Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2018

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

	_		e 2018 calendar year, or tax year beginning , 2018, and end	ina		, 20				
			f applicable C Name of organization THE WEHRLY FOUNDATION		D Employer identification number					
					26-475					
	\vdash	Address	E Telephone							
	\vdash	Name c	4000 000000 00000	suite	(281) 528-5760					
	\vdash	(281)5	28-5760							
	\sqcup	Final retu	cim/terminated City or town, state or province, country, and ZIP or foreign postal code							
	\sqcup	Amende	ed return SPRING, TX 77388		G Gross rece					
		Applicat	tion pending F Name and address of principal officer			ordinates? 🔲 Yes 🔀 No				
			PATRICK WEHRLY DIRECTOR, 14665 Whistling Oak, Montgomery, TX 77							
	1	Tax-exempt status 501(c)(3)								
	J	Website	www.thewehrlyfoundation.org \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	H(c) Group	exemption nu	mber ▶				
	K	Form of	organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ►	ation 200	9 M State of	legal domicile TX				
	P	art I	Summary		•					
		1	Briefly describe the organization's mission or most significant activities. To spread	d the message of the	good news of the	Gospel of our Lord Jesus Christ				
	æ		To spread the message of the Gospel of our Lord Jesus Christ via ministry, conferences and support							
	ä									
	E.	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed	of more than	25% of its	net assets.				
	Š	3			1 - 1	3				
	<u>ග</u> ජ	4	Number of independent voting members of the governing body (Part VI, line 1b)							
	es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	,,	5					
	Activities & Governance	6	Total number of volunteers (estimate if necessary)		6	3				
	cţi	-	Total number of volunteers (estimate in necessary)							
	•	7a	Total unrelated business revenue from Part VIII, column (C); line 12 Net unrelated business taxable income from Form 990-T; line 38		7a	0.				
		ь	Net unrelated business taxable income from Form 990-1; line 38	Prior Y	7b	Current Year				
		_	Contributions and grants (Part VIII line 1b) 7 U.N. 1 0 2019							
	ē	8	Contributions and grants (rare vin, line 11) . []	210	0,726.	115,474.				
	Revenue	9	Program service revenue (Part VIII, line 2g)							
	ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,920.	3,138.				
		11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).							
5		12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21	4,646.	118,612.				
2019		13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	169	9,984.	153,195.				
0		14	Benefits paid to or for members (Part IX, column (A), line 4)							
87	S	15-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							
AUG	Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)							
A	be	Ь	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.							
	ũ	\17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	31	3,223.	1,997.				
Q		1/8	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,207.	155,192.				
NED NED		18	Revenue less expenses. Subtract line 18 from line 12		6,439.	-36,580.				
Z	- Se	1		Beginning of Ci		End of Year				
SCAN	Assets or 1 Balances	20	Total assets (Part/X, line 16)	37:	2,749.	363,274.				
\mathcal{S}	Ass (21	Total liabilities (Part X, line 26)			248.				
	ZŠĘ,	22	Net assets or fund balances. Subtract line 21 from line 20	37	2,749.	363,026.				
		art II	Signature Block	<u> </u>	- / / 3 / -	303,020.				
			alties of perjuly declare that I have examined this return, including accompanying schedules and star	tomonts and to	he heet of my	knowledge and heliaf it is				
	tru	e, correc	the story parity of deviate that indiversal in the tribination, including accompanying schedules and states, and complete Deglaration of which prepare	er has any know	ledge	Kilowicoge and belief, it is				
	_				5/29/20:	1.0				
	Sig	ın	Signature of officer		ite	<u> </u>				
	He									
	110		ATRICK J WEHRLY, Director Wise or print name and title							
				Date		PTIN				
	Pa		ho many the state of the state		Check	ıf				
	Pr	epare				/ed P00754469				
	Us	e On	ly Fm's name ► OPJW			-7941944				
			Jimm's address ▶ 3325 Spring Cypress Road, SPRING, TX 7738	8 Pho		.) 528-5760				
	_		RS discuss this return with the preparer shown above? (see instructions)	<u> </u>		X Yes No				
	For	Paper	work Reduction Act Notice, see the separate instructions. BAA	REV 05/20/19 PRO		Form 990 (2018)				

