Yes," enter the name of the foreign country:	- T-L		
	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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			<u> </u>
•	Prohibited Tax Shelter Transaction?	5c		ŀ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			l i
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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			i
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			ļ
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			:
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter:		1	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	i		!!!
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
4.5	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	X
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	i '	i	1

26-4753549

Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	v, and		
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan	ges ın		
	Schedule O. See instructions.			
Sect	ion A. Governing Body and Management		1	
	er a company and the land		Yes	No
1a	Enter the number of voting members of the governing body	-		
b	Enter the number of voting members that are independent	 		
2	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customanly performed by or under the direct		_	
J	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
	ion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)		Yes	N-
100	Does the organization have local chapters, branches, or affiliates?	10a	162	No X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	IUa		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		Х
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	1.02		
	form?	11	х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
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		
13	Does the organization have a written whistleblower policy?	13	1.	Х
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	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?			
_		450		~
a b	The organization's CEO, Executive Director, or top management official	15a 15b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	130		^
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?	16a	-	X
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?	16b		Х
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ texas			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply			
4.0	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
20	policy, and financial statements available to the public	ho		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who person			

3325 Spring Cypress Road Spring, Texas 77388

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.

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		_	_	_	that app		Reportable	Reportable	Estimated
	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)	amount of other compensation from the organization and related organizations
PATRICK J. WEHRLY PRESIDENT	2.	х						0	0	0
ANDREA LINN WEHRLY TREASURER	3.	x						0	0	0
DANIEL MARTIN SECRETARY	1.							0		

	Section A. Officers, Directors, Tru (A)	(B)				C)		(E)		(F)			
	Name and title	Average hours per week	ndividual trustee or director		(chec Officer		a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensa from relations organization (W-2/1099-M	tion ed ons	Estima amount othe compen from organiza and rei organiza	nt of er sation the tation lated
							ļ						
													,
							} }						
		:											
							<u> </u>						
							ļ						
<u>1b</u>	Total							<u>. • </u>	0		0		0
2	Total number of individuals (including but no reportable compensation from the organizat		se IISI	ea a	DOV€ O	e) Wi	no re	ceive	ed more than \$1	00,000 in			
	reportable compensation from the organization				<u> </u>							Yes	No
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci							_	st compensated		3		X
4	For any individual listed on line 1a, is the su										-	+-	 ^
-	the organization and related organizations g												İ
	individual			•							4		Х
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Yo										5		Х
Sec	tion B. Independent Contractors					<u> </u>				· · · ·		-	<u> </u>
1	Complete this table for your five highest cor compensation from the organization	npensated inde	pend	ent d	contr	acto	rs th	at re	ceived more tha	n \$100,000	O of		
	(A) Name and business address								(B) Description of ser	vices	Comp	(C) pensation	
	NONE												0
								 			-		0 0
		·						<u> </u>			-		0
													0
2	Total number of independent contractors (in more than \$100,000 in compensation from the state of	_		ed to	thos	se lis	sted a	abov	e) who received				

Total revenue. See instructions. .

205,358

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complete all columns.
ther erecipations much complete column //	1) had an made a suite of the consultate a classes (D) (C) and

