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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Inspection

Open to Public

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

For the 2017 calendar year, or tax year beginning 2017, and ending . 20 D Employer identification number C Name of organization THE WEHRLY FOUNDATION В Check if applicable: 26-4753549 Doing business as Address change Number and street (or P O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 14665 WHISTLING OAK DRIVE (281)528 - 5760Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated MONTGOMERY, TX 77356 G Gross receipts \$ 214,646. Amended return F Name and address of principal officer H(a) Is this a group return for subordinates? Thes No. Application pending TX 17356 H(b) Are all subordinates included? Yes No PATRICK WEHRLY DIRECTOR, 14665 Whistling Oak, Montgomery If "No," attach a list (see instructions) **×** 501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or 527 Tax-exempt status: H(c) Group exemption number ▶ Website: ▶ www.thewehrlyfoundation.org Form of organization
☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 2009 M State of legal domicile: TX Part I Briefly describe the organization's mission or most significant activities: To spread the message of the good news of the Gospel of our Lord Jesus Christ To spread the message of the Gospel of our Lord Jesus Christ via ministry, conferences and supporting like-minded ministries in the US and South America Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 4 3 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 3 6 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a Net unrelated business taxable income from Form 990-T, line 34 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h). 210,726. 189,107 Revenue Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 10 3,920. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 189,107 214,646 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 143,550 169,984 €0 Benefits paid to or for members (Part IX, column (A), line 4) 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 41E Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Rart IX, column (A), lines 11a=11d, 11f-24e) 20,535. 38,223. Total expenses. Add lines 13–17 (must equal Part IX cellulus 208,207 164,085. 18 19 Revenue less expenses. Subtract line 18 from line 12 25,022. 6,439. Beginning of Current Year End of Year 5 8 20 Total assets (Part X, line 16) 369,982 372,749 21 Total liabilities (Part X/line 26) 22 Net assets or fund balances . Subtract line 21 369,982 372,749 Signature Block Part II Under penalties of perjury declare had I have examined this return, including accompanying schedules and statement, and true, correct, and complete declarated of preparer (other than officer) is based on all information of which preparer has any knowledge. are had had examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is 06/19/2018 Sign Here ATRICK WEHRLY DIRECTOR, Director Type or print name and title Preparer's signature Date Print/Type preparer's name **Paid** Check | rf 06/20/2018 self-employed P00754469 Daniel S. Martin Daniel S. Martin Preparér Firm's EIN ▶ Firm's name ► OPJW **Use Only** Phone no. (281) 528-5760 Firm's address ▶ 3325 Spring Cypress Road, SPRING, X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions. BAA

REV 12/05/17 PRO

art I	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
<u>-</u>	Briefly describe the organization's mission:
	To spread the message of the good news of the Gospel of our Lord Jesus Christ
	To spread the message of the Gospel of our Lord Jesus Christ via ministry, conferences and supporting like-minded ministries in the US and South America
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 60,267. including grants of \$ 60,267.) 60,267.) ORGANIZED CHURCHES 60,267.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ 109,717. including grants of \$ 109,717.) (Revenue \$ 109,717.)
	US / DOMESTIC MINISTRIES
4d	Other program services (Describe in Schedule O.) (Expenses \$ 38,223. including grants of \$ 0.) (Revenue \$ 0.) See Statement Total program service expenses \$ 208,207



art l	V Checklist of Required Schedules			
-	504(-)(0) - 1 4047(-)(4) (-th - 1 th - 2 th		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	_	×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	•		
	Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a		14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.			×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		×
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	×
19	If "Yes," complete Schedule G, Part III	19		×

Checklist of Required Schedules (continued)

Part IV

-		1	Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	×	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	_00		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		1 Table 1	4
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	_	×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		×
38 	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	

Part \	Statements Regarding Other IRS Filings and Tax Compliance			
-	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		<u>. </u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		į
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			ł
	reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ľ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	4		ł
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b		├
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ł	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		×
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	 	┼
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	×	
	If "Yes," enter the name of the foreign country: ► EC	a	1	╁
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		ĺ	
	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	↓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		İ	
	required to file Form 8282?	7c	ļ <u>.</u>	×
d	If "Yes," indicate the number of Forms 8282 filed during the year	4_	ŀ	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	-	×
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	1	₩
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	 	+
8	sponsoring organization have excess business holdings at any time during the year?	8	ł	ł
9	Sponsoring organizations maintaining donor advised funds.	°		\vdash
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 	╁─
10	Section 501(c)(7) organizations. Enter:		 	T
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand	<u> </u>		\vdash
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	₩	_×
h	If "Vee," has it filed a Form 720 to report these payments? If "No," provide an explanation in School II O	1446	1	

