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Form 990

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 2012 Open to Public

-	F45-2	012 calendar year, or tax year beginning $10/01/12$, and ending $09/30/12$	3		THE SECTION OF THE SE
<u>A</u>				D Employ	ver identification number
$\overline{}$	Check if applic	4000		D Employ	er identification number
Ш	Address chang				
\Box	Name change	Doing Business As			0369216
\exists	Instead and com-	Number and street (or P O box if mail is not delivered to street address)	Room/suite	•	one number
믬	Initial return	P. O. Box 2228		205	-221-9803
	Terminated	City, town or post office, state, and ZIP code			·
П	Amended retu	Jasper AL 35502		G Gross rece	epts\$ 2,952,620
\exists	A	F Name and address of principal officer			
Ш	Application pe	Al Simmons	H(a) Isthisag	roup return for a	affiliates? Yes X No
		1411 Indiana Avenue	H(b) Are all af	filiates include	d? Yes No
		Jasper AL 35501	1		(see instructions)
_	- .		1		
<u>+</u> _	Tax-exempt :	tatus X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527 N/A	1		
<u></u>	Website -		H(c) Group ex	A=A	
K.	Form of organ		ear of formation 1	930	M State of legal domicile AL
	art I	Summary			·
		fly describe the organization's mission or most significant activities			
ë	\$	ee Schedule O			
ā					
eru		_			
₹	2 Che	ck this box 🕨 🔃 if the organization discontinued its operations or disposed of more than 25	% of its net ass	sets	
2,3	3 Nur	nber of voting members of the governing body (Part VI, line 1a)		3	17
J.R.	4 Nur	nber of independent voting members of the governing body (Part VI, line 1b)		4	17
嗤	5 Tota	al number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
2 5	1	al number of volunteers (estimate if necessary)		6	0
JAN 1 9 7014 Activities &-Governance	1	al unrelated business revenue from Part VIII, column (C), line 12		7a	0
	1	unrelated business taxable income from Form 990-T, line 34		7b	0
RECAUNINED	DIVE	uniciated business taxable medite notifi offit 550-1, tife 54	Prior Yea		Current Year
Z	8 Cor	tributions and grants (Part VIII, line 1h)	25	5,984	412,103
		gram service revenue (Part VIII, line 2g)		0	0
₹	1	estment income (Part VIII, column (A), lines 3, 4, and 7d)	234	4,806	443,624
(P		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1.1e)		7,866	-48,311
		al revenue – add lines 8 through 11 (must equal Part VIII, column-(A), line 12)		8,656	807,416
				5,559	90,384
	1	nts and similar amounts paid (Part IX, column (A)-lines 1=3)	<u> </u>	0	90,384
	1	efits paid to or for members (Part IX, column (A), line 4) 7 7 7 4	·		_
es		aries, other compensation, employee benefits (Part IX, column (A), lines;5–10)		0	0
enses	1	fessional fundraising fees (Part IX, column (A), line 11e)		0	0
Expe		al fundraising expenses (Part IX, column (D), line 25) ▶ 0		- 4 4 5	
Ш	, •	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,447	73,652
	18 Tota	el expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,006	164,036
	19 Rev	enue less expenses Subtract line 18 from line 12		5,650	643,380
Net Assets or	2	<u>, , , , , , , , , , , , , , , , , , , </u>	Beginning of Cur		End of Year
set	20 Tota	al assets (Part X, line 16)		7,479	8,405,001
Žζ	21 Tota	al liabilities (Part X, line 26)		6,208	350
		assets or fund balances Subtract line 21 from line 20	7,76	1,271	8,404,651
F	Part II	Signature Block			
U	nder penalt	es of perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the be	est of my kno	owledge and belief, it is
tr	ue, correct,	and complete Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowledg	e	
		1 / 1/1/ /R / 0541			721/14
Sig	an J	Signature oppifice 1997		Date	7-7-
He	- 1 .	- The (Kainman			
		Type or print name and title			
	Pr	int/Type preparer's name Preparer's signature	Date	Check	ıf PTIN
Pai		ARLES R WILSON (hal R. Wilson	05/20	/14 self-em	Doloyed P01043394
	narer C.	Volley Wilson C Associates D.C.		irm's EIN	1
	e Only	3825 Lorna Rd Ste 212		and LIIT F	
	- 1	NO TO THE SECOND		·	205-942-5424
N # ~			<u> </u>	hone no	
_		Inscuss this return with the preparer shown above? (see instructions)			Yes X No
DAA		Reduction Act Notice, see the separate instructions.	117	-10	Form 990 (2012)
			917-		