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

Part		_	vice Accomplishments ns a response or note to any line ir	this Part III	X
1		the organization's		remoratem	<u> </u>
•	-	-	f the good news of the Go	espel of our Lord Jesus	Christ
			Lord Jesus Christ via ministry, conference		
	10 spread the messac	te of the gosper of our	. 1014 vesus chilist via ministry, conterence	and supporting like minded ministries	in the 05 and 50den micrica
	Did the organiza	tion undertake an	significant program services during	the year which were not listed or	the
_			· · · · · · · · · · · · · · · · · · ·		
			es on Schedule O.		. [] [63 [A] [10
3			es on schedule o. ucting, or make significant change	es in how it conducts, any pro-	ıram
3					
					· Lites Dino
4		e these changes o		· · · · · · · · · · · · · · · · · · ·	
4			m service accomplishments for eac 01(c)(4) organizations are required to		
			any, for each program service repor		allocations to others,
	the total expense	es, and revende, ii	any, for each program service repor	icu.	
4a	(Code:) (Expenses \$	27, 935. including grants of \$	27, 935.) (Revenue \$	27,935.)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)

		<u> </u>		107 070 \(\text{/D} \)	
4c			125, 260. including grants of \$	125,260.) (Revenue \$	125,260.)
	US / DOMEST	IC MINISTRIES	5		

	•••••				
					•••••
4d	Other program s	ervices (Describe i	n Schedule O.)	······································	
		1,997. includ		evenue \$ 0.)	
4e		ervice expenses >			



Part	IV Checklist of Required Schedules			
			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? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "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, 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		×
e	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		×
12a	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		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
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? ###\(\text{Ke} \) \(\text{Ke} \) \(\text{Meso} \) \(\text{Report} \)	21	×	

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		l
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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 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	07		J
••	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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
b	Schedule L, Part IV	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	20		×
24	conservation contributions? <i>If "Yes," complete Schedule M </i>	30		×
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? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2 </i>	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				_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	 Lv.	_ <u>_</u> _
.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	- representation of the companies of the			

·Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	:		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			اـــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b_		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	×	L
b	If "Yes," enter the name of the foreign country: EC			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	- <u>-</u>		<u> </u>
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a_ 5b	_	_×_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		×
_	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 30		\vdash
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		<u> </u>
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	_	×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			اـــا
_	sponsoring organization have excess business holdings at any time during the year?	8		 -
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		$\vdash \frown$
b 10	Section 501(c)(7) organizations. Enter.	35		
а	Initiation fees and capital contributions included on Part VIII, line 12			1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources			i i
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			i
_	the organization is licensed to issue qualified health plans			
C 140	Enter the amount of reserves on hand	14a		×
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		 ^
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		\vdash
15	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.			1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
-	If "Yes," complete Form 4720, Schedule O.			
		Forr	n 990	(2018)

Part				
	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>
Secti	on A. Governing Body and Management		V	
4.			Yes	No
1a	· · · · · · · · · · · · · · · · · · ·	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.			'
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 1	:		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	×	- •
3	Did the organization delegate control over management duties customarily performed by or under the direct 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		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_ x _
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	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			,
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		× .
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	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		
Secti	on C. Disclosure			Ь——
17	List the states with which a copy of this Form 990 is required to be filed ►			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Don request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
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-		>	

Part VII	Compensation of Officers, Directors	s, Trustees,	Key Employ	ees, Highest	Compensated	d Employees,	, and
	Independent Contractors						

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

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

- 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 employees."
- 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)	do x, of lindividua	ot ch	Posi eck s pe	tion more	n oth so Highest compensated en so or employee	one i 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	2.00	×						0.	0.	0.
(2) ANDREA LYN WEHRLY	3.00	×						0.	0.	0.
(3) DANIEL MARTIN	1.00			×				0.	0.	0.
(4)									•	
(5)										
(6)						-				
(7)						_				
(8)										
(9)										
(10)										
(11)										
(12)										
(13)					_					
(14)			-							