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and i	for a	"No"
-	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u></u>	×
Section	on A. Governing Body and Management	-		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3	1		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
L				
р 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 3 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
4	any other officer, director, trustee, or key employee?	2	×	
3	Did the organization delegate control over management duties customarily performed by or under the direct		<u> </u>	
·	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40-	١	
40		12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14 15	Did the process for determining compensation of the following persons include a review and approval by	14	<u> </u>	×
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ŀ	
а	The organization's CEO, Executive Director, or top management official	15a		•
a b	Other officers or key employees of the organization	15a	 	×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1.55	 	 ^
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		×
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		\vdash	 ^
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the]
	organization's exempt status with respect to such arrangements?	16b		1
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► TX			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re-			
	PATRICK WEHRLY, 3325 Spring Cypress Road # 100, Spring, TX 77388 (281)528-	5760)	

	000	(2017)	
rorm	990	120171	

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

Check if Schedule O contains a response or note to any line in this Part VII . . .

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	ot ch unles	s per	ition more rson irecti	n of the structure of t	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) PATRICK WEHRLY (2) ANDREA LYN	2.00	×						0.	0.	0.
WEHRLY (3) DANIEL MARTIN (4)	1.00	×		×				0.	0.	0.
(5) (6)										
(9)			•=							
(10) (11)										
(12) (13)										
(14)										

(A) Name and title	(B) Average hours per week (list any	verage box, unless person is officer and a director, k flist any				is both or/trust	an ee)	Reportable compensation	(E) Reportable compensation fi	l l		mated ount of		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		composition from from from from from from from from	ensation the nization related iization	1
15)							-							
16)										_				
17)						-								
18)								-						
19)									-					
20)				-	<u> </u>	-					+			
241				_		_		-						
(22)														
221														
24)				ļ		ļ								
				_										
25)														
1b c d	Sub-total	VII, Section	n A				• •	*	0.		0.			0
2	Total number of individuals (including bur reportable compensation from the organ	t not limited						e) w	1	ore than \$10		of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc										3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re greater th	porta an \$	ble 150,	con ,000	npe)? <i>(</i>	nsatio f "Ye	on a s,"	and other comp complete Scl	pensation from	m the			
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe	nsa	tion	fro	m any	/ ur	related organi	zation or indi		5		×
Section	on B. Independent Contractors	1 11 700, 1	JO				3,00		-		•	<u> </u>	<u></u>	X
1	Complete this table for your five highest compensation from the organization. Repear.													ax
	(A) Name and business add	fress							(B) Description of s	services	С	(C) ompens		
						_								_
				-				\vdash						
2	Total number of independent contractor	ors (includi	na bi	ut n	ot	lımi	ted to	 	hose listed ah	ove) who				

