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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052 Open to public Inspection

Department of the Treasury Internal Revenue Service

| For | alen | dar year 2012 or tax year beginning | | , and ending | | | |
|-------------------------------|----------------------|--|---|----------------------|---|---|--|
| | | foundation | | | A Employer identification | n number | |
| | | LING FAMILY CHARITABLE | FOUNDATION, | | | | |
| | <u>NC</u> | | | | 31-1630034 | | |
| | | nd street (or P O box number if mail is not delivered to street | address) | Room/suite | B Telephone number | 7.0.0 | |
| | | 6 DOVER ROAD | | | 513-984-5 | | |
| | | own, state, and ZIP code | | | C If exemption application is | pending, check here | |
| | | USTA, KY 41002 | | | | an abasik bara | |
| G (| heck | all that apply: Initial return | | ormer public charity | D 1. Foreign organization | is, check here | |
| | | Final return | Amended return | | Foreign organizations no check here and attach or | neeting the 85% test, | |
| | hl- | type of organization: Address change X Section 501(c)(3) ex | Name change | | 1 | | |
| n (| _ | | empt private foundation Other taxable private founda | ation | E If private foundation st under section 507(b)(| | |
| <u> </u> | | rket value of all assets at end of year J Accounti | | Accrual | 1 ''' | | |
| | | | her (specify) | Accidai | F If the foundation is in a under section 507(b)(| | |
| | <i>0111 F</i> ∙\$ | 321,672. (Part I, colu | mn (d) must be on cash l | basis.) | under section 507 (b)(| T)(D), GHOOK HOTE | |
| | ırt I | Analysis of Revenue and Expenses | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements | |
| | | (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | expenses per books | income | income | for charitable purposes (cash basis only) | |
| | 1 | Contributions, gifts, grants, etc., received | | | N/A | 1 | |
| | | Check X If the foundation is not required to attach Sch B | | | | | |
| | 3 | Interest on savings and temporary cash investments | 17. | 17. | | STATEMENT 1 | |
| | 4 | Dividends and interest from securities | 7,263. | 7,263. | | STATEMENT 2 | |
| | -5a | -Cross-rents | " - | | | | |
| | b | New German Comment of the Comment of | | | | | |
| ا۔ | 6£ | Net gain or (loss) from sale of assets out on line 10 | 7,348. | | | | |
| and | 9 | Net gain or (loss) from sale of assets out on line 10 Gross sales price from all | | | | | |
| Rexenue | | assets opline (a.g.) (17,331.) Capital gain net income (from Para M. line 2) | | 7,348. | | | |
| ď | 8- | -Net-short-term_capital gain | | | | ŧ | |
| ı | 9 | Incéptie medifications | | | | | |
| Ĺ | 10a | Total Sales lead returns I | | | | | |
| | b | Less Cost of goods sold | | | | | |
| | C | Gross profit or (loss) | | | | | |
| | 11 | Other income | | | | | |
| | 12 | Total. Add lines 1 through 11 | 14,628. | 14,628 | | | |
| | 13 | Compensation of officers, directors, trustees, etc | 0. | 0. | | 0. | |
| | 14 | Other employee salaries and wages | | | | | |
| Ω̈ | 1 | Pension plans, employee benefits | | | | | |
| - 0 | 16a | Legal fees | 1 075 | | | | |
| je G | b | Accounting fees STMT 3 | 1,875. | 0 | | 0. | |
| ∠UI3 Administrative Expens | C | Other professional fees STMT 4 | 157. | 0 | • | 0. | |
| ţţ | 17 | Interest | | | | | |
| ita | 18 | Taxes | | | | | |
| 401 3 | 19 | Depreciation and depletion | | | | | |
| 3 Ę | 20 | Occupancy | | | | | |
| ¥ ہ | 21 | Travel, conferences, and meetings | | | | | |
| _ | 22 | Printing and publications | | | | | |
| OEP. | 23 | Other expenses | | <u> </u> | | | |
| era. | 24 | Total operating and administrative | 2,032. | 0 | | 0. | |
| ة ق | 25 | expenses. Add lines 13 through 23 Contributions, gifts, grants paid | 44,734. | | • | 44,734. | |
| Ä | | | ##,/34. | | | 23,132. | |
| SCANNED - | 20 | Total expenses and disbursements. Add lines 24 and 25 | 46,766. | 0 | | 44,734. | |
| <u> </u> | 27 | Subtract line 26 from line 12: | =0,100. | 0 | | 11,131 | |
| ഗ് | | | <32,138. | | | | |
| - | 1 | Net investment income (if negative, enter -0-) | \J2,130. | 14,628 | | 1 | |
| | | Adjusted net income (if negative, enter -0-) | | 14,020 | N/A | | |
| | تا | Majabled Her Historice (II Helianas, editar -0-) | J | | | | |