Form 990 (201	(2) Walker College	e Foundation	63-0369216	Page 2
Part III		Service Accomplishments		
4 5- 2		ntains a response to any ques	stion in this Part III	X
	escribe the organization's missi	on		
2 Did tho	ergenization undertake envision	ificant program services during the y	your which were not listed on the	
	rm 990 or 990-EZ?	incant program services during the y	real which were not listed on the	Yes X No
*	describe these new services or	Schedule O		_ ···· _ ···
3 Did the	organization cease conducting,	or make significant changes in how i	it conducts, any program	. .
services				Yes X No
	describe these changes on Sch		s three largest program services, as meas	ured by
			ort the amount of grants and allocations to	
=		for each program service reported	5	,
		00 204	00 204	
4a (Code)(Expenses \$	90,384 including grants	s of \$ 90,384) (Reve the college scholar:	
			serving students. A	
	O Students.	4		
4b (Code)(Expenses \$	including grants	s of \$	
	tures on the Wal		ce, repairs and impro	ovements to the
				
4c (Code) (Expenses \$	3,828 including grants		
			esident and dean for s with job applicant:	
			president's council	
			of guests, and 5) st	
			ing education expense	
suppl:	ies purchased fo	or students and for	r conducting college	business.
	ogram services (Describe in Sc			
(Expens		including grants of \$) (Revenue \$)
4e lotal pr	ogram service expenses	94,212		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x	
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		x
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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable		ı	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44.	\mathbf{x}	
ь.	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a	^	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		ľ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			37
4 =	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		
10	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	

Part IV Checklist of Required Schedules (continued)

	atte, Oncomist of Required Concadies (Continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		res	NO
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	<u> </u>		
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
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		x
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1	 	 -
274	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1		ĺ
	through 24d and complete Schedule K. If "No," go to line 25	24a		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		ĺ
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	1		
200	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	-204		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	100		 -
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1-5		 -
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ĺ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	<u> </u>		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1		
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		х
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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			$\overline{}$
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			<u> </u>
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
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,			ĺ
	Part VI	37		X_
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	X	
		Fo	m 990	(2012)

Part V. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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 X account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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 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 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? h 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2012) Walker College Foundation 63-0369216 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 17 1a Enter the number of voting members of the governing body at the end of the tax year 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 1b 17 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X 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 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 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, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? X 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a 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 X 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 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c 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 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 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? X 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization > George E Deavours 2030 Third Avenue

205-221-9803

AL 35501

Jasper

Form 990 (2012)	Walker	College	Foundation
-0im 990 (2012)	MOTVET	COTTEGE	r ounda cron

63-0369216

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any	rage Position s per (do not check more that box, unless person is b officer and a director/fin		e than one compensation its both an from or/trustee) the			(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)Ms Sue Ellen Sur	mers									
	1.00									
Trustee	0.00	X						0	0	0
(2) William B Long										
	1.00					1 1	i			
Trustee	0.00	X						0	0	0
(3)Dr. D. G. Brisco										
	1.00									
Trustee	0.00	X						0	0	0
(4) Dr. Stan Eggers										
	1.00									
Trustee	0.00	X	l					0	0	0
(5) Fred May						[
	1.00									
Trustee	0.00	X				<u> </u>		0	0	0
(6) Lawson W Murphy										
	1.00									
Trustee	0.00	X				L 1.		0	0	0
(7) Al McAdams										
	1.00									
Trustee	0.00	X						0	0	0
(8) Ronnie Shaw										
	1.00									
Trustee	0.00	X						. 0	0	0
(9) Brent Thornley										
_	1.00									
Trustee	0.00	X			L			0	0	0
(10)Ms. Becky Tracy										
	1.00									
Trustee	0.00	X						0	0	0
(11) Eddie Jackson										
	1.00									
Trustee	0.00	x				1 1		ol	0	0