	All other organizations must complete column (A) but are not required to complete 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	192,007											
2	Grants and other assistance to individuals in	_			į								
_	the U.S. See Part IV, line 22	0											
3	Grants and other assistance to governments,												
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				1								
4	Benefits paid to or for members	0											
4 5	Compensation of current officers, directors,				1								
9	trustees, and key employees	o											
6	Compensation not included above, to disqualified	-											
_	persons (as defined under section 4958(f)(1)) and												
	persons described in section 4958(c)(3)(B)	o											
7	Other salaries and wages	O											
8	Pension plan contributions (include section 401(k)												
	and section 403(b) employer contributions)	0											
9	Other employee benefits	0											
10	Payroll taxes	0											
11	Fees for services (non-employees):												
а	Management	0											
b	Legal	0											
C	Accounting	0											
d	Lobbying	0											
e	Professional fundraising services. See Part IV, line 17	0											
f	Investment management fees	0											
g 12	Other	0											
13	Office expenses	18											
14	Information technology	0											
15	Royalties	0											
16	Occupancy	0		···· · · · · · · · · · · · · · · · · ·									
17	Travel	0											
18	Payments of travel or entertainment expenses												
	for any federal, state, or local public officials	0											
19	Conferences, conventions, and meetings	0		-									
20	Interest	0											
21	Payments to affiliates	0											
22	Depreciation, depletion, and amortization	0	0	<u>0</u>	0								
23	Insurance	0			1								
24	Other expenses. Itemize expenses not	ļ			ļ								
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed												
	5% of total expenses shown on line 25 below.)												
а	BANK SERVICE CHARGES	47											
b		0	- :										
C		0	·····		,								
d		0											
е		0											
f	All other expenses	0											
25	Total functional expenses. Add lines 1 through 24f	192,072	0	0	0								
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 fundraising												
	solicitation												

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 77,316 1 90,602 Cash-non-interest-bearing. 2 2 0 3 3 4 0 4 0 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 7 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 10a other basis Complete Part VI of Schedule D 10b **b** Less: accumulated depreciation . . . 10c 0 Investments—publicly traded securities 0 11 ol 11 0 Investments—other securities. See Part IV, line 11 ol 12 12 0 13 Investments—program-related. See Part IV, line 11... ol 13 14 ol 14 0 Other assets. See Part IV, line 11 ol 15 0 15 77,316 90,602 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 17 17 18 18 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 24 Unsecured notes and loans payable to unrelated third parties ol 24 0 Other liabilities. Complete Part X of Schedule D 0 25 25 0 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 Temporanly restricted net assets 28 29 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. Assets Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds. 77,316 32 90.602 33 77,316 33 90.602 Total liabilities and net assets/fund balances. 77,316 34 90,602

	THE WEIGHT OURDATION	20-4733343		aye 12
Part	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		Х
b	Were the organization's financial statements audited by an independent accountant?	. 2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	į ļ		
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the 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

20**09**

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

THE	WEI	HRLY FOUND	DATION							26-4	753549		
Pa	rt I	Reason	for Public Ct	narity Status (All org	ganizatio	ns must	complete	e this par	t.) See ii	nstructio	ns.		
The	orgar	nization is not	a private found	ation because it is: (Fo	or lines 1	through 1	1, check	only one l	box)				
1		A church, co	nvention of chu	rches, or association o	of churche	es describ	ed in sec	tion 170(b)(1)(A)(i).			
2		A school des	scribed in sectio	on 170(b)(1)(A)(ii). (At	ttach Sch	edule E)							
3		A hospital or	a cooperative h	nospital service organi	zation de	scnbed in	section	170(b)(1)	(A)(iii).				
4			esearch organizatime, city, and sta	ation operated in conju ate:	ınction wi	th a hospi	ital descri	bed in se	ction 170)(b)(1)(A)	(iii). Ent	er the	
5		An organizat	tion operated for	r the benefit of a colle (Complete Part II)	ge or univ	ersity own	ned or ope	erated by	a govern	mental u	nit descr	bed	
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit d	lescribed	ın sectio ı	n 170(b)(1)(A)(v).				
7	X	-		y receives a substanti (1)(A)(vi). (Complete i	-	its suppoi	rt from a g	governme	ntal unit o	or from th	e genera	al publ	IC
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		An organizat	tion that normall	y receives (1) more th	nan 33 1/3	3 % of its	support fr	om contri	ibutions, r	nembers	hıp fees	, and g	ross
		An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 1975. See section 509(a)(2) (Complete Part III.)											
10		acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety See section 509(a)(4).											
11	Ħ	_	=	nd operated exclusive	-	-	•			-	rv out th	e	
	ш			blicly supported organ									on
		509(a)(3) . Cl	heck the box tha	at describes the type o	of support	ıng organı	zation an	d comple	te lines 1	1e throug	h 11h		
		а 🔲 Туре	1 b 🗌	Type II c	Тур є	e III–Fund	tionally in	ntegrated		d 🔲 1	ype III-	-Other	
е		By checking	this box, I certify	y that the organization	n is not co	ntrolled d	irectly or i	indirectly	by one or	more dis	qualified	ť	
		persons other	er than foundation	on managers and othe	er than on	e or more	publicly s	supported	l organiza	tions des	cribed in	n secti	on
			section 509(a)(2	•									
f		_	zation received a , check this box	a written determination		RS that			II, or Typ	e III supp	orting		
g		•	t 17, 2006, has	the organization acce					of the				1
				or indirectly controls,	either alo	ne or toge	ther with	persons (described	in (ii)		Yes	No
		and (iii	i) below, the gov	reming body of the su	pported o	rganizatio	on?				11g(i)		
				person described in (i)							11g(ii)		
				y of a person describe							11g(iii)		
<u> </u>		Provide the f	following informa	ation about the suppor (iii) Type of organization				nu notifi	1 (25)	ls the	I 6an	Amount	of
(i		of supported	(ii) EIN	(described on lines 1–9	1	sted in your	L .	rou notify nization in		ton in col		support	Oi
	orga	anızatıon	:	above or IRC section (see instructions))	governing	document?		of your		zed in the S?			
				(see ilisu ucuoris))	Yes	No	Yes	No No	Yes	No	1		
					100								
								ļ 					0
													Λ
								<u> </u>			 		0
									ļ		<u> </u>		0
													0
					 			-		 			0
				<u>-</u>									0
					_								