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Page 3

| Part IV Capital Gains | and Lo | osses for Tax on In | vestmen | t Income | | | | | | |
|---|---------------------------------------|--|--------------------------------|--------------------------------------|--------------|-----------------------------|---------------------------|--------------------------------|---------------------|------------------------------------|
| (a) List and desc 2-story brick wa | ribe the k irehouse; | ind(s) of property sold (e.g. or common stock, 200 shs | ., real estate, s. MLC Co.) | | (b) | How ac - Purcl - Dona | quired hase ation | (c) Date acqu (mo., day,) | | (d) Date sold (mo., day, yr.) |
| 1a 588.582 SH GRO | WTH | FUND OF AMER | ICA | | | 02/01/02 06 | | | | 06/26/12 |
| <u>b</u> | | | | · | _ | | | · · · · · | | |
| d d | | - | | | ├ | | | | | |
| e | | | | | | | | | | |
| (e) Gross sales price | (f) | Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | (h) Gain ((e) plus (f) | | |
| a 17,351. | | | | 10,00 | 3. | | | | | 7,348. |
| <u>b</u> | | | | | | | - | | | |
| c d | | | | | - | | | - | | |
| e | <u> </u> | | | | | | | | | |
| Complete only for assets showing | ng gain in | column (h) and owned by t | the foundation | on 12/31/69 | | | (1) | Gains (Col. (| h) gaın | minus |
| (i) F.M.V. as of 12/31/69 | | (j) Adjusted basis as of 12/31/69 | | cess of col. (1) col. (j), if any | | | cól. | (k), but not li Losses (fro | ess tha m col. (| n -0-) or h)) |
| a | | - | | | | | | | | 7,348. |
| b | | | | | | | | | | |
| C | | | | | | | | | | |
| <u>d</u> | | | | | | | | | | |
| <u>e</u> | | C 16 ann alas antes | un Onnt I lunn | | 7 | | | | | |
| 2 Capital gain net income or (net ca | • | , (1.000), 5.110. | - ın Part İ, line | | } | 2 | | | | 7,348. |
| 3 Net short-term capital gain or (los | | | d (6): | | ٦ | | | | | |
| If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8 | column (| C). | | |) | 3 | | | N/A | |
| Part V Qualification U | nder S | Section 4940(e) for | Reduced | Tax on Net | Inv | estn | ent Inc | ome | | |
| (For optional use by domestic private if section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation does not qual | nis part b tion 4942 lify under | lank. tax on the distributable am section 4940(e). Do not co | ount of any yo | ear in the base per art. | rod? | | ·- | | | Yes X No |
| 1 Enter the appropriate amount in (a) | each colu | · · · · · · · · · · · · · · · · · · · | structions be | fore making any e | | | | 1 | | (d) |
| Base periód years Calendar year (or tax year beginni | ng ın) | (b) Adjusted qualifying dist | | Net value of no | (c) ncha | rıtable- | | | Dıstrıt (b) dıv | oution ratio rided by col. (c)) |
| 2011 | | | 7,852. | | | | <u>6,684</u> | | | .134158 .125372 |
| 2010 | | | 7,306. 6,900. | | | | 7,32 <u>4</u> 9,957 | | | .126771 |
| 2008 | | | $\frac{3,300.}{2,418.}$ | | - | | 5,33, 6,873 | _ | | .193800 |
| 2007 | | | 3,489. | | | | 3,646 | | | .055478 |
| 2 Total of line 1, column (d) | | | | | | | | 2 | | .635579 |
| 3 Average distribution ratio for the the foundation has been in existe | - | • | on line 2 by 5, | or by the number | of ye | ears | | 3 | | .127116 |
| 4 Enter the net value of noncharitat | ole-use as | sets for 2012 from Part X, I | line 5 | | | | | 4 | | 324,947. |
| 5 Multiply line 4 by line 3 | | | | | | | | 5 | | 41,306. |
| 6 Enter 1% of net investment incom | ne (1% of | f Part I, line 27b) | | | | | | 6 | | 146. |
| 7 Add lines 5 and 6 | | | | | | | | 7 | | 41,452. |
| 8 Enter qualifying distributions from | n Part XII | , line 4 | | | | | | 8 | | 44,734. |
| If line 8 is equal to or greater than See the Part VI instructions. | line 7, c | heck the box in Part VI, line | 1b, and comp | olete that part usin | g a 1 | % tax r | ate. | | | |
| 223521 12-05-12 | | | | | | | | | F | orm 990-PF (2012) |

| Form | 990-PF (2012) INC. 31- | -16 | 30034 | F | Page 4 |
|------|--|--------------|--------------|--------------|------------|
| | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 | - se | e instru | ctior | |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | - | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | _ | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% | | | 1 | <u>46.</u> |
| | of Part I, line 27b | | | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | — | | | 0. |
| 3 | Add lines 1 and 2 | ↓ | | 1 | <u>46.</u> |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | ┷ | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | | 1 | <u>46.</u> |
| 6 | Credits/Payments: | | | | |
| а | 2012 estimated tax payments and 2011 overpayment credited to 2012 6a 407. | | | | |
| b | Exempt foreign organizations - tax withheld at source | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) | | | | |
| đ | Backup withholding erroneously withheld 6d 6d | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | | 4 | <u>07.</u> |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 | 4 | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | ┵ | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | 2 | <u>61.</u> |
| | | Ш_ | | | 0. |
| | rt VII-A Statements Regarding Activities | | | V | NI. |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | <u> </u> | Yes | |
| | any political campaign? | | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | | 1b | | <u>X</u> _ |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | | | | |
| | distributed by the foundation in connection with the activities. | | | | |
| | Did the foundation file Form 1120-POL for this year? | | <u>1c</u> | | <u> </u> |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | - 1 |
| | (1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 . | | , | | Į. E |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | ٠ [|
| | managers. ► \$0 . | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | X |
| | If "Yes," attach a detailed description of the activities. | | | | i i |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | | X |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 4a | ├ | X |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | N/A | | | |
| | · | л/Д | 4b 5 | | X |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | " | | |
| | If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | ļ | | |
| 6 | By language in the governing instrument, or | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law | | | 1 | ; |
| | remain 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. | | | T | |
| Q۵ | The Frest Complete Fart II, Col. (c), and Fart XV. In Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | |
| Vā | OH | | - | 1 | |
| h | of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | _ | 1 | 1 |
| U | of each state as required by General Instruction G? If "No," attach explanation | | 8ъ | x | 1 |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar | | | | |
| 3 | year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV | | 9 | 1 | <u>x</u> |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | 10 | T | X |
| | The state of the s | | - 004 | DE | |