Part VII Section A. Officers	, Directors, Tru	istee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				-3
(A) Name and title	(B) Average hours per week (list any	bo	x, uni	Pos check ess pe	rson	than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimat amount other compensa	of ation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21033-Miles)		organiza and rela organizat	tion ted	
(12)Ms. Marthanne Br	rown					<u> </u>							
	1.00					}							
Trustee	0.00	X	_			_	ļ	0	0	ļ		_	0
(13)Dr. Jack L Mott	1 00												
Trustee	1.00	x		•				o	o				0
(14)Dr. Jerald M She		<u> </u>					-	0					
(14)22: 002020 11 311	1.00			}						İ			
Trustee	0.00	X		j				0	0				0
(15) Steve Byars													
	1.00									l			
Trustee	0.00	X	ļ			<u> </u>		0	0				0
(16)Dr. David J Row.	I .									Í			
Maria de la c	1.00							o	o	ĺ			0
Trustee (17) Al Simmons	0.00	X											
(17)111 DIMMO113	1.00									ĺ			
Trustee	0.00	X						0	0	ĺ			0
(18)													
(19)		┼	 			<u> </u>	_		<u>-</u>	<u> </u>	-		
,													
1b Sub-total	L			·	·	'	>						
c Total from continuation she	ets to Part VII,	Sect	ion /	4						ļ			
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	icluding but not the organization	limite	ed to	thos	e lis	ted a	bov	e) who received more than	\$100,000 in				
3 Did the organization list any fo	ermer officer du	recto		truet	ا مم	kev s	mnl	ovee or highest compens	nted.	ſ		Yes	No
employee on line 1a? If "Yes,"								oyee, or mighest compense	iteu		3		X
4 For any individual listed on line organization and related organ													
ındıvıdual	_										4		X
5 Did any person listed on line 1 for services rendered to the or									ndividual		5		х
Section B. Independent Contracto		C3,	COII	ipiett	300	nead	ile J	tor such person					
1 Complete this table for your five	ve highest comp									_			
compensation from the organi	(A) business address	omp	ensa	tion	tor t	ne ca	alend 		IIII the organization's tax ye (B) tion of services	ar		(C)	
Name and	bùsiness address						╁	Descrip	tion of services		Con	nperisat	ion
											İ		
							├-						
	. <u> </u>												
			-				\vdash						
Total number of independent (contractors (incl	udina	a but	not	limit	ed to	tho	se listed above) who					-
received more than \$100,000									0				

Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (A) (B) Related or (C) Unrelated (D) Revenue Total revenue exempt function business excluded from tax revenue under sections revenue 512, 513, or 514 , Grants 1a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations 1d Contributions, and Other Simi 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 412,103 g Noncash contributions included in lines 1a-1f 412,103 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 2a b f All other program service revenue g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, 215,974 215,974 and other similar amounts) Income from investment of tax-exempt bond proceeds 26,053 26,053 Royalties (ı) Real (II) Personal 6a Gross rents 16,460 5,585 b Less rental exps 10,875 c Rental inc or (loss) 10,875 10,875 d Net rental income or (loss) \blacktriangleright 7a Gross amount from (II) Other (i) Securities sales of assets 2,367,269 other than inventor b Less cost or other 2,139,619 basis & sales exps 227,650 c Gain or (loss) 227,650 227,650 d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events \blacktriangleright 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities \triangleright 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b \triangleright c Net income or (loss) from sales of inventory Busn Code Miscellaneous Revenue -85,239 -85,239 11a Unrealized Loss on Securities b d All other revenue -85,239 Total. Add lines 11a-11d 807,416 395,313 0 Total revenue. See instructions

DAA

Form **990** (2012)

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			piete column (A)	П
Do	not include amounts reported on lines 6b,	_ (A)	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1					
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	90,384	90,384		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and			:	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		-		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
þ	· ·				
С]	9,001		9,001	
d					
е	Professional fundraising services. See Part IV, line 17	05 400		05 400	
f	Investment management fees	25,428		25,428	
g	· · ·				
	(A) amount, list line 11g expenses on Schedule O)	· · · · · · · · · · · · · · · · · · ·			
12	· '				
13	Office expenses				
14	Information technology				· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,828	3,828		
20	Interest	3,020	3,020		······································
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)			į	
а	Insurance	17,737		17,737	
b	Community needs assessmen	12,204		12,204	
С	Collection fees	3,138		3,138	
d	Miscellaneous	1,484		1,484	
e	All other expenses	832		832	
25	Total functional expenses. Add lines 1 through 24e	164,036	94,212	69,824	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 following SOP 98-2 (ASC 958-720)				