(16) (17) (18) (20) (21) (23) (24) (25) 1b Sub-total or Total from continuation sheets to Part VII, Section A		(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	office office or dire	unles	Pos eck s pe	rson	than or/trust the pr/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W-2/1099-MISC	com com fr org	(F) stimated mount of other pensation om the anization d related anizations
(17) (18) (19) (20) (21) (22) (23) (24) (25) 1b Sub-total	(15)							<u>8</u>					
(18) (19) (20) (21) (22) (23) (24) (25) 1b Sub-total	(16)		_	-	_								 _
(29) (29)	(17)												
(20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	(18)												
(21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (B) (C)	(19)												
(23) (24) (25) 1b Sub-total	(20)												
(23) (24) (25) (25) (25) (26) (27) (28) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (28) (29) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (28) (28) (29) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (24) (25) (26) (26) (27) (28) (28) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (26) (27) (28) (29) (20) (20) (21) (21) (22) (24) (25) (26) (26) (27) (28) (28) (29) (20) (20) (21) (24) (25) (26) (26) (27) (27) (28) (29) (20) (20) (21) (24) (25) (26) (26) (27) (27) (28) (29) (20) (20) (20) (21) (24) (25) (26) (27) (27) (28) (29) (20) (20) (20) (21) (21) (22) (24) (24) (24) (25) (26) (27) (27) (28) (29) (20) (20) (20) (21) (21) (22) (24) (25) (26) (27) (27) (28) (29) (20) (20) (20) (21) (21) (22) (24) (25) (26) (27) (27) (27) (28) (29) (20) (20) (21) (21) (22) (24) (25) (26) (27) (27) (28) (29) (20) (20) (21) (21) (22) (24) (25) (26) (27) (27) (27) (28) (29) (20) (20) (21) (21) (21) (22) (24) (25) (26) (27) (27) (28) (29) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (27) (27) (28) (29) (20) (20) (21) (21) (22) (24) (24) (25) (26) (27) (27) (27) (28) (29) (20) (20) (21) (21) (21) (22) (24) (25) (26) (27) (27) (27) (28) (29) (20) (20) (21) (21) (21) (22) (23) (24) (24) (24) (25) (26) (27) (27) (27) (28) (29) (20) (20) (21) (21) (21) (22) (23) (24) (24) (25) (26) (27) (27) (27) (28) (29) (20) (20) (20) (21) (21) (22) (23) (24) (24) (25) (26) (27) (27) (27) (28) (28) (29) (20) (20) (21) (21) (21) (22) (23) (24) (24) (25) (26) (27)	(21)												
25	(22)												
1b Sub-total	(23)												
1b Sub-total .	(24)							. 1					
total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	(25)												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	C	Total from continuation sheets to Part	VII, Sectio	n A					> > >				0.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		Total number of individuals (including but	t not limited						e) w	ho received m	ore than \$100,	000 of	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	3	Did the organization list any former of	ficer, direc						emp	oloyee, or high	nest compens		Yes No
for services rendered to the organization? If "Yes," complete Schedule J for such person	4	organization and related organizations individual	greater th	an \$	150,	000)? <i>[</i> ;	f "Ye.	s," ·	complete Sch	nedule J for s 	such 4	×
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	5												×
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	Section	on B. Independent Contractors											
	1	compensation from the organization. Rep	compensat port compe	ed ind nsatio	depo on fo	end or th	ent ne c	contr alend	acto lar y	ors that receive year ending wit	ed more than the	\$100,000 o organizat	of ion's tax
			Iress			_					ervices		
2 Total number of independent contractors (including but not limited to those listed above) who										-			