| Form | 990-PF (2012) INC. 31- | <u> 163003</u> | 1 | Page 5 |
|------|---|----------------|----------|----------|
| | rt VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | v |
| 4.5 | section 512(b)(13)? If "Yes," attach schedule (see instructions) | . 11 | + | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges | | | _ v |
| 40 | If "Yes," attach statement (see instructions) | 12 | x | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | 1 A | L |
| 14 | Website address ► N/A The books are in care of ► NEAL E. SCHEAR Telephone no. ►51 | 3/98/_ | 5700 | |
| 14 | | ►45242 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | F 4344 | <u>.</u> | |
| | and enter the amount of tax-exempt interest received or accrued during the year | 1 | N/A | |
| 16 | | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | Х |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign | | • | |
| | country > | | | ! |
| Pa | rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | <u> </u> | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly): | , | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | l No | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | 1 | | |
| | a disqualified person? Yes X | - 1 | | , |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X | _ | | |
| | | 1 NO | | ; |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | No. | | |
| | for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" | , 110 | | |
| | If the foundation agreed to make a grant to or to employ the official for a period after | | 1 | |
| | termination of government service, if terminating within 90 days.) |] No | | : |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| _ | | /A 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | |
| | before the first day of the tax year beginning in 2012? | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | 1 | | |
| | defined in section 4942(j)(3) or 4942(j)(5)): | 1 | | , |
| а | At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | 1 | | |
| | before 2012? | j No | | - |
| | If "Yes," list the years , , , , , , , , , , , , , , , , , , , | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | , |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) | /A 2b | 1 | |
| | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | 7 20 | 1 | 1 |
| t | the provisions of section 4942(a)(z) are being applied to any of the years listed in za, list the years field. | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? |] No | | |
| b | If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after | | l | } |
| | 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 | | ļ | |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | | | |
| | Form 4720, to determine if the foundation had excess business holdings in 2012) | /A <u>3b</u> | <u> </u> | <u> </u> |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | 1 | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | 1 | |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2012? | 4b | | X |
| | | Form 99 | U-PF | (2012) |

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WEHLING FAMILY CHARITABLE FOUNDATION, 31-1630034 Form 990-PF (2012) Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations N/A 5b section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained N/A expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/AInformation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred (c) Compensation (e) Expense account, other allowances (b) Title, and average hours per week devoted to position (If not paid, (a) Name and address enter -0-) compensation CAROLYN WEHLING PRESIDENT/TREASURER 3486 DOVER RD. 0. 0 0 AUGUSTA, KY 41002 0.00 VICE PRESIDENT/SECRETARY ROBERT WEHLING 3486 DOVER RD. 0. 0.00 0 0. KY 41002 AUGUSTA, 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred (e) Expense account, other allowances (b) Title, and average (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation compensation NONE

Form **990-PF** (2012)

Total number of other employees paid over \$50,000

| Form 990-PF (2012) INC • | | 1630034 Page 7 |
|--|-----------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued) | tion Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter | "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| NOND | - | |
| | | |
| | ┥ | |
| | | |
| | ┥ | |
| | | |
| | - | |
| | | |
| | \dashv | |
| T. 4. Laurehau of others account a conference of the section of th | | ▶ 0 |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | |
| | | <u> </u> |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conferen | | Expenses |
| | 10000, 010. | |
| 1 N/A | | |
| | | |
| | | |
| 2 | · · · · · · | |
| | | |
| | | |
| 3 | | |
| The state of the s | - | |
| | | |
| 4 | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on | lines 1 and 2 | Amount |
| | moo rand z. | |
| 1 <u>N/A</u> | | |
| | | |
| 0 | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | | |
| • • | | |
| 3 | | |
| | | |
| Total, Add lines 1 through 3 | | 0. |
| TOTAL AND MISS THITOUGHS | | |

Form **990-PF** (2012)

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| _ | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations, s | ee instructions.) |
|----------|---|---------------|---------------------|
| <u> </u> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | <u></u> |
| | Average monthly fair market value of securities | 1a | 311,859. |
| | Average of monthly cash balances | 1b | 311,859. 18,036. |
| | Fair market value of all other assets | 1c | |
| | Total (add lines 1a, b, and c) | 1d | 329,895. |
| | 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 | 329,895. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 4,948. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 324,947. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 16,247. |
| _ | 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.) | nd certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 16,247. |
| 2a | Tax on investment income for 2012 from Part VI, line 5 | | |
| b | Income tax for 2012. (This does not include the tax from Part VI.) |] | |
| C | Add lines 2a and 2b | 2c | 146. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 16,101. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 16,101. |
| 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 | 16,101. |
| 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 | 44,734. |
| 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 | | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 44,734. |
| 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 | 146. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 44,588. |
| | 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 for | the section |

Form **990-PF** (2012)

31-1630034 Page 9

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2011 | (c) 2011 | (d) 2012 |
|---|---------------|----------------------------|-------------|--------------------|
| 1 Distributable amount for 2012 from Part XI, | Образ | rears prior to 2011 | 2011 | 2012 |
| line 7 | | | | 16,101. |
| 2 Undistributed income, if any, as of the end of 2012 | | | | 10,101. |
| a Enter amount for 2011 only | | | 0. | İ |
| b Total for prior years: | | | • | |
| g rotal for prior youro. | | 0. | | |
| 3 Excess distributions carryover, if any, to 2012: | | | | * |
| a From 2007 4,329. | | | | |
| b From 2008 69, 206. | | | | |
| c From 2009 28,602. | | | | |
| d From 2010 28,598. | | | | |
| e From 2011 30, 214. | | | | |
| f Total of lines 3a through e | 160,949. | | | |
| 4 Qualifying distributions for 2012 from | 100,040. | | | |
| Part XII, line 4: ▶\$ 44,734. | | | | |
| a Applied to 2011, but not more than line 2a | | | | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | ; |
| d Applied to 2012 distributable amount | 0.0 | | | 16,101. |
| e Remaining amount distributed out of corpus | 28,633. | | | 10,101. |
| 5 Excess distributions carryover applied to 2012 | 20,033. | | | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a) | 0. | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 189,582. | | | |
| 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 | | | •• | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2011. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2012. Subtract | | · | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2013 | | | 10 | 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 2007 | | | | |
| not applied on line 5 or line 7 | 4,329. | | | |
| 9 Excess distributions carryover to 2013. | | | | |
| Subtract lines 7 and 8 from line 6a | 185,253. | | | |
| 10 Analysis of line 9: | :- | | | |
| a Excess from 2008 69,206. | 1 | | | 1 |
| b Excess from 2009 28 ,602. | | | | |
| c Excess from 2010 28,598. | | | | |
| d Excess from 2011 30,214. | | | | |
| e Excess from 2012 28,633. | | | | <u> </u> |
| | | | | Earm 000-DE (2012) |