Part X. **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 2,477 1,305 1 Cash-non-interest bearing 51,473 102,242 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 11,846 11,796 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 648,085 10a other basis Complete Part VI of Schedule D 648,085 10b 648,085 b Less accumulated depreciation 7,054,770 7,640,401 11 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 7,767,479 8,405,001 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 6,208 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 6,208 26 350 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 4,702,991 5,093,732 27 Unrestricted net assets 27 836,345 1,153,164 Temporarily restricted net assets 2,157,755 29 Permanently restricted net assets 2,221,935 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 7,761,271 8,404,651 Total net assets or fund balances 7,767,479 8,405,001 Total liabilities and net assets/fund balances

orm 9	990 (2012) Walker College Foundation 63-0369	216			Page 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		807	,416
2	Total expenses (must equal Part IX, column (A), line 25)	2		164	1,036
3	Revenue less expenses Subtract line 2 from line 1	3		643	3,380
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,	761	.,271
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	8,	404	,651
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Y	es No
1 /	Accounting method used to prepare the Form 990 📗 Cash 🔀 Accrual 🦳 Other				
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
;	Schedule O				
2a \	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2	2a	X
!	If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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?		2	2b 2	ζ
!	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	a			
:	separate basis, consolidated basis, or both				
[X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?		2c 2	ζ
1	If the organization changed either its oversight process or selection process during the tax year, expla	ain in			
;	Schedule O.				
3a /	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	ı ın			
1	the Single Audit Act and OMB Circular A-133?		_ 3	la	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dite	1	h l	1

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) proportion than the frust

4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2012 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Walker College Foundation

• Inspection
Employer identification number

63-0369216

Pa	rt I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this pa	art) Se	e inst	ructio	ns			
The o	orga	nization is not	a private foundation because	se it is (For lines 1 through 11,	check onl	y one box	()							
1		A church, co	nvention of churches, or ass	sociation of churches described	ın sectio	n 170(b)(1)(A)(i).							
2	\Box	A school des	cribed in section 170(b)(1)	(A)(ii). (Attach Schedule E)										
3	\Box			ce organization described in se	ction 170	(b)(1)(A)	iii).							
4	П	A medical re	search organization operate	d in conjunction with a hospital	described	ın sectio	n 170(b)(1)(A)(i	iii). Ente	er the h	ospital's name.			
		city, and stat	e				•		•					
5	X	•		of a college or university owned	or operat	ed by a d	overnme	ental uni	t descri	bed in				
		-	b)(1)(A)(iv). (Complete Part	•		, 3								
6	\Box	·		jovernmental unit described in s	section 17	70(b)(1)(A	λ)(ν).							
7	H	•	•	substantial part of its support fr			,, ,	from the	genera	al public				
_		-	section 170(b)(1)(A)(vi). (C						· 9					
8	\Box			170(b)(1)(A)(vi). (Complete Par	t II)									
9	H	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross												
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses													
			<u>-</u>	0, 1975 See section 509(a)(2)	•			,	Justines.	303				
10	\Box		•	exclusively to test for public safe	•		•							
11	H	•	•	exclusively for the benefit of, to	•				v out the	۵.				
• •	ш			ted organizations described in s							1			
										3000101	•			
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h													
_	a Type I Type II C Type III—Functionally integrated Type III—Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)													
C														
		or section 50	=	or than one or more publicly sup	ported of	gamzano	15 46561	ibca iii c	30000011	003(a)('/			
f				ermination from the IRS that it is	a Tyne I	Type II	or Type	III sunna	ortina					
•			check this box	similation from the fixe that it is	a Type I	, Type II,	or Type	iii supp	Jilling					
~		_		tion accepted any gift or contrib	ution from	any of t	20							
g		following per		mon accepted any gift of contrib	ation non	rany or u	10							
				ontrols, either alone or together	with nare	one descr	ibed in (u) and			Yes No			
			w, the governing body of the		with persi	oris desci	inea iii (ii) ailu						
		, ,	member of a person descri	• •							11g(i)			
			·	described in (i) or (ii) above?							11g(n)			
h				the supported organization(s)							[11g(iii)]			
	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did s	ou notify	(va)	s the	(uu) Amount of monoton			
(1)		anization	(11) 2.114	(described on lines 1–9		sted in your		nization in	organizat		(vii) Amount of monetary support			
				above or IRC section	governing	document?		of your		zed in the S ?	,,			
				(see instructions))	Yes	No	Yes	nort?	Yes	No No				
(A)					1-100	- ::-	100	'*•	103	110				
\\\\\\					Ì			İ						
(B)						<u> </u>								
(-,								ŀ						
(C)	_			-		 								
(-,														
(D)				-										
(0)														
(E)					<u> </u>									
(-)														
Total		•				Ī								
		rwork Reduc	tion Act Notice, see the In	structions for		t	1	l	Sched	ule A (F	Form 990 or 990-EZ) 2012			
			,											

Form 990 or 990-EZ.

