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Form **990-PF**

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service

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

2010

For calendar year 2010, or tax year beginning and ending G Check all that apply: Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation A Employer identification number WEHLING FAMILY CHARITABLE FOUNDATION, INC. 31-1630034 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 3486 DOVER ROAD 513/984-5700 City or town, state, and ZIP code C If exemption application is pending, check here AUGUSTA, KY 41002 D 1. Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col. (c), line 16) If the foundation is in a 60-month termination 382,313. (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Part I Analysis of Revenue and Expenses (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) for charitable purposes expenses per books income income (cash basis only) Contributions, gifts, grants, etc., received N/A 2 Check X If the foundation is not required to attach Sch B Interest on savings and temporary cash investments 54 54. STATEMENT 3 8,519. 8,519. STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) <9,661. 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 088. 8,573. 13 0. 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees RECEIVE 725 0 **b** Accounting fees STMT 3 == 0. STMT 150 0 ! c Other professional fees S 0. 17 Interest nct 0 6 201 10 18 19 Depreciation and depletion OGDEN 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 718 718 STMT 5 23 Other expenses 0. 24 Total operating and administrative expenses Add lines 13 through 23 2,593 718 25 Contributions, gifts, grants paid 47,385 385. 26 Total expenses and disbursements. Add lines 24 and 25 49,978 718 47,385 27 Subtract line 26 from line 12: <51,066. a Excess of revenue over expenses and disbursements 7,855 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-) Form **990-PF** (2010) 023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

2010.04020 WEHLING FAMILY CHARITABLE F 7353___

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Part III Analysis of Changes in Net Assets or Fund Balances

| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30 | | T | |
|---|---|---|-------|----------|
| | (must agree with end-of-year figure reported on prior year's return) | 1 | | 375,293. |
| 2 | Enter amount from Part I, line 27a | 2 | Т | <51,066. |
| 3 | Other increases not included in line 2 (itemize) | 3 | Т | 0. |
| 4 | Add lines 1, 2, and 3 | 4 | T | 324,227. |
| 5 | Decreases not included in line 2 (itemize) | 5 | Т | 0. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | oxdot | 324,227. |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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79.

36,823.

47,385.