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| Form 990-PF (2012) INC • | | | | 31-1 | 530034 Page 1 |
|---|---------------------------|------------------------------|-----------------------------|--------------------------------|---------------------------------------|
| Part XIV Private Operating Fo | undations (see in | structions and Part VII | -A, question 9) | N/A | |
| 1 a If the foundation has received a ruling or | determination letter tha | it it is a private operating | | <u> </u> | |
| foundation, and the ruling is effective for 2 | 2012, enter the date of | the ruling | • | | |
| b Check box to indicate whether the founda | tion is a private operati | ng foundation described i | n section | 4942(j)(3) or4 | 1942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | ľ | Prior 3 years | | |
| income from Part I or the minimum | (a) 2012 | (b) 2011 | (c) 2010 | (d) 2009 | (e) Total |
| investment return from Part X for | | | | | · · · · · · · · · · · · · · · · · · · |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | | | <u> </u> | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | | | | | |
| Part XV Supplementary Infor | mation (Comple | ete this part only | if the foundation | had \$5,000 or m | ore in assets |
| at any time during th | e year-see inst | ructions.) | | | |
| 1 Information Regarding Foundation | Managers: | | | | - |
| a List any managers of the foundation who year (but only if they have contributed mo | | | ributions received by the | foundation before the cl | ose of any tax |
| ROBERT WEHLING | | | | | |
| b List any managers of the foundation who | OWN 10% or more of the | ne stock of a corporation (| or an equally large ports | on of the ownership of a | nartnership or |
| other entity) of which the foundation has a | | | or arrequally large portion | on or the ownership of a | סמו נוופי אווף טי |
| NONE | | | | | |
| 2 Information Regarding Contributio Check here ► X if the foundation onl the foundation makes gifts, grants, etc. (s | ly makes contributions | to preselected charitable | organizations and does r | not accept unsolicited req | uests for funds. If |
| | | | | Jilipiele ileilis za, u, c, ai | iu u. |
| a The name, address, and telephone number | er or e-mail of the perso | on to whom applications s | hould be addressed: | | |
| b The form in which applications should be | submitted and informa | ition and materials they sh | iould include: | | |
| c Any submission deadlines: | | | | · | |
| d Any restrictions or limitations on awards, | such as by geographic | al areas, charitable fields | kinds of institutions, or o | other factors: | |
| , | as of Accaimbillo | | | | |
| | | | | | |

Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient if recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year PUBLIC CITIZEN FOUNDATION REPRESENT CITIZENS BEFORE GOVERNMENT 1600 20TH ST NW WASHINGTON DC DC 20009 250. SUPPORT HIGHER DENISON UNIVERSITY PO BOX 716 EDUCATION 2,500. GRANVILLE OH 43023 THE ADVERTISING COUNCIL COMMUNICATE AND 815 SECOND AVENUE STIMULATE ACTION ON 500. PUBLIC ISSUES NEW YORK, NY 10017-4503 SNOW LEOPARD INTERNATIONAL SNOW LEOPARD TRUST CONSERVATION 4649 SUNNYSIDE AVE N #325 700. SEATTLE, WA 98103 FARMER'S MARKET VERMILLION AREA FARMER'S MARKET PO BOX 86 500. VERMILLION SD 57069 SEE CONTINUATION SHEET(S) **▶** 3a Total 44.734. **b** Approved for future payment NONE Total Form **990-PF** (2012)

INC.

Part XVI-A Analysis of Income-Producing Activities

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| | | | | Linrelated | l business income | Exclude | d by section 512, 513, or 514 | (-) |
|------------|--|-----------------|-------------|--|---------------------------------------|-----------------------|-------------------------------|---|
| - | s amounts unless otherw | rise indicated. | | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | (e) Related or exempt function income |
| - | m service revenue: | | | code | Amount | code | Amount | - Introduction income |
| | | | | - | | | | |
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| | s and contracts from gov | | es | | · • | ++ | | |
| | ership dues and assessme | | | | | | - | |
| | t on savings and tempora | ary casn | | | | | | 17 |
| investr | | | | | · | | | 7,263. |
| - | nds and interest from sect | | | | | | | 1,203. |
| | ital income or (loss) from | real estate: | | + | -= - | | | |
| | ot-financed property | | | | | | | |
| | debt-financed property | | | | | | | · - |
| | ntal income or (loss) from | personai | | | | | | |
| proper | • | | | | | | | |
| | nvestment income | ata athar | | | | +++ | | ··· |
| | r (loss) from sales of asse | ets other | | | | | | 7,348. |
| | ventory | al avanta | | | | - - - | | 7,340. |
| | ome or (loss) from specia profit or (loss) from sales | | | | | | · | |
| 11 Other r | | of inventory | | | | | | |
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| _ | al. Add columns (b), (d), | and (e) | | | · · · · · · · · · · · · · · · · · · · | 0. | 0. | 14,628. |
| | Add line 12, columns (b), | | | L . | | <u> </u> | 13 | 4 |
| | sheet in line 13 instructio | | ulations) | | | | | |
| Part X | | | | o the Acco | mplishment of | Exempt | Purposes | |
| Line No. | | | | | ocolumn (e) of Part X | | ted importantly to the accom | nplishment of |
| 3 | INVESTMENT | INCOME | FROM | INTERES | ST | | * | |
| 3 4 | INVESTMENT | | | | | | | |
| 8 | INVESTMENT | | | | | | · | |
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| 223621 | | | | | | | | Form 990-PF (2012) |