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	131,205	327,376	538,886	255,984	412,103	1,665,554
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	4,800					4,800
4	Total. Add lines 1 through 3	136,005	327,376	538,886	255,984	412,103	1,670,354
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	·					
6_	Public support. Subtract line 5 from line 4			#			1,670,354
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	136,005	327,376	538,886	255,984	412,103	1,670,354
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	272,159	262,854	130,817	263,179	252,902	1,181,911
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 IV)	1,291		-278,957	335,324	-85,239	-27,581
11	Total support. Add lines 7 through 10	L		<u> </u>	l		2,824,684
12	Gross receipts from related activities, etc	-				12	173,248
13	First five years. If the Form 990 is for the	-	, second, third, fou	ırth, or fifth tax yea	r as a section 501	(c)(3)	. —
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	• •					
14	Public support percentage for 2012 (line 6,		-	n (f))		14	<u>59.13%</u>
15	Public support percentage from 2011 Sche					15	50.97%
16a	33 1/3% support test—2012. If the organi				3 1/3% or more, cl	neck this	. =
	box and stop here. The organization quali						► X
b	33 1/3% support test—2011. If the organi			· ·	5 is 33 1/3% or mo	re,	. —
	check this box and stop here. The organiz			=			▶ 📋
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meets				-		
	Part IV how the organization meets the "fa	cts-and-circumstan	ices" test. The org	anization qualifies	as a publicly supp	orted	▶ □
	organization				400 4=		
D	10%-facts-and-circumstances test—201	_				lline	
	15 is 10% or more, and if the organization				•		
	Explain in Part IV how the organization me	ets the "tacts-and-	circumstances" te	st The organization	n qualifies as a pul	DIICIY	▶ □
40	supported organization	4 makabasi - 1 -	- b 40 40 40	. 49 49.	at the star		▶ ∐
18	Private foundation. If the organization did instructions	з пот спеск а бох о	n iine 13, 16a, 16l	o, 1/a, or 1/b, che	ck this box and see	9	▶ □

Page 3

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II

	If the organization fails to	quality under tr	ne tests listed b	elow, please c	omplete Part I	l.)	
	tion A. Public Support				,		
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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	Total. Add lines 1 through 5						
7a	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)						
	tion B. Total Support				· · · · · · · · · · · · · · · · · · ·	,	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, 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						
С	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						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her	e					> _
Sec	tion C. Computation of Public Su	upport Percen	tage	·			
15	Public support percentage for 2012 (line 8	i, column (f) divide	d by line 13, colum	ın (f))		15	%_
16_	Public support percentage from 2011 Sch	edule A, Part III, Iir	ne 15	· · · · · · · · · · · · · · · · · · ·		16	%
Sec	tion D. Computation of Investme	nt Income Per	rcentage				
17	Investment income percentage for 2012 (17	%_				
18	Investment income percentage from 2011	Schedule A, Part	III, line 17			18	%
19a	33 1/3% support tests—2012. If the orga	inization did not ch	eck the box on line	e 14, and line 15 is	more than 33 1/3	%, and line	_
	17 is not more than 33 1/3%, check this b	ox and stop here.	The organization	qualifies as a publi	cly supported orga	anization	▶ 🗌
b	33 1/3% support tests—2011. If the orga	inization did not ch	eck a box on line	14 or line 19a, and	line 16 is more th	an 33 1/3%, and	
	line 18 is not more than 33 1/3%, check the	บร box and stop h	ere. The organizat	ion qualifies as a p	publicly supported	organization	▶. [
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruc	tions	

Schedule A (Form 990 or 990-EZ) 2012 Walker College Foundation

63-0369216

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (See instructions).