	90 (201 VIII	7) Statement of Reve	enue					Page 9
-	VIII	Check if Schedule O		sponse or note to	any line in this	Part VIII		🗆
•				•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns		210,726.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .						
ts, (С	Fundraising events .)————	1				
ia ii	d	Related organizations		†				
ons, Sir	e f	Government grants (con All other contributions, gi		+				
outi her	•	and similar amounts not inc						
호텔	g	Noncash contributions includ					İ	
a Co	h	Total. Add lines 1a-1		>	210,726.			
				Business Code				
Program Service Revenue	2a	***************************************						
<u>ه</u>	ь	•••••						
Σġ	C							
Se	d							
Jran	e f	All other program ser						
õ	g	Total. Add lines 2a-2		•				
	3	Investment income						
		and other similar amo	ounts)	•	3,920.	3,920.	0.	0.
	4	Income from investmen	t of tax-exempt b	ond proceeds ▶		,		
	5	Royalties	<u> </u>	•				
			(i) Real	(ii) Personal			-	
	6a	Gross rents						
	b	Less: rental expenses						
	C.	Rental income or (loss)						
	d 7a	Net rental income or Gross amount from sales of	(IOSS) (i) Securities	▶				
	/a	assets other than inventory	(i) Gecarties	(ii) Outer				
	ь	Less: cost or other basis						
	"	and sales expenses .						
	C	Gain or (loss)						
	d			· >				
		3						
Other Revenue	8a	Gross income from fu events (not including \$	undraising					
r Re		of contributions reporte See Part IV, line 18		a				
)the	ь	Less: direct expenses	`	b				
O		Net income or (loss) f						
		Gross income from ga	aming activities.		İ			
		See Part IV, line 19 .	;	a				
		Less: direct expenses		b				
		Net income or (loss) f						
	10a	Gross sales of ir						
		returns and allowance			ļ			
	b			b[1
	<u>c</u>	Net income or (loss) t		ventory ► Business Code	 			_
	44-			business Code		İ		
	11a b			ľ	-	-		
	C				 			
	d	All other revenue .						
	e	Total. Add lines 11a-		•				
	12	Total revenue. See i			214.646.	3, 920	0.	0.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response	se or note to any lir			
8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	60,267.	60,267.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	109,717.	109,717.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	5,000.	5 000	0	0
b	Legal	2,095.	5,000. 2,095.	0.	0.
c d	Lobbying	2,093.	2,095.		0.
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	6,248.	6,248.	0.	0.
13	Office expenses				
14	Information technology				
15	Royalties	_		_	·
16	Occupancy				
17	Travel	9,322.	9,322.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	7	310.	310.	0.	0.
b	Translation	5,000.	5,000.	0.	0.
c	Puyo	10,248.	10,248.	0.	0.
ď		,			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	208,207.	208,207.	0.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash—non-interest-bearing 1,413. 1 24,180. Savings and temporary cash investments 3 3 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Assets 50,000. 7 50,000. Inventories for sale or use 9 Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 75,000. Less: accumulated depreciation 10b 75,000. 10c 75,000. 11 Investments—publicly traded securities 243,569. 11 223,569. 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 . . . 13 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 369,982. 16 372,749. 17 Accounts payable and accrued expenses 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🕱 and complete lines 30 through 34. 30 369,982. 30 372,749. 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 369,982. 33 372,749. Total liabilities and net assets/fund balances 369,982. 34 372,749.

		_				,
Part						
-	Check if Schedule O contains a response or note to any line in this Part XI	. ,				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		214		
2	Total expenses (must equal Part IX, column (A), line 25)	2		208	, 20	07.
3	Revenue less expenses. Subtract line 2 from line 1	3				39.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		369	, 98	32.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				-
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		376	, 42	21.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
						No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other				7	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled (or 🗀			
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			}		
b	Were the organization's financial statements audited by an independent accountant?		. 21	,	İ	×
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a			
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for committee that assumes responsibilities are committee that assume the committee that assume the committee that as the committee that a second responsibilities are committee that a second responsibilities a			Ī		
	of the audit, review, or compilation of its financial statements and selection of an independent acco	ıntant'	? 20	,		
	If the organization changed either its oversight process or selection process during the tax year, e	cplain	ın 🗀	1		
	Schedule O.			-		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in	1		
	the Single Audit Act and OMB Circular A-133?		. 3	a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo th	ne 🗀	\top	\dashv	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	31	,		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