| orm 990 | WEHL] -PF (2012) INC. | ING FAMILY | CHARI | TABLE FOUND | ATION, | 31-163 | 30034 | . Pa | ige 13 |
|---------------|---|--|------------------|-------------------------------|---------------------------------------|---------------------------------|---------------------|-----------|---------------|
| Part > | | egarding Trans | sfers To a | and Transactions | and Relations | | | | <u>go .o</u> |
| | Exempt Organ | | | | | • | | | |
| 1 Did | the organization directly or ind | rectly engage in any o | of the followin | g with any other organizati | on described in sect | on 501(c) of | | Yes | No |
| the | Code (other than section 501(c | c)(3) organizations) or | r in section 52 | 7, relating to political orga | nizations? | | | | |
| a Trai | nsfers from the reporting found | dation to a noncharitat | ble exempt or | ganization of: | | | | | 1 |
| (1) | Cash | | | | | | 1a(1) | | X |
| (2) | Other assets | | | | | | 1a(2) | | X |
| b Oth | er transactions: | | | | | | | | |
| (1) | Sales of assets to a noncharita | able exempt organizati | поп | | | | 1b(1) | | X |
| (2) | Purchases of assets from a no | oncharitable exempt o | rganization | | | | 1b(2) | | Х |
| | Rental of facilities, equipment, | · · | • | | | | 1b(3) | | x |
| (4) | Reimbursement arrangements | S | | | | | 1b(4) | | Х |
| ٠. | Loans or loan guarantees | | | | | | 1b(5) | | Х |
| | Performance of services or mi | embership or fundrais | sing solicitatio | ns | | | 1b(6) | | X |
| | ring of facilities, equipment, ma | • | • | | | | 1c | | X |
| | e answer to any of the above is | | | · · | wavs show the fair n | narket value of the goods | | sets. | |
| | ervices given by the reporting t | | = | • • | - | | | | |
| | mn (d) the value of the goods, | | | | • | , | | | |
| (a) Line no | (b) Amount involved | (c) Name of | noncharitable | exempt organization | (d) Description | of transfers, transactions, and | d sharing ar | rangeme | |
| _ | | | N/A | | | | | | |
| _ | | | , | | | •• | | | |
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| 2a leth | e foundation directly or indirec | the affiliated with or re | alated to one | or more tax-exempt organ | izations described | | | | |
| | ection 501(c) of the Code (othe | | | | izations described | ſ | | v | No |
| | es," complete the following sch | • • • | (3)) UI III SECI | 1011 32 <i>1</i> r | | ι | Yes | لـهـ | טאו ב |
| וו ע | (a) Name of org | | | (b) Type of organization | Τ | (c) Description of relation | ehin | | |
| | N/A | Jamzaton | | (b) Type of organization | · · · · · · · · · · · · · · · · · · · | (e) Description of relation | энр | | |
| | N/A | | . | | ·-· | | | | |
| | | | | | | | | | |
| | | | | | + | | | | |
| | | - | | | | | | | |
| | Under penalties of perjury, I declare | that I have examined this | return includin | g accompanying schedules and | statements and to the | best of my knowledge | | | |
| Sign | and belief, it is true, correct, and co | | | | | has any knowledge re | lay the IRS of | e prepare | er |
| Here | 1. Ment | Willing | T | 16/1/12 | PRESID | SI | X Yes | | ר' |
| | Signature of officer or trustee | e d | ļ | Date / | Title | L L | X Yes | | J No |
| 1 | Print/Type preparer's n | | Preparer's si | onature | Date, | Check X If PTIN | | | |
| | v / Jpo proparor 3 III | | . 100010133 | ga.u.v | 1 1 | self- employed | | | |
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| | Firm's address ► 46 | | | | | Dhamar / E 1 3 | | | ^ ^ |
| | <u>C1</u> | NCINNATI, | <u> UH 45</u> | <u> </u> | | Phone no. (513 | <u>)984</u> | -5/ | <u> </u> |

Form **990-PF** (2012)

INC.