Part II, Line 10 - Other Income Detail

Unrealized Loss on Securities

-27,581

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

1401116	or the organization		Employer	identification number
_w	alker College Foundation		63-0	369216
Pa	rt I Organizations Maintaining Donor Advised Fu		Account	s. Complete if the
	organization answered "Yes" to Form 990, Part I	V, line 6.		·-·.
		(a) Donor advised funds	(t) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised		
	funds are the organization's property, subject to the organization's exc	•		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	• •		
	only for charitable purposes and not for the benefit of the donor or dor	or advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
	rt II Conservation Easements. Complete if the orga		<u>990, Pa</u>	rt IV, line 7
1	Purpose(s) of conservation easements held by the organization (check			
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically imp		
	Protection of natural habitat	Preservation of a certified historic	structure	1
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	rvation	
	easement on the last day of the tax year		<u> </u>	
				Held at the End of the Tax Year
a	Total number of conservation easements		2a	<u> </u>
þ	Total acreage restricted by conservation easements		2b	
С.	Number of conservation easements on a certified historic structure inc	• ,	2c	
a	Number of conservation easements included in (c) acquired after 8/17			
	historic structure listed in the National Register	And the state of the state of	2d	
3	Number of conservation easements modified, transferred, released, e.	xtinguished, or terminated by the organizat	tion during	the .
	tax year >			
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, nandling of		□ vaa □ va
	violations, and enforcement of the conservation easements it holds?	one concertation concerts divine the vi-		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	cing conservation easements during the ye	ear	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	consequation accoments during the year		
•	> \$	conservation easements during the year		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(R)		
•	(i) and section 170(h)(4)(B)(ii)?	the requirements of section 17 o(n)(4)(B)		Yes No
9	In Part XIII, describe how the organization reports conservation easer	gents in its revenue and expense statemen	nt and	
•	balance sheet, and include, if applicable, the text of the footnote to the	· · · · · · · · · · · · · · · · · · ·		he
	organization's accounting for conservation easements			···
Pa	rt III Organizations Maintaining Collections of Art	Historical Treasures, or Other S	Similar	Assets.
	Complete if the organization answered "Yes" to F	Form 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), i	not to report in its revenue statement and t	palance sh	neet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of	
	public service, provide, in Part XIII, the text of the footnote to its finance	al statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t	o report in its revenue statement and bala	nce sheet	
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of	
	public service, provide the following amounts relating to these items			
	(i) Revenues included in 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, o	r other similar assets for financial gain, pro	vide the	
	following amounts required to be reported under SFAS 116 (ASC 958)			
а	Revenues included in Form 990, Part VIII, line 1		>	\$
	Assets included in Form 990, Part X		•	\$

SCHE	edule D (Form 990) 2012 WAIREL C	orrege roun	dation	63-0	369216		Page .
Pa	art III Organizations Maintainir	ng Collections of	Art, Historical Tr	easures, or Othe	r Similar Assets	(continu	
3							
а	Public exhibition	dΠι	oan or exchange prog	grams			
b	Scholarly research	_	Other				
С	Preservation for future generations						
4	Provide a description of the organization's	collections and explain	how they further the o	organization's exempt	purpose in Part		
	XIII	-	,		p -		
5	During the year, did the organization solicit	or receive donations o	f art. historical treasur	es, or other similar			
	assets to be sold to raise funds rather than					Yes	s No
Pa	art IV Escrow and Custodial A				"Yes" to Form 99		
	line 9, or reported an amou	_	•			,	•
1a	Is the organization an agent, trustee, custo			r other assets not			
	included on Form 990, Part X?		-			Yes	s No
b	If "Yes," explain the arrangement in Part XI	II and complete the foll	owing table				
						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 amount on	Form 990, Part X, line	21?		\	Yes	s No
b	If "Yes," explain the arrangement in Part XI	II Check here if the ex	planation has been pr	ovided in Part XIII		_	П
Pa	art V Endowment Funds. Com	plete if the organiz	ation answered "Y	es" to Form 990,	Part IV, line 10		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance	3,058,280	2,739,242	2,320,208	2,120,50	3 2	06,000
b	Contributions	369,428	251,569	419,034	273,06	2	1,190
С	Net investment earnings, gains, and						
	losses	33,391	91,442	109,422	29,23	7 1	95,777
d	Grants or scholarships	26,515	62,843	103,422	94,79	4	90,990
е	Other expenditures for facilities and						
	programs	123,665	1,450		7,80	o	45,474
f	Administrative expenses						
g	End of year balance	3,310,919	3,058,280	2,739,242	2,320,20	8 2,1	20,503
2	Provide the estimated percentage of the cu	rrent year end balance	(line 1g, column (a)) i	held as			
а	Board designated or quasi-endowment ▶	%					
b	Permanent endowment ▶ %						
С	Temporarily restricted endowment ▶	%					
	The percentages in lines 2a, 2b, and 2c she	ould equal 100%					
3a	Are there endowment funds not in the poss	ession of the organizat	on that are held and	administered for the		_	
	organization by						Yes No
	(i) unrelated organizations					3a(i)	X
	(ii) related organizations					3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizatio	ns listed as required or	Schedule R?			3b	
	Describe in Part XIII the intended uses of the					<u> </u>	
Pa	art VI Land, Buildings, and Equ	<mark>uipment.</mark> See Forn	n 990, Part X, line	10			
	Description of property	(a) Cost or other ba	isis (b) Cost or ot	her basis (c) A	Accumulated	(d) Book va	alue
		(investment)	(othe	r) de	preciation		
1a	Land	319,					9,612
b	Buildings	328,	473			32	8,473
C	Leasehold improvements						
d	Equipment						
	Other						
Tota	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Part	X, column (B), line 10	(c))	▶	64	8,085
					Caba		- 000\ 204