(

Check if Schedule O contains a response or note to any line in this Part VIII. Total review. T	Par	t VIII	Statement of Revenue		-	· .		<u> </u>
Table Tabl			Check if Schedule O contains a re	sponse or note to				🗆
Business Code					(A) Total revenue	Related or exempt function	business	Revenue excluded from tax under sections
Business Code	nts	1a	Federated campaigns 1a					
Business Code	3rai Iour	b	Membership dues 1b					
Business Code	s, C Am	С	Fundraising events 10					
Business Code	Giff	d						
Business Code	ns,	_						
Business Code	rtio er S	f						
Business Code	혈							
Business Code	- i - i - i - i - i - i - i - i - i - i				115 474		- · -	
3 Investment income (including dividends, interest, and other similar amounts) 3,138. 3,138. 0. 0. 0.		h	Total. Add lines 1a-1f	1	115,4/4.	-		
3 Investment income (including dividends, interest, and other similar amounts) 3,138. 3,138. 0. 0. 0.	au (20						
3 Investment income (including dividends, interest, and other similar amounts) 3,138. 3,138. 0. 0. 0.	eve	ì		-				
3 Investment income (including dividends, interest, and other similar amounts) 3,138. 3,138. 0. 0. 0.	9	I		-				
3 Investment income (including dividends, interest, and other similar amounts) 3,138. 3,138. 0. 0. 0.	ezi	1		-				
3 Investment income (including dividends, interest, and other similar amounts) 3,138. 3,138. 0. 0. 0.	Š	I		-	-			
3 Investment income (including dividends, interest, and other similar amounts) 3,138. 3,138. 0. 0. 0.	gra	Ι.		-				
Investment income (including dividends, interest, and other similar amounts) 3,138. 3,138. 0. 0.	Pro	g		•				
Income from investment of tax-exempt bond proceeds Royalties		3	Investment income (including divi	dends, interest,				
Securities Sec			•		3,138.	3,138.	0.	0.
Contract		4	Income from investment of tax-exempt	bond proceeds ►				
Bases contents Bases contents cont		5	Royalties					
B Less: rental expenses c Rental income or (loss) d Net rental income or (loss)		i	(i) Real	(ii) Personal				
C Rental income or (loss) d Net rental income or (loss) Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		6a						
d Net rental income or (loss)		b						
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		С		<u></u>				
Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		d	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					 -
b Less: cost or other basis and sales expenses c Gain or (loss) . d Net gain or (loss) . 8a Gross income from fundraising events (not including \$ of contributions reported on line 10). See Part IV, line 18		7a	GIOSS AIRIOURE HORR SAIGS OF	(ii) Other				
and sales expenses c Gain or (loss)			•					
Region or (loss)		b	1					
Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events b c Net income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities b c Net income or (loss) from gaming activities b c Net income or (loss) from gaming activities b c Net income or (loss) from sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory b Miscellaneous Revenue Business Code 11a b c d All other revenue e Total. Add lines 11a-11d b		_						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		I	` '					 ,
c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses . b c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances . a b Less: cost of goods sold . b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a b c d All other revenue e Total. Add lines 11a–11d		"	Net gain or (loss)					
c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses . b c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances . a b Less: cost of goods sold . b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a b c d All other revenue e Total. Add lines 11a–11d	venue	8a	•					
c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses . b c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances . a b Less: cost of goods sold . b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a b c d All other revenue e Total. Add lines 11a–11d	er Re			a				
c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses . b c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances . a b Less: cost of goods sold . b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a b c d All other revenue e Total. Add lines 11a–11d	돌	b	Less: direct expenses	b				
See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities . ▶ 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code 11a b							<u></u> .	<u> </u>
b Less: direct expenses b c Net income or (loss) from gaming activities > 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . > Miscellaneous Revenue Business Code 11a b		9a						
c Net income or (loss) from gaming activities . ▶ 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code 11a b				a				
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C Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a			returns and allowances	a				
Miscellaneous Revenue Business Code 11a b c d All other revenue Total. Add lines 11a–11d								
11a b c d All other revenue e Total. Add lines 11a–11d								
b		1	Miscellaneous Revenue	Business Code		_		
c d All other revenue						:		
d All other revenue								
e Total. Add lines 11a–11d		1		-				
		i -			118 612	3 138		n

Part IX: Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

<u></u>	Olarabi (O. L. L. L. O. A.				
	Check if Schedule O contains a respons			(0)	
	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	125,260.	125,260.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	27,935.	27,935.		
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 10 11 a	Other employee benefits				
b c	Legal				· · · · · · · · · · · · · · · · · · ·
d e f g	Lobbying		_		
12	(A) amount, list line 11g expenses on Schedule 0.)				<u> </u>
13	Office expenses				· —
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,985.	1,985.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,,000			
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . 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					*
b			-		
c d					
e	All other expenses	12.	12.	0.	0.
25	Total functional expenses. Add lines 1 through 24e	155,192.	155,192.	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)	-			

Page **11** Form 990 (2018) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year 12,475. 24,180. 1 2 2 3 3 4 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 disgualified 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 6 50,000. 50,000. 7 8 9 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 75,000. 10a 75,000. 10b 75,000. 10c **b** Less: accumulated depreciation 223,569. 11 225,799. 11 12 Investments-other securities. See Part IV, line 11 12 13 13 Investments—program-related. See Part IV, line 11... 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 372,749. 16 363,274. 16 17 248. 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 248. 26 26 Total liabilities. Add lines 17 through 25 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. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗵 and complete lines 30 through 34. 372,749. 363,026.

363,274. Form 990 (2018)

363,026.

30

31

32

33

372,749.

372,749.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds.