.... | 20

Employer identification number

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

CHE	WEHRLY FOUNDATION					26-4753549				
Par	t I Reason for Public Char	ity Status (All	organizations must	complet	te this pa	art.) See instructio	ns.			
The c	organization is not a private foundat		•	-	•		7			
1	A church, convention of church						\mathcal{L}			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enterthe hospital's name, city, and state:									
5	•	·								
3	— • ·	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	☐ A federal, state, or local govern	•	mental unit described	in sectio	n 170(b)	(1)(A)(v).				
7	☒ An organization that normally in						the general public			
	described in section 170(b)(1)	A)(vi). (Complete	e Part II.)							
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)						
9	An agricultural research organiz									
	or university or a non-land-grar university:	nt college of agri	culture (see instructio	ons). Ente	r the nam	ne, city, and state of	the college or			
10	☐ An organization that normally re	eceives: (1) more	e than 331/3% of its su	ipport fro	m contrib	outions, membership	fees, and gross			
	receipts from activities related support from gross investment	to its exempt fur income and unr	nctions—subject to ce elated business taxat	ertain exc ole incom	eptions, ie (less se	and (2) no more that ection 511 tax) from	n 331/3% of its businesses			
	acquired by the organization at	ter June 30, 197	75. See section 509(a	i)(2). (Cor	nplete Pa	ırt III.)				
11	An organization organized and	•	•	-						
12	An organization organized and									
	of one or more publicly suppo Check the box in lines 12a throi									
а		J	• • • •		•	•	,			
4	the supported organization									
	supporting organization. Yo									
b	Type II. A supporting organ	ization supervis	ed or controlled in co	nnection	with its s	upported organizati	on(s), by having			
	control or management of t				persons	that control or mana	age the supported			
	organization(s). You must o	•	•							
С	Type III functionally integrated its supported organization(s)						ally integrated with,			
d							orted organization(s)			
	that is not functionally integ	•		•			• , ,			
	requirement (see instruction									
е	Check this box if the organ	ization received	a written determination	on from t	ne IRS tha	at it is a Type I, Type	e II, Type III			
	functionally integrated, or T	ype III non-func	tionally integrated sup	oporting o						
f	Enter the number of supported of						[]			
<u>g</u>	Provide the following information			r e			4.D A			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see			
			above (see instructions))	docu	ment?	instructions)	instructions)			
				Yes	No					
 (A)										
(B)										
(C)										
(D) ——				<u> </u>						
(E)										
Tota	-1									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section	on A. Public Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	297,996.	270,079.	112,961.	189,107.	214,646.	1,084,789.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	297,996.	270,079.	112,961.	189,107.	214,646.	1,084,789.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						1,084,789.
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	297,996.	270,079.	112,961.	189,107.	214,646.	1,084,789.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,084,789.
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re			-		on 501(c)(3) · · · ► □
	on C. Computation of Public Suppor			1 column (f)		14	100.04
14 15	Public support percentage for 2017 (line Public support percentage from 2016 Sci					15	100 % 100 %
15 16a	331/3% support test—2017. If the organ						
104	box and stop here. The organization qua						
b	33 ¹ / ₃ % support test—2016. If the organ this box and stop here. The organization	ization did not	check a box o	on line 13 or 16	Sa, and line 15	is 331/3% or r	more, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization means the organization meets the organization	eets the "facts "facts-and-circ	-and-circumst :umstances" te	ances" test, clest. The organi	heck this box	and stop her e s as a publicl	e. Explain in
b 18	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets the meets the "faction of the the the the the the the the the the	ne "facts-and- ts-and-circum box on line 13	circumstances stances" test. s, 16a, 16b, 17a	" test, check The organizat a, or 17b, chec	this box and ion qualifies a	stop here. s a publicly

	e A (Form 990 or 990-EZ) 2017				_		Page 3
Part	Support Schedule for Organiza						
•	(Complete only if you checked th						nder Part II.
Cooti	If the organization fails to qualify	under the te	sts listed bei	ow, please co	mplete Part	II.)	
	on A. Public Support	(a) 2012	(h) 2014	(a) 2015	(4) 2016	(-) 2017	/6 Total
Calen	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	received. (Do not include any "unusual grants.")						l I
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities					,	
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					7	
	unrelated trade or business under section 513]	
4	Tax revenues levied for the					-	
-	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge				,		
6	Total. Add lines 1 through 5			/			
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .			/		ļ	
b	Amounts included on lines 2 and 3			,			
	received from other than disqualified			/			
	persons that exceed the greater of \$5,000			/			
	or 1% of the amount on line 13 for the year					<u></u>	
C	Add lines 7a and 7b				· -		
8	Public support. (Subtract line 7c from						
	line 6.)					l	
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		, /			<u> </u>	
10a	Gross income from interest, dividends,	/					
	payments received on securities loans, rents, royalties, and income from similar sources.	,′					
	·				<u>. </u>	 	
b	Unrelated business taxable income (less section 511 taxes) from businesses	3/		ļ			
	acquired after June 30, 1975	/					
С	Add lines 10a and 10b						
11	Net income from unrelated business						
•••	activities not included in line 10b, whether			į			
	or not the business is regularly carried on						
12	Other income. Do not include gain or					-	
	loss from the sale of capital assets			1			
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		·	···			
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re					🕨 🔲
Sect	ion C. Computation of Public Support	rt Percentag	е				
15	Public support percéntage for 2017 (line	8, column (f) d	ivided by line 1	3, column (f))		15	%
16_	Public support percentage from 2016 Sci			<u> </u>	<u></u> .	16	%
Sect	ion D. Computation of Investment In						_
17	Investment income percentage for 2017						%
18	Investment income percentage from 2010						%
19a	331/2% support tests-2017. If the organ						
	17 is not more than 331/3%, check this box						
þ	331/2% support tests – 2016. If the organia						-
	line 18 is not more than 331/2%, check this		-	-			_
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	uctions 🕨 🔲