31-1630034

| Part XV Supplementary Information | | , | | |
|---|--|----------------------|-----------------------------------|---------------------------------------|
| 3 Grants and Contributions Paid During the Y | | | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | · · · · · · · · · · · · · · · · · · · |
| | | | | |
| IRENE WAKONDA PTO | ; | | SUPPORT PARENT - | |
| 130 STATE STREET IRENE SD 57037 | | | TEACHER ORGANIZATION | 300. |
| IRENE, SD 57037 | | | | |
| CITY HARVEST | | | PROVIDE FOOD FOR | |
| 6 E 32ND STREET | | | INDIGENT | |
| NEW YORK, NY 10016 | | | | 2,000. |
| | | | | |
| ST. AUGUSTINE SCHOOL | | | PROVIDE SUPPORT FOR | |
| 203 E 4TH STREET | | | EDUCATION | 2 800 |
| AUGUSTA, KY 41002 | | | | 2,800. |
| CHRIST THE KING CHURCH | | | PROVIDE SUPPORT FOR | |
| 333 WARNER STREET | | | INDIGENT | |
| CINCINNATI, OH 45219 | | | | 800. |
| | | | | |
| FRIENDSHIP UNITED METHODIST CHURCH | | | SUPPORT METHODIST | |
| 1025 SPRINGFIELD PIKE | | | RELIGION | |
| CINCINNATI, OH 45215 | | | | 4,000. |
| | | | | |
| GREATER CINCINNATI FOUNDATION 200 W. FOURTH ST. | | | SUPPORT PHILANTHROPIC INTERESTS | |
| CINCINNATI OH 45202 | | | | 3,334. |
| | | | | |
| UNITED WAY OF GREATER CINCINNATI | | | SUPPORT HUMAN SERVICE | |
| 2400 READING ROAD | | | PROGRAMS | |
| CINCINNATI, OH 45202 | | | | 10,000. |
| NICHCES VOLUMEND BY DE DEDARGEME | | | DROUIDE CONGRITAV BIRE | |
| AUGUSTA VOLUNTEER FIRE DEPARTMENT 215 MAIN ST | | | PROVIDE COMMUNITY FIRE PROTECTION | |
| AUGUSTA, KY 41002 | | | | 500. |
| | | | | |
| KENASON APPLEMAN EDUCATION FUND | | | PROVIDE EDUCATION FOR | |
| 202 MAIN STREET | | | CHILDREN | 4 444 |
| AUGUSTA, KY 41002 | | | | 1,000. |
| MAN TACETHUM | | | TANDOME WAS CALL THAT OF | |
| HUNT INSTITUTE 1000 PARK FORTY PLAZA, SUITE 280 | | | IMPROVE THE QUALITY OF EDUCATION | |
| DURHAM, NC 27713 | | | - | 1,000. |
| Total from continuation sheets | | | | 40 284. |

| 3 Grants and Contributions Paid During the Ye | | | | |
|--|--|----------------------|--|-------------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| | | | | |
| COMMON SENSE MEDIA | | | PROVIDE EDUCATION TO | |
| 650 TOWNSEND, STE 435 | | | FAMILIES ABOUT PUBLIC | 1 00 |
| SAN FRANCISCO, CA 94103 ALZHEIMER'S ASSOCIATION | | | MEDIA RESEARCH CURES FOR | _1,00 |
| 644 LINN STREET, SUITE 1026, | | | ALZHEIMER'S AND | |
| CINCINNATI, OH 45203 | | | SUPPORT VICTIMS OF THE | |
| | | | DISEASE AND THEIR | |
| | | | CAREGIVERS | 25 |
| | | | | |
| AMERICAN CANCER SOCIETY | | | SUPPORT CANCER | |
| 2808 READING ROAD | | | RESEARCH | 20 |
| CINCINNATI, OH 45206 | | | | 30 |
| CITY OF AUGUSTA | | | IMPROVE QUALITY OF | |
| 219 MAIN ST | | | LIFE FOR CITIZENS | |
| AUGUSTA, KY 41002 | | | | 50 |
| | | | | |
| WACE 600 SUFFOLK STREET | | | SUPPORT RELIGIOUS RADIO STATION | |
| LOWELL, MA 01854 | | | RADIO SIAITON | 20 |
| | | | | |
| SERENITY CENTER | | | PROVIDE LAY RELIGIOUS | |
| 2375 FRANKFORT ROAD | | | COUNSELING | |
| SHELBYVILLE, KY 40065 | | | | 20 |
| SAVE AMERICA'S FORESTS | | | PRESERVE FORESTS | |
| 4 LIBRARY COURT, SE | | | TRESERVE FORESTS | |
| WASHINGTON DC, DC 20003 | | | | 50 |
| | | | | |
| ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE | | | SUPPORT RESEARCH IN CURES FOR CHILDHOOD | |
| MEMPHIS, TN 38105 | | | DISEASES | 1,00 |
| | | | 5101110110 | 2,00 |
| TRUE HOPE FOUNDATION | | | PROVIDE EDUCATION AND | |
| PO BOX 92 | | | FOOD FOR CHILDREN IN | |
| WASHINGTON , KY 41096 | | | AFRICA | 1,00 |
| ARTS WAVE | | | SUPPORT THE FINE ARTS | |
| 20 E. CENTRAL PARKWAY, SUITE 200 | | | IN CINCINNATI | |
| CINCINNATI OH 45202 | | | | 5,00 |
| Total from continuation sheets | · · · · · · · · · · · · · · · · · · · | | | |

| 3 Grants and Contributions Paid During the | rear (Continuation) | | | |
|--|---|----------------------|--|----------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | Contaibution | |
| ABAC FDN | | | SUPPORT EDUCATION AT | |
| 2802 MOORE HIGHWAY, | | | ABRAHAM BALDWIN | |
| TIFTON, GA 31793 | | | AGRICULTURAL COLLEGE | 300 |
| PLEASANT VALLEY LUTHERAN CHURCH | | | SUPPORT LUTHERAN | |
| 45918 308TH STREET | | | сниксн | |
| VERMILLION, SD 57069 | | | | 500 |
| NORTH CAROLINA PARTNERSHIP FOR | | | SUPPORT EARLY | |
| CHILDREN | | | CHILDHOOD EDUCATION IN | |
| 1100 WAKE FOREST ROAD | | | NORTH CAROLINA | |
| RALEIGH, NC 27604 | | <u> </u> | | 500 |
| BROOKSVILLE CHRISTIAN CHURCH | | | SCHOLARSHIPS FOR | |
| 148 W. MIAMI STREET | | | CHILDREN | |
| BROOKSVILLE, KY 41004 | | | | 1,500 |
| NORTHWEST CENTER FOR ALTERNATIVES TO | | | PROVIDE NEWS AND | |
| PESTICIDES | | | INFORMATION TO ADVANCE | |
| PO BOX 1393 | | | HEALTHY ALTERNATIVES | |
| EUGENE, OR 97440 | | | TO PESTICIDES | 500 |
| AUGUSTA ROTARY CLUB | | | PROMOTE SERVICE AND | |
| PO BOX 4 | | | HIGH ETHICAL STANDARDS | |
| AUGUSTA, KY 41002 | | | IN BUSINESS | 500 |
| | | | | |
| HIGHLAND CHRISTIAN CHURCH | | | PROVIDE FOOD AND CLOTHING FOR NEEDY | |
| 4037 KY HWY 10 MAYSVILLE, KY 41056 | | | FAMILIES | 300 |
| | | | | |
| CHARACTER AND COURAGE FOUNDATION | | | ENRICH LIVES OF | |
| 9366 MONTGOMERY RAOD | | | DISABLED CHILDREN | |
| CINCINNATI, OH 45242 | | | THROUGH BASEBALL | 500 |
| | | | | |
| | | | | <u>.</u> |
| | | | | |
| | | | | |
| Total from continuation sheets | | | | |