1.	(a) Description of Habitity	(D) BOOK Value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2012 Walker College Foundation	63-	0369216	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Stater		1_090	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains 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	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expen	ses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			-
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	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 IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	_4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2012 Walker College Foundation

Part XIII Supplemental Information (continued)

63-0369216

Page 5

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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public OMB No 1545-0047 Inspection 2012

Employer identification number

% X Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance Yes 63-0369216 non-cash 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. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable General Information on Grants and Assistance (p) EIN Walker College Foundation Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Part II Part 1 € € 3 <u>ල</u> 3 9 6 8 6

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

Schedule I (Form 990) (2012)

Foundation
Walker College Foundation
Schedule I (Form 990) (2012)

63-0369216

Page 2

Schedule I (Fi	Schedule I (Form 990) (2012) Walker College Foundation	ge Foundation	9:	63-0369216		Page 2
Part III	Grants and Other Assistance to Individuals in the	_	nited States. Comp	lete if the organizatio	United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	
	Part III can be duplicated if additional space is needed	ional space is needed.		_		
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	•
1 Schol	Scholarships	95 - 100	90,384			
2			-			•
8						
4			-			
2						
9						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional	mplete this part to provid	de the information re	equired in Part I, line	2, Part III, column (b), and	any other additional
	information.					

Foundation does require that the scholarship awards are based on need or Funds are provided to the scholarship committee of the student services merit and are not discriminatory against any race, gender, religion, or department of Bevill State Community College on the Walker Campus. Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds nationality. No single individual received as much as \$5,000.00. . .

SCHEDULE O' (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Walker College Foundation

Employer identification number 63-0369216

Form 990 - Organization's Mission or Most Significant Activities

Provide funds for 1) The scholarship committee of Bevill State Community

College, 2) For program enhancements and operating expenses (hand sanitizers, assistance for the athletic department, student awards, and expenses associated with meetings and conferences.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Sue Ellen Summers David Rowland

Trustee

Trustee

Father and daughter

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
All members will be given the opportunity to review the return being filed.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

> File a separate application for each return.

Internal Revenue	•				•		ŀ	
If you are	filing for an Au	tomatic 3-Month Extension, comple	te only Part	I and check this box				▶ [X]
		ditional (Not Automatic) 3-Month Ex	-	•	2 of this form)			_
		ess you have already been granted an			-	868.		
Electronic fil	ing to file Ve				to 61a (C	41 6		
		u can electronically file Form 8868 if yo			•			
		Form 990-T), or an additional (not auto-			=		n	
		of time to file any of the forms listed in		· ·		ion		
		ed With Certain Personal Benefit Conti				61-		
		on the electronic filing of this form, vis				rotits		
Part I		3-Month Extension of Time						
	requirea to nie i	Form 990-T and requesting an automat	iic 6-montin e	extension - check this box and	a complete			. □
Part I only		- 4400 O.Sl>			44	- 6 4		
to file income		ng 1120-C filers), partnerships, REMIC	s, and trusts	must use Form 7004 to requ	est an extension	OT UM	,e	
to life income	iax returns.					4:E .:		
Tuna ar	Nome of au				1			er, see instructions
Type or	Name of exe	mpt organization or other filer, see insti	uctions		Employer ide	ntifica	tion numb	er (EIN) or
print	14727 kom	College Foundation			63-036	221	6	
		_ 						
File by the due date for		et, and room or suite no. If a P.O. box,	see instruct	ions.	Social securit	y num	ber (SSN	,
filing year								
return See City, town or post office, state, and ZIP code. For a foreign address, see instructions								
instructions	Jasper		1 33302					
Enter the Retu	rn code for the i	return that this application is for (file a s	eparate app	olication for each return)				01
Application			Return	Application				Return
Is For		İ	Code	Is For				Code
	Form 990-EZ	•	01	Form 990-T (corporation)				07
Form 990-BL			02	Form 1041-A				08
Form 4720 (i			03	Form 4720				09
Form 990-PF		·	04	Form 5227				10
	(sec 401(a) or	108(a) trust)	05	Form 6069				11
	trust other than		06	Form 8870	·-· -			12
		George E Deavours		1				
		2030 Third Avenue						
The books as	re in the care of	Jasper					AL	35501
255 2.	0 11. 0.0 00.0 0.7			•				
Telephone	No. ▶ 205	-221-9803	FAX No.					
		t have an office or place of business in						►□
•		, enter the organization's four digit Gro		•	. If this is			٠ ــــ
	oup, check this	. m			and attach			~
_		of all members the extension is for	3, .	·				
		month (6 months for a corporation requ	uired to file f	Form 990-T) extension of time				
		, to file the exempt organization return						
	ganization's retu							
	alendar year _							
▶ X ta	ax vear beginnir	$_{ m ng}$ $10/01/12$, and ending 0	9/30/1	L3				
		line 1 is for less than 12 months, check			nal return			
	ange in account							
		orm 990-BL, 990-PF, 990-T, 4720, or 6		ne tentative tax, less anv		$\neg \top$		
	lable credits Se		- 50, 51mor ti		[3a	\$	
		orm 990-PF, 990-T, 4720, or 6069, ente	er any refund	dable credits and			-	
• •		nade Include any prior year overpayme	•			зь	\$	
		ne 3b from line 3a Include your payme						
		al Tax Payment System). See instruction		onn, ir required, by using] ,	3c	\$	
Cartion Hyer		ke an electronic fund withdrawal with the	•	88 coa Form 8453 FO and Fr				