Part IV Supporting Organizations

Section A. All Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

4	stione lietad by name in the organization's c	101
4	ations listed by name in the organization	י'פ ר

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
g y	1		
s d		-	
r	2 3a		
d e	3b		
3)			-
lf	3с		
	4a		
n i n	4b		
n d 3)	4c		
" N n; n			,
ly	5a		
	5b		
o d or	5c_		
or th	7		
?	8		
re ed	9a		
h	9b		
fit	9c		
on ed			
to	10a 10b		

Part I	V Supporting Organizations (continued)			
-			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
. а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			1
b	A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			1
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
2	organization of the supported organization other than the supported organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ŀ		
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
<u></u>		1		
Secti	on D. All Type III Supporting Organizations	_	V	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
'	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	_		
Coati	on E. Type III Functionally Integrated Supporting Organizations	3		
			<u>-</u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
Ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ın	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			_
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			ļ
	·	2a	 	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	-		
	activities but for the organization's involvement.	2b	1	
3	Parent of Supported Organizations. Answer (a) and (b) below.	20	1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
u	trustees of each of the supported organizations? Provide details in Part VI .	3a		İ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	
_	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	<u> </u>	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		_ <u></u>
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	 		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III support	ing organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part		Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	n the organization is res	ponsive	
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				•
b	From 2013			
С	From 2014			
d	From 2015			-
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.	-		
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
d	Excess from 2016			
е				
		· · - · · - · · · · · · · · · · · · · ·	·	 -

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization 26-4753549 THE WEHRLY FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement. and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X .

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Part									
3-	Using the organization's acquisition, accollection items (check all that apply):								
а	☐ Public exhibition		d	☐ Loan o	r exchange	e progr	ams		
` b	☐ Scholarly research								
	Preservation for future generations		•						
4	Provide a description of the organization XIII.	on's collections a	and expla	in how the	ey further t	he org	anization's exe	mpt purpos	e in Part
5	During the year, did the organization sassets to be sold to raise funds rather t								i □ No
Part	Escrow and Custodial Arrar Complete if the organization a 990, Part X, line 21.		' on Fori	m 990, Pa	art IV, line	9, or ı	reported an a	mount on I	Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?								
b	If "Yes," explain the arrangement in Par	rt XIII and comple	ete the fo	llowing tat	ole:		T .	Amount	
С	Beginning balance					1c			
d	Additions during the year					1d	- 		-
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount						account liabilit	v? ☐ Yes	. □ No
	If "Yes," explain the arrangement in Par								
Pari		TOTAL CONTROL TOTAL	<u> </u>	·piananon	nao boon p	or o vido	d on i dit viii i	<u> </u>	
	Complete if the organization a	answered "Yes"	on For	m 990 Pa	art IV line	10			
		(a) Current year			(c) Two years		(d) Three years ba	ck (e) Four v	ears back
1a	Beginning of year balance	··				-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	Contributions		-		<u></u>	+		+	-
C	Net investment earnings, gains, and		·					+	
·	losses								
_	⊢								
d	Grants or scholarships			-					
е	Other expenditures for facilities and								
_	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the			e (line 1g,	column (a)) held a	ıs:		
а	Board designated or quasi-endowment	t >	%						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2								
3a	Are there endowment funds not in the	possession of th	ie organi:	zation that	are held a	and adı	ministered for t	the	
	organization by:							Y	'es No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related org	ganizations listed	as requi	red on Sch	nedule R?			. 3b	
4	Describe in Part XIII the intended uses								
Part	VI Land, Buildings, and Equipr	ment.							
	Complete if the organization		on For	m 990. Pa	art IV. line	11a. S	See Form 990) Part X. lir	ne 10
	Description of property	(a) Cost or ot	her basis	(b) Cost or	other basis	(c) A	Accumulated preciation	(d) Book	
	Land	7	5,000.					7.	5,000.
b	Buildings	'	.,						,,,,,,,,
_	_								
C	Leasehold improvements	-						· -	
d	Equipment			-	-				
e = -	Other		00 0 ::		(D) (I) 1-				
Total.	Add lines 1a through 1e. (Column (d) me	ust equal Form 9	90, Part)	K, column	(B), line 10d	c.)	<u>.</u> ▶	7.	5,000.