Add lines 5 and 6

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

6

WEHLING FAMILY CHARITABLE FOUNDATION,

| Form | 990-PF | | | 31- | <u>-1630</u> | 034 | 1 | Page 4 |
|------|-----------|--|--------------------------------------|-------------|--------------|----------|------|------------|
| Pa | rt VI | Excise Tax Based on Investment Income (Section 4940 | (a), 4940(b), 4940(e), | or 4948 | - see i | nstru | ctio | าร) |
| 1a | Exempt | operating foundations described in section 4940(d)(2), check here 🕨 🔲 and ent | ter "N/A" on line 1. | | | | | |
| | | ruling or determination letter: (attach copy of letter if nece | | | | | | |
| b | | ic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 | X and enter 1% | 1 | ļ | | | <u>79.</u> |
| | of Part I | , line 27b | | | | | | |
| | | domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% \cdot | | | | - | - | |
| 2 | | er section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Oth | ers enter -0-) | 2 | ļ | | | <u>0.</u> |
| 3 | | s 1 and 2 | | 3 | <u> </u> | | | 79. |
| 4 | | A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other | ners enter -0-) | 4 | | | | 0. |
| 5 | | ed on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5_ | - | | | 79. |
| 6 | | Payments: | - 1 | | | | | |
| | | timated tax payments and 2009 overpayment credited to 2010 | | 4. | | | | |
| | | foreign organizations - tax withheld at source | 6b | | | | | |
| | | with application for extension of time to file (Form 8868) | 6c | | | | | |
| | | withholding erroneously withheld | 6d | | | | _ | |
| 7 | | edits and payments. Add lines 6a through 6d | | 7 | | | 5 | 84. |
| 8 | | y penalty for underpayment of estimated tax. Check here if Form 2220 is attack | hed | 8 | | | | |
| | | . If the total of lines 5 and 8 is more than line 7, enter amount owed | | 9 | | | | ~ |
| 10 | | ment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | E05 | 10 | ļ | | | 05. |
| | | e amount of line 10 to be: Credited to 2011 estimated tax A Statements Regarding Activities | 505. Refunded | <u>▶ 11</u> | | | | 0. |
| | | | stron or did it participate or into | | | | Yes | No |
| ıa | | he tax year, did the foundation attempt to influence any national, state, or local legisla tical campaign? | ition of the it participate of lines | vene m | | 1. | 163 | |
| | | incal campaight? lend more than \$100 during the year (either directly or indirectly) for political purpose | o (can instructions for definitio | n)2 | | 1a 1b | | X |
| U | | nswer is "Yes" to 1a or 1b, attach a detailed description of the activities and | · | • | | 10 | | |
| | | ited by the foundation in connection with the activities. | copies of any materials pub | iisrieu oi | | | | |
| | | foundation file Form 1120-POL for this year? | | | | 1c | • | X |
| | | e amount (if any) of tax on political expenditures (section 4955) imposed during the y | war. | | | 10 | | _21 |
| J | | the foundation. > \$ (2) On foundation managers. | | 0. | | | | |
| • | | e reimbursement (if any) paid by the foundation during the year for political expendition | | <u> </u> | | | | |
| · | | rs. > \$ 0. | are tax imposed on realidation | | | | | |
| 2 | - | foundation engaged in any activities that have not previously been reported to the IR | S? | | | 2 | - | X |
| _ | | attach a detailed description of the activities. | - | | | _ | - | |
| 3 | | foundation made any changes, not previously reported to the IRS, in its governing in | strument, articles of incorporat | ion, or | | | | |
| _ | | or other similar instruments? If "Yes," attach a conformed copy of the changes | | , | | 3 | | X |
| 4a | | foundation have unrelated business gross income of \$1,000 or more during the year | | | | 4a | | X |
| | | has it filed a tax return on Form 990-T for this year? | | 1 | A\r | 4b | | |
| | | re a liquidation, termination, dissolution, or substantial contraction during the year? | | | | 5 | | X |
| | If "Yes, | attach the statement required by General Instruction T | | | | | | |
| 6 | Are the | requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith | ner: | | | | | |
| | ● By lan | guage in the governing instrument, or | | | | | | |
| | By sta | ite legislation that effectively amends the governing instrument so that no mandatory | directions that conflict with the | state law | | | | |
| | remai | in the governing instrument? | | | | 6 | X | |
| 7 | Did the | foundation have at least \$5,000 in assets at any time during the year? | | | | 7 | X | |
| | If "Yes, | " complete Part II, col. (c), and Part XV. | | | | | | |
| 8a | Enter th | e states to which the foundation reports or with which it is registered (see instruction | s) > | | | | | |
| | OH | | | | | | | |
| b | If the an | swer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att | orney General (or designate) | | | | | |
| | of each | state as required by General Instruction G? If "No," attach explanation | | | | 8b | X | |
| 9 | | undation claiming status as a private operating foundation within the meaning of sec | | r calendar | | | | |
| | | 10 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," co | | | | 9 | | X |
| 10 | Did any | persons become substantial contributors during the tax year? If "Yes," attach a schedule | listing their names and addresses | | | 10 | | X |

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May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2010)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