30

31

32

33

34

Page	1	2

•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		18,6		
2	Total expenses (must equal Part IX, column (A), line 25)	2		155 <u>,</u> 1		
3	Revenue less expenses. Subtract line 2 from line 1	3		-36,5		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		372,7	<u> 149.</u>	
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		336, <u>1</u>	<u>69.</u>	
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			_	Yes	No	
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olaın ı	ın	ł		
	Schedule O.		2a	·	×	
2a	,					
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	olled o	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?		. 2b		×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on	a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			-		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over			ļ		
	of the audit, review, or compilation of its financial statements and selection of an independent accou					
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	n			
	Schedule O.		.	·	لــــا	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	rorth i				
	the Single Audit Act and OMB Circular A-133?		. <u>3a</u>	+-	×	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not unde	rgo th	e 3b			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	Julis.		m 990	(0010)	
	,		FO	111 33U	(2018)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization 26-4753549 THE WEHRLY FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (iv) is the organization (i) Name of supported organization listed in your governing other support (see (described on lines 1-10 support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

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	Section A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	270,079.	112,961.	189,107.	214,646.	115,474.	902,267.	
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	270,079.	112,961.	189,107.	214,646.	115,474.	902,267.	
4		270,079.	112,301.	189,107.	214,040.	113,4/4.	302,201.	
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						902,267.	
Section	on B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	270,079.	112,961.	189,107.	214,646.	115,474.	902,267.	
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						902,267.	
12	Gross receipts from related activities, etc					12	504(.)(0)	
13	First five years. If the Form 990 is for the							
<u> </u>	organization, check this box and stop he				· · · · ·		· · • []	
	on C. Computation of Public Support Public support percentage for 2018 (line 6)			11 column (fl)		14	100 %	
14 15	Public support percentage for 2016 (line of Public support percentage from 2017 Sch					15	100 %	
16a	331/3% support test—2018. If the organi	zation did not	check the box	 x on line 13, ar	 nd line 14 is 33			
	box and stop here. The organization qua							
b								
17a	17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b 18	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization	ation meets the meets the "fac id not check a	e "facts-and-ots-and-ots-and-circum box on line 13	circumstances stances" test. , 16a, 16b, 17a	" test, check The organizati a, or 17b, chec	this box and son qualifies as	stop here. a publicly because see	
								

Schedu	le A (Form 990 or 990-EZ) 2018						Page 3
Part	Support Schedule for Organiza (Complete only if you checked the					d to qualify u	7
	If the organization fails to qualify						nder Fartin.
	on A. Public Support					·	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		•				
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 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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3				·		
	received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
-	on B. Total Support			1		1	T
Calen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2014	/ (b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-	Gross income from interest, dividends,		<u> </u>				
	payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	,					
11	Net income from unrelated business' activities not included in line 10b, whether or not the business is regularly carried on]				1
12	Other income. Do not include gain or loss from the sale of capital assets (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 organization, check this box and stop he	-		d, third, fourth	•		
Secti	on C. Computatión of Public Suppor						
15	Public support percentage for 2018 (line						%
16	Public support percentage from 2017 Sci			<u></u>	<u> </u>	16	%
	on D. Computation of Investment In Investment income percentage for 2018 (ov line 12 celi	mp (f)	17	0/
17 18	Investment income percentage for 2018 (Investment income percentage from 2017)						% %
19a	331/3% support tests—2018. If the organ 17 is not more than 331/3%, check this box	ization did not	check the box	x on line 14, a	nd line 15 is m	nore than 331/3	%, and line
b	33//3% support tests—2017. If the organize 18 is not more than 331//3%, check this	zation did not c	heck a box on	line 14 or line	19a, and line 16	is more than	33 ¹ /3%, and

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

Part IV 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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	.)	
Secti	on A. All Supporting Organizations			
			Yes	No
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.	1		ļ
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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer-			
	(b) and (c) below.	3a		<u> </u>
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.	3b		
С	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.	3c		
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.	4a		,
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.			
_		4b	-	
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		
8	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).	8		
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 500(a)(1) or (2)(2) or (2)(2) or (3)(3) or (3)(4) or (3			
_	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	<u> </u>	ļ
	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.	9b	_	
	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.	9c		
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	46		<u> </u> i
L	supporting organizations)? If "Yes," answer 10b below.	10a		<u> </u>
D	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.)	10b		

Part	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?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Secti	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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	l		
	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).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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		ļ
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	<u> </u>		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		ļ.,
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	İ		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		ļ.——	
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ın		
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.	<u> </u>		
_		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	<u> </u>	 ,
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	-	 ,
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	21	<u> </u>	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	i .	I

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	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		
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		(-)
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 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).	y int	tegrated Type III supporti	ng organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
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 whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6	<u> </u>	-	
10	Line 8 amount divided by line 9 amount			
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.	."		
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			•
i	Carryover from 2013 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014 .			
b	Excess from 2015			
С	Excess from 2016		·	
d	Excess from 2017		·	
	Excess from 2018			

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.