Part VII	Investments—Other Securities.		- 11h Con Farm 000 Dark V II - 10
<u> </u>	Complete if the organization answered "Yes" on For (a) Description of security or category	m 990, Part IV, line (b) Book value	
	(including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
•	I derivatives		
-	held equity interests		
Other			
(A)			
(B)			
(C) (D)			
(E)			
- (□) -(F)			
(G)			
·- <u>····</u> (H)			
	(b) must equal Form 990, Part X, col. (B) line 12) ▶		-
art VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on For	rm 990, Part IV. line	e 11c. See Form 990. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		· · · · · · · · · · · · · · · · · · ·	
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 13.) ►		
Part IX	Other Assets.	000 D- 4 N/ E	. 44 0 5 000 0 1 1 1
	Complete if the organization answered "Yes" on For	m 990, Part IV, IIn	e 11d. See Form 990, Part X, line 15 (b) Book value
(4)	(a) Description		(b) Book value
<u>(1)</u>			
(2)			
(3) (4)			
(4)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8)			
(5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col. (B) line 15.)		
(5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		
(5) (6) (7) (8) (9) [otal. (Colu			e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) [otal. (Colu	Other Liabilities.		▶ e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Colo	Other Liabilities. Complete if the organization answered "Yes" on For		▶ e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Total. (Colo	Other Liabilities. Complete if the organization answered "Yes" on Folline 25.		▶ e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) otal. (Colo Part X	Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability (b) Book value		▶ e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) otal. (Colo Part X	Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability (b) Book value		▶ e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) otal. (Colument X Part X (1) Federal (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability (b) Book value		▶ e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Fotal. (Color Part X	Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability (b) Book value		▶ e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Fotal. (Color Part X (1) Federal (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability (b) Book value		▶ e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Fotal. (Color Part X (1) Federal (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability (b) Book value		▶ e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) (0) (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability (b) Book value		▶ e 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) (0) (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" on Folline 25. (a) Description of liability (b) Book value		▶ e 11e or 11f. See Form 990, Part X,

Part			Return.
•	Complete if the organization answered "Yes" on Form 990, I		
1	Total revenue, gains, and other support per audited financial statements		1
•	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		4 . 1
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Keturn.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а •	Donated services and use of facilities	2a	4
b	Prior year adjustments	2b	4
C	Other losses		
d	Other (Describe in Part XIII.)		ا م
e	Add lines 2a through 2d		2e 3
3	Subtract line 2e from line 1		3
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
a	investment expenses not included on Form 990, Fait viii, line 70	4a	4 1
	Other (Describe in Part VIII.)	4b	
b	Other (Describe in Part XIII.)		40
С	Add lines 4a and 4b		4c
с 5	Add lines 4a and 4b		4c 5
c 5 Part	Add lines 4a and 4b	e 18.)	5
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 c; Part V, line 4; Part X, line

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Schedule D (Form 990) 2017

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

0

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

	information.
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Employer identification number

OMB, No 1545-0047

%□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance X Yes ASSIST ASSIST 26-4753549 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance 0 0 (f) Method of valuation (book, FMV, appraisal, other) CASH CASH Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance 0 0 (d) Amount of cash grant 109,717 60,267 (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance CHURCHES 501C3 (b) EIN VARIOUS MONTGOMERY TX 77356 VARIOUS VARIOUS VARIOUS MONTGOMERY TX 77356 (2) US-DOMESTIC MINISTRIES 1 (a) Name and address of organization THE WEHRLY FOUNDATION (1) ORGANIZED CHURCHES Part I Part II

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REV 11/13/17 PRO For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

(12)

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Schedule I (Form 990) (2017)

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Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant See Statement REV 11/13/17 PRO Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part IV Part III ₽¥ N က 4 S 9

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE WEHRLY FOUNDATION 26-4753549 Pt VI, Line 18: Each of the members of the governing body were furnished with a copy of this completed and timely filed return in a hard copy, paper format. Pt VI, Line 19: We have a website that gives a general explanation of our Christian purposes and plans. We respond to any and all contacts and make additional information available readily. Pt VI, Line 2: Patrick Wehrly and Andrea Wehrly are husband and wife Pt VI, Line 7a: Yes. Any 2 members of the governing board may vote from time to time and re-elect or elect a new and different person. Pt VI, Line 8a: Yes. the regular meetings are converted to a note format and retained for future use. Pt VI, Line 8b: Yes. Pt VI, Line 12c: Two person accountability Pt VI, Line 18: Mail copy Pt III, Line 2: Description Pt VI, Line 12c: State Pt VI, Line 1a: Number of members Pt VI, Line 11b: Held Meeting