N/A

4a

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X

| Form 990-PF (2010) INC. | | | <u>31-16300</u> | 34 Page 6 |
|---|---|-----------------------------|--|-------------------------------|
| Part VII-B Statements Regarding Activities for Which I | Form 4720 May Be F | Required (contin | ued) | |
| 5a During the year did the foundation pay or incur any amount to: | | | | |
| . (1) Carry on propaganda, or otherwise attempt to influence legislation (section | , ,, | | es X No | |
| (2) Influence the outcome of any specific public election (see section 4955); of | r to carry on, directly or indire | | | |
| any voter registration drive? | | | es 🗶 No | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | Ye | es X No | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | Y6 | es X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or t | | | |
| the prevention of cruelty to children or animals? | | Ye | es 🗓 No | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit | der the exceptions described i | in Regulations | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | ctions)? | | N/A | 5b |
| Organizations relying on a current notice regarding disaster assistance check h | ere | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi | rom the tax because it mainta | ıned | | |
| expenditure responsibility for the grant? | N | Γ/ A □ Υε | s 🔲 No | |
| If "Yes," attach the statement required by Regulations section 53 494 | 5-5(d) | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | |
| a personal benefit contract? | | | s X No | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | 1- | 6b X |
| If "Yes" to 6b, file Form 8870. | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | Y6 | s X No | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu- | table to the transaction? | | _ | 7b |
| Information About Officers, Directors, Trust | | nagers, Highly | | |
| Part VIII Paid Employees, and Contractors | | | | |
| 1 List all officers, directors, trustees, foundation managers and their | compensation. | | | |
| | (b) Title, and average | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Expense |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | and deferred compensation | account, other allowances |
| CAROLYN WEHLING | PRESIDENT/TRE | | | |
| 3486 DOVER RD. | | | | |
| AUGUSTA, KY 41002 | 0.00 | 0. | 0. | 0. |
| | VICE PRESIDEN | | | |
| 3486 DOVER RD. | | | | |
| AUGUSTA, KY 41002 | 0.00 | 0. | 0. | 0. |
| | 0.00 | | | • |
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| | | | | |
| | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | luded on line 1). If none, | enter "NONE." | L | |
| | | | (d) Contributions to | (e) Expense account, other |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | employee benefit plans and deferred compensation | account, other allowances |
| NONE | devoted to position | | compensation | diowances |
| | | | | |
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| * 1.1 | | <u></u> | <u> </u> | |
| Total number of other employees paid over \$50,000 | | | | 0 |
| | | | Form 9 | 990-PF (2010) |
| | | | | |
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| | 6 | | | |
| | • (| | | |

WEHLING FAMILY CHARITABLE FOUNDATION,

023551 12-07-10

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0.

Total. Add lines 1 through 3

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| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndations, | see instructions) |
|----|--|--------------|--------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 362,132. |
| | Average of monthly cash balances | 1b | 20,938. |
| | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 383,070. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 383,070. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 5,746. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 377,324. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 18,866. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | id certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 18,866. |
| 2a | Tax on investment income for 2010 from Part VI, line 5 | | |
| b | Income tax for 2010. (This does not include the tax from Part VI.) | | |
| c | Add lines 2a and 2b | 2c | 79. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 18,787. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 18,787. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7_ | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 18,787. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 47,385. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 47,385. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income. Enter 1% of Part I, line 27b | 5 | 79. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 47,306. |
| | •Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years. | qualifies fo | r the section |

| Part XIII | Undistributed Income | (see instructions) |
|-----------|----------------------|--------------------|
| | | |