| FORM 990-PF INTEREST ON SAVI | NGS A | ND TEM | PORARY CA | ASH IN | IVESTMENTS | STATEMENT | 1 |
|-------------------------------|-------|---------------------|---------------------------|--------|------------------------------|---------------------|-----|
| SOURCE | | | | | | AMOUNT | |
| MERRILL LYNCH | | | | | • | | 17. |
| TOTAL TO FORM 990-PF, PART I, | LINE | 3, CO | LUMN A | | : | | 17. |
| FORM 990-PF DIVIDEND | S AND | INTER | EST FROM | SECUE | RITIES | STATEMENT | 2 |
| SOURCE | | GROSS | AMOUNT | | ITAL GAINS IVIDENDS | COLUMN (A AMOUNT |) |
| MERRILL LYNCH | • | | 7,263. | | 0. | 7,2 | 63. |
| TOTAL TO FM 990-PF, PART I, I | .N 4 | | 7,263. | | 0. | 7,2 | 63. |
| FORM 990-PF | AC | COUNTI | NG FEES | | | STATEMENT | 3 |
| DESCRIPTION | EXPE | A) NSES BOOKS | (B) NET INV MENT IN | | (C) ADJUSTED NET INCOM | | |
| TAX PREPARATION | | 1,875. | | 0. | | | 0. |
| TO FORM 990-PF, PG 1, LN 16B | | 1,875. | | 0. | | | 0. |
| FORM 990-PF C | THER | PROFES | SIONAL F | EES | | STATEMENT | 4 |
| DESCRIPTION | EXPE | A) NSES BOOKS | | EST- | (C) ADJUSTED NET INCOM | | |
| OTHER FEES | | 157. | | 0. | | | 0. |
| TO FORM 990-PF, PG 1, LN 16C | | 157. | | 0. | | | 0. |

| FORM 990-PF C | ORPORATE STOCK | | STATEMENT | |
|-----------------------------------|-------------------------------|---------------------------|----------------------|----|
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE | • |
| INVESTMENTS | 247,293. | 315,689 | | |
| TOTAL TO FORM 990-PF, PART II, LI | 247,293. | 315,689. | | |
| | | | | |
| FORM 990-PF | OTHER ASSETS | | STATEMENT | 6 |
| | | | | |
| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | FAIR MARKET VALUE | , |
| DESCRIPTION ORGANIZATIONAL COSTS | | | VALUE | 0. |

| Form 8868 (Rev. 1-2013) | | | | | Page 2 |
|--|--------------|--------------------------------------|--------------|--------------|--------------------------------|
| If you'are filing for an Additional (Not Automatic) 3-Month E | xtension. c | complete only Part II and check this | box | | ▶ X |
| Note. Only complete Part II if you have already been granted an | | | | 3868. | • • |
| If you are filing for an Automatic 3-Month Extension, comple | | | | | |
| Part II Additional (Not Automatic) 3-Month I | Extensio | n of Time. Only file the origina | al (no c | opies | s needed). |
| | | Enter filer's | identifyir | g nui | mber, see instructions |
| Type or Name of exempt organization or other filer, see instr | uctions | | Employe | ident | tification number (EIN) or |
| orint WEHLING FAMILY CHARITABLE F | 'OUNDA' | rion, | | | |
| File by the INC. | | | | 31 | -1630034 |
| Number, street, and room or suite no. If a P.O box, see instructions. | | | Social se | cunty | number (SSN) |
| eturn See 3486 DOVER ROAD | | | | | |
| City, town or post office, state, and ZIP code For a AUGUSTA, KY 41002 | foreign add | ress, see instructions. | | | |
| | | | | | |
| Enter the Return code for the return that this application is for (fi | le a separa | te application for each return) | | | 0 4 |
| | | | | | |
| Application | Return | Application | | | Return |
| s For | Code | Is For | | | Code |
| Form 990 or Form 990-EZ | 01 | | | | |
| Form 990-BL | 02 | Form 1041-A | | | 08 |
| Form 4720 (individual) | 03 | Form 4720 | | | 09 |
| Form 990-PF | 04 | Form 5227 | | | 10 |
| Form 990-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 12 |
| Form 990-T (trust other than above) | 06 | Form 8870 | | d F | |
| STOP! Do not complete Part II if you were not already grante NEAL E. SCHEAR | | natic 3-month extension on a previ | iousiy iile | <u>u rui</u> | 111 0000. |
| • The books are in the care of ▶ 4695 LAKE FORE | | TVR SIITTR 300 - C | INCIN | אבת | T OH 45242 |
| Telephone No. ► 513/984-5700 | | FAX No. ▶ | | | |
| If the organization does not have an office or place of business | ss in the Ur | | | | _ • □ |
| If this is for a Group Return, enter the organization's four digit | | | this is fo | r the v | whole group, check this |
| oox ▶ ☐ . If it is for part of the group, check this box ▶ ☐ | _ | | | | |
| | | BER 15, 2013. | | | |
| 5 For calendar year 2012, or other tax year beginning | | , and ending | 9 | | · |
| 6 If the tax year entered in line 5 is for less than 12 months, | check reas | on: Initial return | Final r | eturn | |
| Change in accounting period | | | | | |
| 7 State in detail why you need the extension | | | | | |
| ADDITIONAL TIME IS NEEDED TO | COMPL | ETE BOOKKEEPING NEO | <u>CESSA</u> | RY | TO COMPLETE |
| THE TAX RETURN. | | | | | |
| | | | - | | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720 | , or 6069, e | nter the tentative tax, less any | İ | | 110 |
| nonrefundable credits. See instructions. | | | 8a | \$ | 146. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069 | | | | | |
| tax payments made. Include any prior year overpayment a | allowed as a | a credit and any amount paid | - | _ | 407 |
| previously with Form 8868. | | | 8b | \$ | 407. |
| Balance due. Subtract line 8b from line 8a. Include your p | - | tn this form, if required, by using | 0- | _ | ٥ |
| EFTPS (Electronic Federal Tax Payment System) See inst | | st be completed for Part II o | 8c_ | \$ | 0. |
| Under penalties of perjury, I declare that I have examined this form, inclused to the structure and verification of the structure and complete, and that I am authorized to prepare this | iding accomi | | - | f my k | nowledge and belief, |
| | | | Dat- | | |
| Signature Title | | | Date | | Form 9969 (Pov. 1 2012) |
| | | | | | Form 8868 (Rev. 1-2013) |