OMB No 1545-0047 2018

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Open to Public Inspection

Name o	the organization		Employer identification number
THE	WEHRLY FOUNDATION		26-4753549
	t Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	nds or Accounts.
	Complete if the organization answered '		
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
_		(a) Donor advised idinas	(b) Turius and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets h	neld in donor advised
_	funds are the organization's property, subject to th		
	Did the organization inform all grantees, donors, a		
6	Did the organization inform all grantees, donors, a	ind donor advisors in whiling that gra-	for any other purpose
	only for charitable purposes and not for the benef		
			· · · · · · L Yes L No
Par	Conservation Easements.		
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recreat		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		Ta deranica finatorio di adetaro
^		ald a gualified concentation contribution	on in the form of a concentation
2	Complete lines 2a through 2d if the organization he	ad a quaimed conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easement	s	2b
С	Number of conservation easements on a certified h	nistoric structure included in (a)	2c
d	Number of conservation easements included in	• •	
			· · 2d
3	Number of conservation easements modified, trans		
·	tax year ►	storrou, rotoucou, extinguiertou, er teri	·····atoo by the organization coming the
	Number of states where property subject to conse	nustion assembnt is located	
4			manting bandling of
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcin	ig conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
	▶\$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(ı)
-			· · · · · · · · · · · · · · No
_	In Part XIII, describe how the organization reports of		
9	balance sheet, and include, if applicable, the text of		
			ialiciai statements that describes the
	organization's accounting for conservation easeme		OH - O'HAA-
Part			
	Complete if the organization answered '		
1a	If the organization elected, as permitted under SF.		
	works of art, historical treasures, or other similar	assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements tha	t describes these items.
ь	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		
	public service, provide the following amounts relati		
	•	_	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art,	, historical treasures, or other similar	r assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .	· · · · · · · ·	
ь Ь	Assets included in Form 990 Part X		▶ \$

Page	2

Part	III Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Oth	ner Similar A	ssets (continue	<i>≥d)</i>
3	Using the organization's acquisition, collection items (check all that apply)		her reco	ds, chec	k any of the	follow	ring that are a	significant use o	fits
а	☐ Public exhibition		d	☐ Loan	or exchange	progr	ams		
b	☐ Scholarly research		е	☐ Other	,				_
С	☐ Preservation for future generation								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization assets to be sold to raise funds rathe								No
Part									
	Complete if the organization 990, Part X, line 21.								<u> </u>
	Is the organization an agent, trustee included on Form 990, Part X?								No
b	If "Yes," explain the arrangement in F	art XIII and comple	ete the fo	llowing ta	able:	_	·	A	
								Amount	
С	Beginning balance					1c	+		
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou								No
	If "Yes," explain the arrangement in F	art XIII. Check here	e if the ex	kplanatioi	n has been p	provide	d on Part XIII	<u> U</u>	
Par									
	Complete if the organization								
		(a) Current year	(b) Pn	or year	(c) Two years	back	(d) Three years ba	ck (e) Four years ba	ack
1a	Beginning of year balance								
b	Contributions								
С	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 current year en	d balanc	e (line 1g	, column (a))) held a	ıs:		
а	Board designated or quasi-endowme	ent 🕨	%						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and		00%.						
3a	Are there endowment funds not in th			zation tha	at are held a	ınd adr	ministered for t	the	
	organization by:							Yes	No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	organizations listed	as requi	red on So	chedule R?			. Зь	
4	Describe in Part XIII the intended use	s of the organization	n's endo	owment fo	unds.				
Part									
	Complete if the organization	n answered "Yes'	" on For	m 990, F	Part IV, line	11a. S	See Form 990), Part X, line 10)
	Description of property	(a) Cost or ot (investme			or other basis other)		Accumulated preciation	(d) Book value	
1a	Land		5,000.					75,00	0.
b	Buildings								
c	Leasehold improvements							-	
d	Equipment								
e	Other			1					_
	Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part	X, columr	(B), line 10	c.)		75,00	0.