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|--|---------------------------------------|---|-------------|---------------------------|
| 1 Distributable amount for 2010 from Part XI, | | | | |
| line 7 | | | | 18,787. |
| 2 Undistributed income, if any, as of the end of 2010 | | | | |
| a Enter amount for 2009 only | | | 0. | |
| b Total for prior years: | | | | |
| , | İ | 0. | | |
| 3 Excess distributions carryover, if any, to 2010: | | | | |
| a From 2005 2,146. | | | | |
| b From 2006 4,932. | | | | |
| c From 2007 4,329. | | | | |
| d From 2008 69,206. | | | , | |
| e From 2009 28,602. | | | | , |
| f Total of lines 3a through e | 109,215. | | | |
| 4 Qualifying distributions for 2010 from | 105,215. | | | |
| Part XII, line 4: ►\$ 47,385. | | | | |
| a Applied to 2009, but not more than line 2a | | | 0. | |
| · · · · · · · · · · · · · · · · · · · | | | <u> </u> | |
| b Applied to undistributed income of prior years (Election required - see instructions) | | 0. | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| c Treated as distributions out of corpus | 0 | | , , | */ |
| (Election required - see instructions) | 0. | | | 18,787. |
| d Applied to 2010 distributable amount | 28,598. | * | | 10,/0/• |
| e Remaining amount distributed out of corpus | ····· | , | | |
| 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | ۸. | |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 137,813. | : | * ° / | ×. |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | , | 0. | | ` |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | , |
| d Subtract line 6c from line 6b. Taxable | y | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2009. Subtract line | · · · · · · · · · · · · · · · · · · · | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | , |
| f Undistributed income for 2010. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2011 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | • | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2005 | | | | |
| not applied on line 5 or line 7 | 2,146. | | | |
| 9 Excess distributions carryover to 2011. | | | | |
| Subtract lines 7 and 8 from line 6a | 135,667. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2006 4,932. | ļ | | | |
| b Excess from 2007 4 , 329. | 1 | | | |
| c Excess from 2008 69,206. |] | | | |
| d Excess from 2009 28,602. | | | | |
| e Excess from 2010 28,598. | | | | |
| | | | • | Form 990-PF (2010) |

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

023601 12-07-10

c Any submission deadlines:

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TNC

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| Part XV Supplementary Information | | | | |
|---|--|--------------------------------------|----------------------------------|--------------|
| 3. Grants and Contributions Paid During the Young Recipient | If recipient is an individual | Payment | | |
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | or substantial contributor | recipient | | |
| SEE ATTACHED LISTING | | | | 47,385. |
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| | | | | |
| Total b Approved for future payment | | | ▶ 3a | 47,385. |
| - · , pp · · · · · · · · · · · · · · · · · · | | | | |
| | | | | |
| NONE | | | | |
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| Total | 1 | <u> </u> | ▶ 3h | 0. |

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| 1 101 | |
| | |

| 5 | s amounts unless otherwise indicated. | Unrelated | business income | Exclude | d by section 512, 513, or 514 | (e) |
|--|--|--|--|-----------------------|--------------------------------------|---------------------|
| | | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | Related or exempt |
| 1 Progran | n service revenue: | code | | code | Amount | function income |
| a | | _ | | | | |
| b | | _ | | . | | |
| | | | | + | | |
| d | | - | | | | |
| e | | - | | +-+ | | |
| ¹ <u>-</u> | | _ | | | | |
| _ | and contracts from government agencies | <u> </u> | | | ···································· | |
| | rship dues and assessments | | | + + | | |
| | on savings and temporary cash | | | | | Γ.4 |
| Investm | | | | ++ | | 5 <u>4</u> 8,519 |
| | ds and interest from securities | | | | | 8,519 |
| | tal income or (loss) from real estate: | | | + + | | |
| | t-financed property | | | + + | | |
| | debt-financed property tal income or (loss) from personal | | | + + | | |
| | , , . | | | | | |
| property 7 Other in | y vestment income | | | + | | |
| | (loss) from sales of assets other | · - | | + | | |
| than inv | • | | | | | <9,661 |
| | ome or (loss) from special events | | | + + | | (3,001 |
| | rofit or (loss) from sales of inventory | | | | | |
| Other re | | | | + + | | |
| | | | | | | |
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| d | | 1 | | | | |
| | | | | | | |
| е | | | | | 0. | |
| | I. Add columns (b), (d), and (e) | | 0 | • | | <1,088 |
| 2 Subtota | , , , , , , | | 0 | • | | <1,088 <1,088 |
| Subtota Total A | il. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. |) | 0 | • _ | 13 | <1,088 <1,088 |
| Subtota Total A | Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations. | | | | 13 | <1,088 <1,088 |
| 2 Subtota 3 Total A Gee works Part X Line No. | Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations. | s to the Accon | nplishment of E | xempt | 13 Purposes | <1,088 |
| 2 Subtota 3 Total A See works Part X Line No. | Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations. VI-B Relationship of Activities Explain below how each activity for which in | s to the Accordicate is reported in an analy providing fund | nplishment of Ecolumn (e) of Part XVI-s for such purposes). | xempt | 13 Purposes | <1,088 |
| 2 Subtota 3 Total A See works Part XV | Add line 12, columns (b), (d), and (e) wheet in line 13 instructions to verify calculations. WI-B Relationship of Activities Explain below how each activity for which in the foundation's exempt purposes (other the INVESTMENT INCOME FROM INVESTMENT INVESTM | icome is reported in an by providing fund M INTERES' M DIVIDEN | nplishment of Ecolumn (e) of Part XVI-s for such purposes). T DS | xempt | 13 Purposes | <1,088 |
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| iii se | ection by I(c) of the Gode (other than section) | 30 ((c)(3)) or in section 5277 | | | Yes LAL No |
|-----------------|--|--|-------------------------------|------------------------------------|---------------------------------------|
| b If "Yo | es," complete the following schedule. | | | | |
| | (a) Name of organization | (b) Type | of organization | (c) Description o | f relationship |
| | N/A | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Under penalties of perjury, I declare that I have exam | nined this return, including accompar | nying schedules and stateme | ents, and to the best of my knowle | edge and belief, it is true, correct, |
| Sign | and complete Declaration of preparer (other than ta | kpayer or fiduciary) is based on all inf | formation of which preparer h | nas any knowledge | |
| Here | I Menula | | 1 10/3/11 | 1 Ferma | X |
| | Signature of officer or trustee | | Date | Title | |
| | Print/Type preparer's name | Preparer's signature | Date | Check X | f PTIN |
| | | DM. | - ah | self- employed | |
| Paid | NEAL E. SCHEAR | | 1/2 | יין די | |