| Form 8868 (Rev: 1-2013) | | | | Page 2 | | |
|--|--|--|-------------------------|--|--|--|
| If you are filing for an Additional (Not Automatic) | 3-Month Extension, | complete only Part II and check this | s box | > X | | |
| Note. Only complete Part II if you have already been | granted an automatic | 3-month extension on a previously f | iled Form 8868. | | | |
| If you are filing for an Automatic 3-Month Extens | | | | | | |
| Partil Additional (Not Automatic) 3 | -Month Extensio | n of Time. Only file the origin | al (no copies | needed). | | |
| | | Enter filer's | identifying num | ber, see instructions | | |
| pe or Name of exempt organization or other filer, see instructions | | | | nployer identification number (EIN) or | | |
| print WEHLING FAMILY CHARITA | ABLE FOUNDA | TION, | | | | |
| by the INC. | | | | <u>-1630034</u> | | |
| e date for Number, street, and room or suite no. If a P.O. box, see instructions. | | | Social security r | number (SSN) | | |
| return. See 3486 DOVER ROAD | | | | | | |
| instructions. City, town or post office, state, and ZIP of | ode. For a foreign add | fress, see instructions. | | | | |
| AUGUSTA, KY 41002 | | | | · — — — — | | |
| | | | | | | |
| Enter the Return code for the return that this applicat | tion is for (file a separa | te application for each return) | ····· | 0 4 | | |
| | | | | | | |
| Application | Return | Application | | Return | | |
| ls For | Code | Is For | | Code | | |
| Form 990 or Form 990-EZ | 01 | | | | | |
| Form 990-BL | 02 | Form 1041-A | | 08 | | |
| Form 4720 (individual) | 03 | Form 4720 | | 09 | | |
| Form 990-PF | 04 | Form 5227 | | 10 | | |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | | |
| Form 990-T (trust other than above) | 06 | Form 8870 | | 12 | | |
| STOP! Do not complete Part II if you were not alre | | <u>natic 3-month extension on a prev</u> | iously filed Forn | n 8868. | | |
| NEAL E. | | | | 45040 | | |
| The books are in the care of ► 4695 LAK. | E FOREST DR | | INCINNAT. | L, OH 45242 | | |
| Telephone No. ► <u>513/984-5700</u> | | FAX No | | | | |
| If the organization does not have an office or place | | | | | | |
| If this is for a Group Return, enter the organization | | • | | | | |
| box . If it is for part of the group, check this | | | all members the | extension is for. | | |
| 4 I request an additional 3-month extension of tin | | BER 15, 2013. | | | | |
| 5 For calendar year 2012, or other tax year be | | and endin | | · | | |
| 6 If the tax year entered in line 5 is for less than 1 | 2 months, check reas | on: L Initial return L | Final return | | | |
| Change in accounting period | | | | | | |
| 7 State in detail why you need the extension | TD MO COMPT | THE DOORWEEDING VE | OTIO O A DAY | O COMPLETE | | |
| ADDITIONAL TIME IS NEED | ED TO COMPL. | ETE BOOKKEEPING NE | CESSARY . | TO COMPLETE | | |
| THE TAX RETURN. | | | | | | |
| A Maria and Francis in Configuration of the Configu | 007.4700 0000 - | | | | | |
| 8a If this application is for Form 990-BL, 990-PF, 9 | 90-1, 4/20, or 6069, e | enter the tentative tax, less any | 8a \$ | 146. | | |
| nonrefundable credits. See instructions. | | | | 140. | | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid | | | | | | |
| | rpayment allowed as a | a credit and any amount paid | | 407. | | |
| previously with Form 8868. | | that is form if any line of the control of | 8b \$ | 407. | | |
| c Balance due. Subtract line 8b from line 8a. Inc | | u uns rorm, ir required, by using | ء ا | 0 | | |
| EFTPS (Electronic Federal Tax Payment System | | st be completed for Part II o | 8c \$ | 0. | | |
| _ | | | | nwiedge and belief | | |
| Under penalties of perjury, I declare that I have examined thi it is true, correct, and complete, and that I am authorized to | s form, including accomp prepare this form. | oanymy someunes am sidicinems, and th | o are nest of this Kill | 1 / | | |
| Signature / hu | | PA | Date > | 8/9/13 | | |
| organization of the control of the c | Tiuo | | Dulo | | | |