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, I						
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value			
(1) Financial	derivatives					
(2) Closely-h	neld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)		-				
(E)		-				
(F) (G)		-				
(G) (H)		-				
	b) must equal Form 990, Part X, col. (B) line 12.) ▶					
Part VIII	Investments—Program Related.					
T GIT VIII	Complete if the organization answered "Yes" on Fo	rm 990. Part IV. line	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)	<u> </u>					
(8)						
(9)	A must accord Form 000. Book V and (D) Inc. 121					
Part IX	b) must equal Form 990, Part X, col. (B) line 13) ► Other Assets.					
raitin	Complete if the organization answered "Yes" on Fo	rm 990 Part IV line	11d See Form 990 Part X line 15			
	(a) Description	1111 000, 1 0, 111	(b) Book value			
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)	<u> </u>					
(9)	45 ASS	<u> </u>				
Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	. ▶ e 11e or 11f. See Form 990, Part X,			
1.	line 25. (a) Description of liability (b) Book value					
(1) Federal in	(1)					
(2)	- I I I I I I I I I I I I I I I I I I I					
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col. (B) line 25) ▶					
	uncertain tax positions. In Part XIII, provide the text of the footr s liability for uncertain tax positions under FIN 48 (ASC 740). Chi					

•Parl			er Return.	
	Complete if the organization answered "Yes" on Form 99			
1	Total revenue, gains, and other support per audited financial statemen	ts	. 1	
2	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		
С	Recoveries of prior year grants	. 2c		
d	Other (Describe in Part XIII.)	. 2d		
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 .			
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, II		. 5	-
Part			per Return.	
	Complete if the organization answered "Yes" on Form 99			
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:	ا مم ا		
a	Donated services and use of facilities			
b	Prior year adjustments	·		
٦ 0	Other losses		 	
d e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,			
Part	XIII Supplemental Information.		<u> </u>	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XII, lines 2d and 4b. Also complete this part XII, lines 2d and 4b. Also complete this part XII, lines 2d and 4b. Also complete this part XII, lines 2d and 4b. Also complete this part XII, lines 3, 5, and 9; Part III, lines 1a	art to provide any additiona	al information.	
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Schedule D (Fo	rm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations,

Schedule I (Form 990) (2018) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Open to Public Inspection **%** □ OMB No. 1545-0047 2018 (h) Purpose of grant or assistance **Employer identification number** 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 noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. : 0 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States (f) Method of valuation (book, FMV, appraisal, other) ► Go to www.irs.gov/Form990 for the latest information. CASH CASH Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of nonc cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ Attach to Form 990. (d) Amount of cash 109,717. 60,267 grant Enter total number of other organizations listed in the line 1 table (c) IRC section the selection criteria used to award the grants or assistance? (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance CHURCHES 501C3 (p) EIN VARIOUS VARIOUS VARIOUS MONTGOMERY TX 77356 VARIOUS MONTGOMERY TX 77356 (2) US-DOMESTIC MINISTRIES 1 (a) Name and address of organization THE WEHRLY FOUNDATION (1) ORGANIZED CHURCHES or government Department of the Treasury Internal Revenue Service Name of the organization Part Part II (12) N (10) **E** N ල 3 9 E 8 9 €

REV 11/06/18 PRO

Page 2

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) (f) Description of noncash assistance If all of the requirements are met and all of the questions Our committment is for 12 months after which we follow up and Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Pt I Line 2: The foundation takes its responsibility to maintain vigilence very seriously and often visits, Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. which support is also monitored during the year. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant issue a statement of support, re-examine what the ministry is doing at that time. REV 11/06/18 PRO emails and contacts the various organizations. (b) Number of recipients (a) Type of grant or assistance then we are answered, Part IV Part ₽¥ S N က 4 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.

20**18**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

THE WEHRLY FOUNDATION	26-4753549
Pt VI, Line 18: Each of the members of the governing body were fu	rnished 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	n 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 w	ıfe
Pt VI, Line 7a: Yes. Any 2 members of the governing board may vo	te 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 la: Number of members	
Pt VI, Line 11b: Held Meeting	
Pt III, Line 4d:	
Expenses: \$1,997 including grants of: \$0 Revenue: \$0	
Description: total related	
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