(513)984-5700 Form **990-PF** (2010)

023622

Preparer

Use Only

Firm's name ► SCHEAR & SCHEAR, CPAS

Firm's address ▶ 4866 COOPER ROAD, SUITE 202

CINCINNATI, OH 45242-6904

Firm's EIN ▶

Phone no.

| FORM 990-PF INTEREST ON SAVI | NGS A | ND TEM | PORARY C | ASH II | NVESTMENTS | STATEMENT | 1 |
|--------------------------------|--------|---------------------|----------|--------|------------------------------|---------------------|-----|
| SOURCE | | | | | | AMOUNT | |
| MERRILL LYNCH | | | | | • | | 54. |
| TOTAL TO FORM 990-PF, PART I, | LINE | 3, CO | LUMN A | | | | 54. |
| FORM 990-PF DIVIDENDS | S AND | INTER | EST FROM | SECUI | RITIES | STATEMENT | 2 |
| SOURCE | | GROSS | AMOUNT | | ITAL GAINS IVIDENDS | COLUMN (A AMOUNT |) |
| MERRILL LYNCH | | | 8,519. | | 0. | 8,5 | 19. |
| TOTAL TO FM 990-PF, PART I, LE | N 4 = | | 8,519. | | 0. | 8,5 | 19. |
| FORM 990-PF | AC | COUNTI | NG FEES | | | STATEMENT | 3 |
| DESCRIPTION | EXPE | A) NSES BOOKS | | | (C) ADJUSTED NET INCOM | | |
| SCHEAR & SCHEAR | | L,725. | | 0. | | | 0. |
| TO FORM 990-PF, PG 1, LN 16B | - | L,725. | | 0. | | | 0. |
| FORM 990-PF OT | THER I | PROFES | SIONAL F | EES | | STATEMENT | 4 |
| DESCRIPTION | EXPE | A) NSES BOOKS | | EST- | (C) ADJUSTED NET INCOM | | |
| OTHER FEES | ,,, | 150. | | 0. | | | 0. |
| TO FORM 990-PF, PG 1, LN 16C | - | 150. | | 0. | • | | 0. |