Form 8868 (Rev 1-2013)					Page 2
• If you are	e filing for an Additional (Not Automatic) 3-Month Ex	ctension, co	mplete only Part II and check	this box		▶ X
Note. Only c	omplete Part II if you have already been granted an au	tomatic 3-mo	nth extension on a previously fi	led Form 8868		\sim
• If you are	e filing for an Automatic 3-Month Extension, comple	te only Part	I (on page 1)			
Part II	Additional (Not Automatic) 3-Month E			ginal (no copie	es needed)	
				nter filer's ident	ifying number, s	see instructions
Type or	Name of exempt organization or other filer, see ins	tructions			ication number (E	
print				. ,	`	,
	Walker College Foundation	n		63-03692	216	
File by the due date for	Number, street, and room or suite no. If a P.O box	, see instruct	ions	Social security n	umber (SSN)	
filing your	P. O. Box 2228			•	, ,	
return See	City, town or post office, state, and ZIP code. For a	foreign addr	ess, see instructions.			
instructions	1 -	L 35502				
Enter the Ret	urn code for the return that this application is for (file a	separate app	olication for each return)			01
	(,	,			تهيت
Application	7	Return	Application			Return
Is For		Code	ls For			Code
	r Form 990-EZ	01			·	- Gode
Form 990-E		02	Form 1041-A			08
Form 4720		03	Form 4720			09
Form 990-F		04	Form 5227		7	10
Form 990-PF 04 Form 5227 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069						11
Form 990-T (trust other than above) 06 Form 8870						12
	t complete Part II if you were not already granted a					
If this is for the whole g	nization does not have an office or place of business in a Group Return, enter the organization's four digit Gropoup, check this box If it is for part mes and EINs of all members the extension is for	oup Exemption of the group,	on Number (GEN) , check this box	. If this is and attach a		
4 I reques	t an additional 3-month extension of time until 8// 2 ndar year , or other tax year beginning year entered in line 5 is for less than 12 months, chec	5/14 .				
5 For cale	ndar year , or other tax year beginning	16/1/1.	, and ending 9	30/13.		
If the tax	year entered in line 5 is for less than 12 months, chec	k reason	Initial return Fina	l return		
	nge in accounting period					
7 State in	detail why you need the extension More 🕂 🦟	ne was	needed to gather -	the stock to	ansaction s.	
			•			
Ba If this ap	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6	6069, enter th	e tentative tax, less any			
nonrefun	dable credits. See instructions	·		8a	\$	
b If this ap	plication is for Form 990-PF, 990-T, 4720, or 6069, ent	er any refund	lable credits and			
estimate	d tax payments made. Include any prior year overpaym	ent allowed	as a credit and any		1	
amount p	paid previously with Form 8868			8b	\$	
c Balance	due. Subtract line 8b from line 8a. Include your payme	ent with this fo	orm, if required, by using EFTP:	s	!	
(Electron	ic Federal Tax Payment System) See instructions		·	8c	\$	
	01 (
	Signature and Verific	ation mus	t be completed for Part	ill only.		
ider nenalties	s of perjury, I declare that I have examined this form, in	chidina acco	mnanving schedules and states	nente and to the	heet of my	
	belief, it is true, correct, and complete, and that I am a			iento, and to the	oest of fily	
			·			
nature	Charle R Wilson	Title	► CPA		Date ▶ 0	5/07/14