Par		zations Desc	ribed in Sec	tions 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you checked	the box on line	e 5, 7, or 8 of	Part I)			
	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and					Ī	
	membership fees received. (Do not					i	
	include any "unusual grants.")				82,816	204,756	287,572
2	Tax revenues levied for the organization's		_				
	benefit and either paid to or expended on					1	
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the		i			İ	
	organization without charge						0
4	Total. Add lines 1 through 3	o	0	0	82,816	204,756	287,572
5	The portion of total contributions by each				,		
	person (other than a governmental unit						
	or publicly supported organization)					j	
	included on line 1 that exceeds 2% of the						
_	amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						287,572
	ion B. Total Support	4 2 2 2 2 3	41.0000	4) 0007	4 11 0000	() 0000	
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	0	0	0	82,816	204,756	287,572
8	Gross income from interest, dividends,						
	payments received on securities loans,					ŀ	
	rents, royalties and income from similar sources						0
9	Net income from unrelated business				·		0
Ū	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets					!	
	(Explain in Part IV.)						0
11	Total support. Add lines 7 through 10.						287,572
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the o						
	organization, check this box and stop here						► <u>X</u>
Sect	ion C. Computation of Public Support	t Percentage					
14	Public support percentage for 2009 (line 6,	• • •	•	column (f)) .	-	14	0 00%
15	Public support percentage from 2008 Scheo			•		15	0 00%
16a	33 1/3% support test-2009. If the organiza				e 14 is 33 1/3%	6 or more, chec	k this box
	and stop here. The organization qualifies a		•				▶ 📘
b	33 1/3% support test-2008. If the organiza						
	box and stop here. The organization qualification						
17a	10%-facts-and-circumstances test-2009.						
	or more, and if the organization meets the "f				•	•	
	the organization meets the "facts-and-circur						
b	10%-facts-and-circumstances test–2008.						
	or more, and if the organization meets the "f				•	•	
	the organization meets the "facts-and-circur		_	·		•	ition .
18	Private foundation. If the organization did not ch	eck a box on line	13, 16a, 16b, 1	7a ,or 17b, chec	k this box and se	e instructions	▶□