| FORM 990-PF | OTHER E | XPENSES | | | STATEMENT | 5 |
|-------------------------------|------------------------------|-----------------------------|------|------------------------------|---------------------|-----|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVE MENT INC | | (C) ADJUSTED NET INCOM | | |
| COST ADJUSTMENTS TO FUNDS | 718. | | 718. | | | 0. |
| TO FORM 990-PF, PG 1, LN 23 | 718. | | 718. | | | 0. |
| FORM 990-PF | CORPORAT | E STOCK | | | STATEMENT | 6 |
| DESCRIPTION | | | вос | OK VALUE | FAIR MARKE VALUE | Т |
| INVESTMENTS | | | | 310,931. | 367,8 | 17. |
| TOTAL TO FORM 990-PF, PART II | , LINE 10B | | | 310,931. | 367,8 | 17. |
| FORM 990-PF | OTHER | ASSETS | | | STATEMENT | 7 |
| DESCRIPTION | | NING OF K VALUE | | OF YEAR OK VALUE | FAIR MARKE VALUE | Т |
| ORGANIZATIONAL COSTS | | 500. | | 500. | 5 | 00. |
| TO FORM 990-PF, PART II, LINE | 15 | 500. | | 500. | 5 | 00. |

Wehling Family Charitable Foundation Annual Meeting - July 1, 2010

Trustees present: Carolyn Wehling, Bob Wehling, Susan Wehling Hassouna, Mary Cann, Jenny Wehling Deiter, Linda Grace Freeman, Karen Swolsky, Sandy Tedrick

Distributions were authorized as follows:

| Augusta Volunter Fire Dept Augusta Rotary Club Augusta Hope Center Brookville Christian Church Calvary Episcopal Church Christ the King Church Cinti Youth Collaborative Coast Range Association Common Sense Media Denison University Foundation for Retinal Research Fine Arts Fund Friendship UMC Irene Waukonda PTO International Snow Leopard Tr P & G Childrens Safe Drinking Water Fund Oaklea Middle School New Wine Covenant Community Church Northwest Coalition for Alternatives to Pesticide St. Jude Childrens Research Hosp Pleasant Valley Lutheran Church S L Mason - School Garden Ronald McDonald House Save America's Forest Serenity Church St. Augustine School St. Augustine School Territorial School PTO Theatre Guild of Valdosta UNICEF United Way United Way Valdosta High School Vermillion Area Farmers Mkt World Piano Competition World Venture | \$ | 500.00 500.00 1,000.00 1,750.00 1,785.00 900.00 1,000.00 500.00 2,500.00 2,500.00 4,000.00 2,500.00 4,000.00 2,500.00 4,000.00 250.00 1,000.00 300.00 300.00 1,250.00 1,250.00 1,250.00 500.00 1,250.00 1,000.00 1,250.00 1,000.00 500.00 1,000.00 500.00 600.00 | 0000000000000000000000000000000000 |
|--|-----------|--|------------------------------------|
| World Venture Willamette Food and Farm Coalition | \$ | 600 00 300 00 47,385.00 | 0 |

Robert Wehling Secretary

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

| Internal Revenue | Service | ► File a sepa | arate applic | cation for each return. | | - 1 | | |
|---|----------------------|---|-------------------|---|--------------------------------|---------------|------------------|----------------|
| If you are f | filing for a | n Automatic 3-Month Extension, c | omplete o | only Part I and check this box | | | | ▶ 🗸 |
| - | - | n <mark>Additional (Not Automatic) 3-M</mark> o <i>t II unless</i> you have already been g | | | _ | | | n 8868. |
| Electronic 1 | filing (<i>e-fi</i> | le). You can electronically file Form | 8868 if you | u need a 3-month automatic exter | Ision of t | ime | to file (6 | months for |
| | | to file Form 990-T), or an additional | | | | | | |
| | | xtension of time to file any of the for Associated With Certain Personal | | | | | | |
| | | e details on the electronic filing of th | | | | | | |
| | | tic 3-Month Extension of Time | | ··· · · · · · · · · · · · · · · · · | | J. 10.1 | 1/03 0 /40 | Jipionis. |
| | | ed to file Form 990-T and reques | | | | box | v end e | |
| Part I only | | | | | | | | ▶ 🖂 |
| All other co | porations | (including 1120-C filers), partnershi | ps, REMIC | s, and trusts must use Form 7004 | to requ | est a | an extens | sion of time |
| to file incom | e tax retu | ms. | | | | | | |
| Type or | Name of | exempt organization | | in- | Employer identification number | | | |
| print WEHLING FAMILY CHARITABLE FOUNDATION | | | I, INC. | MIERNA | | 31-1630034 | | |
| File by the | Number, | street, and room or suite no. If a P.O. bo | x, see instru | ictions. | VEAU. | | | |
| due date for filing your | C/O SCH | EAR & SCHEAR, CPAS, 4866 COOPER | ROAD, SU | ITE 202 VESTOUELD | VENUE | <u>.</u> S/ | CO | |
| return See Instructions | 1 " | n or post office, state, and ZIP code. For | a foreign ac | ddress, see instructions. | epsis | TAN | RVICE | : |
| | CINCINN | ATI, OH 45242 | | fel : | 3 705 | 45 | 089 - | |
| Enter the Re | etum code | for the return that this application is | s for (file a | separate application for arthretur | m) . | | | 0 4 |
| Application | n | | Return Code | Application 577 | 0 |] | | Return Code |
| | | | | | | | | |
| Form 990 | | | 01 | Form 990-T (corporation) | | | | 07 |
| Form 990-l | | | 02 | Form 1041-A | | | | 08 |
| Form 990-I | | | 03 | Form 4720 | | | | 09 |
| Form 990- | | | 04 | Form 5227 | | | | 10 |
| | | 1(a) or 408(a) trust) | 05 | Form 6069 | | | | 11 |
| Form 990- | (trust oth | ner than above) | 06 | Form 8870 | | | | 12 |
| The books Telephone | . No. ► | | | 4X No. ► | | | , | |
| _ | | oes not have an office or place of bu | | | | | | . ▶ ⊔ |
| | | Return, enter the organization's four | | | | | If thi | |
| | - | theck this box ▶ 🗌 . If i | | of the group, check this box | 1 | \ | _ and at | tach |
| | | and EINs of all members the extension | | | | | | |
| | | tomatic 3-month (6 months for a co | - | · | | | | |
| until AUGUST 15, 20 11, to file the exempt organization return for the organization named above. The extension is | | | | | | | | |
| | _ | ation's return for: | | | | | | |
| | | year 20 <u>10</u> or | | | | | | |
| ▶⊔ | tax year l | peginning | , 20 | , and ending | | | , 20 | · |
| 2 If the | tay vear | entered in line 1 is for less than 12 m | onths che | eck reason: [] Initial return [] F | inal retu | т | | |
| | - | ccounting period | ioriais, orie | soc reason. | iiidi ietu | | | |
| | | on is for Form 990-BL, 990-PF, 990 credits. See instructions. |)-T, 4720, d | or 6069, enter the tentative tax, les | - 1 | 3a | \$ | |
| b If thi | s applica | tion is for Form 990-PF, 990-T, 4 | 720, or 60 | 069, enter any refundable credit | | - | | |
| estim | nated tax | payments made. Include any prior ye | ear overpay | yment allowed as a credit. | | 3b_ | \$ | |
| | | ubtract line 3b from line 3a. Include yo eral Tax Payment System). See instruct | | with this form, if required, by using E | 1 | 3с | \$ | |
| | | joing to make an electronic fund w | | with this Form 8868, see Form 8 | | | | 879-EO for |
| payment ins | | | /·· / | | | | | |