20

<u> Page</u> **3** Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 0 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 0 Gross receipts from activities that are not an unrelated trade or business under section 513 0 Tax revenues levied for the organization's benefit and either paid to or expended on 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 5 . . . 0 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . 0 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 0 Add lines 7a and 7b . . . 0 0 Public support (Subtract line 7c from line 6.) 0 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (c) 2007 (e) 2009 (f) Total Amounts from line 6 0 0 0 0 0 0 10a Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources 0 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 Add lines 10a and 10b 0 0 0 0 0 0 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 (Explain in Part IV.) 0 Total support. (Add lines 9, 10c, 11, and 12.) 0 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 8, column (f) divided by line 13, column (f))... 0 00% Public support percentage from 2008 Schedule A, Part III, line 15 16 0 00% Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . 17 17 0.00% Investment income percentage from 2008 Schedule A, Part III, line 17. 18 0.00% 19a 33 1/3% support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form	990 or 990-EZ) 2009	THE WEHRLY FO	DUNDATIO	N			26-4753549	Page 4
Part IV	Supplemental	Information. Con	nplete this	part to provid	le the explanat	ions required	by Part II, line 10	0,
	Part II, line 17a	or 17b, and Part I	II, line 12	Provide any	other additiona	I information	See instructions	
· · · · · · · · · · · · · · · · · · ·		**						
· • • • • • • • • • • • • • • • • • • •								
								
· 								
					·			
·								
					·			
·					,	• • • • • • • • • • • • • • • • • • • •		
	•							
						. 		
					·			
					,			

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

THE WEHRLY FOUNDATION

Name of the organization

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.

OMB No 1545-0047	2009	Open to Public

Inspection Employer identification number

26-4753549

Part General Information on Grants and Assistan	n on Grants	and Assistance					
1 Does the organization maintain records to substantiate the	ain records to s	ubstantiate the am	ount of the grants or a	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s' eligibility for the grar	nts or assistance, and	
the selection criteria used to award the grants or assistance?	award the grar	its or assistance? . dures for monitorin	g the use of grant fund	Is in the United States.			. X Yes No
Part II Grants and Other Assistance to Governments and Organizations In the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. UP Part IV and Schedule I-1 (Form 990) if additional space is needed.	Assistance to ine 21, for any e I-1 (Form 99	Governments a recipient that rec 30) if additional sp	ind Organizations In seived more than \$5, bace is needed	ts and Organizations In the United States. Complete if the organization answered "Yes" to received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use al space is needed.	Complete if the org if no one recipient re	anization answered	1 "Yes" to \$5,000. Use
1 (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
ORGANIZED CHURCHES VARIOUS		CHURCHES	123,757	0			SUPPORT
DOMESTIC MINISTRIES VARIOUS		501(C)(3)	45,350	0			SUPPORT
FOREIGN MINISTRIES VIA US OFFICES		501(C)(3)	22,900	0			SUPPORT
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
2 Enter total number of section 501(c)(3) and government organizations.	n 501(c)(3) and	government organi	izations				
3 Enter total number of other organizations	organizations .		•			•	

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

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009

PART 1 LINE 1. Our procedures for monitoring the actual use of grant funds for ministries in both the U.S. and Abroad include regular physical visits and in person meetings (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Telephone interviews and ongoing email and internet contact are used to supplement our ongoing physical contact and monitoring of each church or ministry. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 0 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

THE WEHRLY FOUNDATION	26-4753549
ctioc	
FORM 990 Part VI Line 2: Patrick J. Wehrly and Andrea Wehrly are husband and wife	
FORM 990 PART VI LINE 8A Meetings held and actions taken were documented by meetings	of the governing body.
FORM 990 PART V SECTION 3 LINE B: There was no unrelated business income that exceed	ded \$ 1,000.00
FORM 990 PART VI LINE 8B. There are no committees with any power to act on behalf of the	governing body The actual govern-
ning body retains all power to act and make decisions.	
FORM 990 PART VI SECTION B LINE 11B: The organization meets during the drafting portion	of the Form 990 as well as reviews
the completed form prior to fiing the form.	
FORM 990 PART VI SECTION C LINE 19: As required the organization makes all necessary of	documents and statements avail-
able to the general public upon any request from the public by mailing the documents requeste	<u>d.</u>