| Form 8868 (Re | ev. 1-2011) | | | | Page 2 | | |
|----------------------------|---|---|--|--|-------------------|--|--|
| • | filing for an Additional (Not Automatic) 3-Mo | | | | | | |
| | complete Part II if you have already been gran | | | viously filed Form 88 | 68. | | |
| | e filing for an Automatic 3-Month Extension, o | | | | | | |
| Part II | Additional (Not Automatic) 3-Month Ex | xtension | of Time. Only file the original (n | | | | |
| Type or orint | Name of exempt organization | LING | | Employer identification | | | |
| File by the | WEHLING FAMILY CHARITABLE FOUNDATION | LY CHARITABLE FOUNDATION, INC. 31-1630034 and room or surte no. If a P.O. box, see instructions | | | | | |
| extended | | | | | | | |
| due date for iling your | | | | | | | |
| etum See nstructions. | CINCINNATI, OH 45242 | a loreigh a | duress, see instructions. | | | | |
| - Isa octions. | CINCINAL II, OH 43242 | | | | | | |
| Enter the B | Return code for the return that this application i | s for /file a | separate application for each retur | n) | 0 4 | | |
| | return code for the return that this application is | s ioi (ille a | separate application for each retur | ''', | (4) | | |
| Application | on | Return | Application | | Return | | |
| Is For | | Code | Is For | | Code | | |
| Form 990 | | 01 | | | | | |
| Form 990- | -BL | 02 | Form 1041-A | and the second of the second s | 08 | | |
| Form 990 | | 03 | Form 4720 | | 09 | | |
| Form 990 | -PF | 04 | Form 5227 | | 10 | | |
| | -T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | 11 | | |
| | -T (trust other than above) | 06 | Form 8870 | | 12 | | |
| STOP! Do t | not complete Part II if you were not already gra | anted an a | tomatic 3-month extension on a p | reviously filed Form (| 3868. | | |
| The book | s are in the care of FRODERT WEL | LING | | | | | |
| Telephon | ne No.▶ 513-984-5700 | FAX | | | | | |
| If the org | anization does not have an office or place of b | usiness in | the United States, check this box . | | . ▶ 🗆 | | |
| If this is f | or a Group Return, enter the organization's fou | ır digit Gro | up Exemption Number (GEN) | If thi | s is | | |
| or the who | ole group, check this box 🕨 🔲 . If | it is for par | t of the group, check this box . | 🕨 🗌 and at | tach a | | |
| ist with the | e names and EINs of all members the extension | n is for. | | | | | |
| 4 I red | quest an additional 3-month extension of time | until | NOVEMBER 15 | 20 11 . | | | |
| 5 For | calendar year 10, or other tax year beginning | ng | , 20, and ending | 9 | , 20 | | |
| 6 If th | ne tax year entered in line 5 is for less than 12 r | nonths, ch | eck reason: | Final return | | | |
| | Change in accounting period | | | | | | |
| 7 Stat | te in detail why you need the extension ADD | TIONAL TI | ME IS NEEDED TO COMPLETE BOOK | KEEPING NECESSAR | Υ | | |
| TO | PREPARE THE RETURN. | | | | | | |
| | *************************************** | | | | | | |
| | | | | | | | |
| | nis application is for Form 990-BL, 990-PF, 990 | D-T, 4720, | or 6069, enter the tentative tax, les | | | | |
| | refundable credits. See instructions. | | | 8a \$ | <u></u> | | |
| | his application is for Form 990-PF, 990-T, 4 | | | | | | |
| | mated tax payments made. Include any prio | r year ove | rpayment allowed as a credit and | d any | | | |
| | ount paid previously with Form 8868. | | | 8b \$ | | | |
| | ance due. Subtract line 8b from line 8a. Include you ctronic Federal Tax Payment System). See instruc | | t with this form, if required, by using E | 8c \$ | | | |
| _ | | | I Verification | | | | |
| | es of perjury, I declare that I have examined this form, incli and complete, and that I am authorized to prepare this form | | panying schedules and statements, and to the | ne best of my knowledge a | and belief, it is | | |
| | and the first in the fir | | _ | 1 | 1 | | |
| | / Vu~ | | CPA | × li | 5lu | | |
| Signature ► . | | Title ► | | Date ► U | 4"_ | | |
| | | | | Form 8868 | (Rev 1-2011) | | |