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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 private foundations)

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014 **Open to Public** Inspection

For the 2014 calendar year, or tax year beginning 10/01/14, and ending 09/30/15D Employer identification number C Name of organization Check if applicable Walker College Foundation Address change 63-0369216 Doing business as Name change Number and street (or P O box if mail is not delivered to street address) Room/suite 205-221-9803 P. O. Box 2228 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ 3,195,135 35502 Jasper G Gross receipts \$ Amended return Name and address of principal officer H(a) is this a group return for subordinates? Application pending HOLLY TRAWICK H(b) Are all subordinates included? 1411 Indiana Avenue If "No," attach a list (see instructions) AL 35501 Jasper X 501(c)(3) Tax-exempt status H(c) Group exemption number N Website > Year of formation 1950 M State of legal domicile X Corporation Trust Association Other > Form of organization Part I Summary 1 Briefly describe the organization's mission or most significant activities: See Schedule O SCANNED JUN 2 1 2016 mance 2 Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 1 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 0 6 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 162,539 250,751 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 353,847 413,066 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 388,149 -413,953 11 Other revenue (Part VIII) column (A), dines 5 16d, 8c, 9c, 10c, and 11e) 904,535 249,864 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 55,798 164,515 13 Grants and similar amounts paid (Part-IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX column (A), line 4) 3,014 78,585 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 105,059 108,415 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 351,515 163,871 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 740,664 -101,651 19 Revenue less expenses Subtract line 18 from line 12 End of Year Beginning of Current Year 9,026,604 9,147,147 20 Total assets (Part X, line 16) 3,170 1,832 21 Total liabilities (Part X, line 26) 145,315 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete/Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign EXECUTIVE DIRECTOR Here HOLLY TRAWICK Type or print name and title if PTIN Preparer's signature Check Print/Type preparer's name Paid 04/26/16 self-employed P01043394 CHARLES R WILSON Preparer Wilson & Associates, 63-0910369 Firm's EIN ▶ Kellum, Firm's name **Use Only** 3825 Lorna Rd Ste 212 205-221-2935 Hoover, AL35244 May the IRS discuss this return with the preparer shown above? (see instructions) Yes X No Form 990 (2014) For Paperwork Reduction Act Notice, see the separate instructions.

## Form 990 (2014) Walker College Foundation 63-0369216 Part IV Checklist of Required Schedules

			Tes	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			7.7
	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	40	x	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	^	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		٠,	
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	440		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		X
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f		116		
•	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		x
ь	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		<u> </u>
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		X
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		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			7,7
	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?			v
20-	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
0	ii res to line ava, uiu the organization attawra copy of its abulted infancial statements to this feture?	1 200	000	<u> </u>

# Part W Checklist of Required Schedules (continued)

<u> Pa</u>	triv Checklist of Required Schedules (continued)		-	
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		v
	domestic government 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 or other assistance to or for domestic individuals on	22	x	
	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	23		X
	employees? If "Yes," complete Schedule J	. 23		-22
24a	· · · · · · · · · · · · · · · · · · ·			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		X
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		- 41
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		
С	·	24c		
	to defease any tax-exempt bonds?	24d		
d 25-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
<b>2</b> 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	250		
b	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	100		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b	1	x
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		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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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			
	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,			
	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	<u> </u>	ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
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	ļ	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	1

Part V Statements Regarding Other IRS Filings and Tax Compliance

Pa				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b 0	7	-	
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) winnings to prize winners?	1c		x
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Zđ	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
	account)?	4a		Х
h	If "Yes," enter the name of the foreign country: ▶			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	L	ļ
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			İ
	required to file Form 8282?	7c		<u> </u>
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	-	<b>!</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</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		1	
	sponsoring organization have excess business holdings at any time during the year?	8	<del> </del>	
9	Sponsoring organizations maintaining donor advised funds.		'	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<del>                                     </del>	
b	Did the sponsonng organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
b		$\dashv$		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources	<b>-</b>		
þ	against amounts due or received from them.)		ł	
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Ì
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	7		
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<b>-</b>	1	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	<b>†</b>
а	Note. See the instructions for additional information the organization must report on Schedule O		1	1
b	Enter the amount of reserves the organization is required to maintain by the states in which			
J	the organization is licensed to issue qualified health plans		t	
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2014) Walker College Foundation

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 circumstar	nces, processes,	or changes in Schedule O	See instructions.
Check if Schedule O contains a response or note to any line in	n this Part VI		

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		ļ	
	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			1		
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17	_		
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	X	
3	Did the organization delegate control over management duties customanly performed by or under the direct			1		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by tl	ne following	p:		
а	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u></u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			1		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Inter	<u>nal R</u>	evenue (	Code.)		
					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 fo	rm?	11a	X	ļ
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
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	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		X
14	Did the organization have a written document retention and destruction policy?			14		X
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		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a						
	with a taxable entity during the year?			16a		X
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	L	Щ_
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	)1(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 inter	est pol	cy, and			
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds: 🟲				
	eorge E Deavours 2030 Third Avenue			\		
<b>J</b> ;	AL 3550	1 T	20	<u> </u>		
DAA				Fo	m 990	(2014)

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

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

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

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

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

		<del>'                                    </del>		<u> </u>			-			· · · · · · · · · · · · · · · · · · ·
(A) Name and Title	(B) Average			(C Pos	tion			(D) Reportable	(E) Reportable	(F) Estimated
Name and Tide	hours per			check	more	than on		compensation	compensation from related	amount of other
	week (list any					s both a r/trustee		from the	organizations	compensation
	hours for related	익힌	'ns	₽.	Ke.	eg E	Şī.	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	tvtdu	titutic	Officer	/ emi	hest	Former	(** 2.**********************************		and related
	below dotted line)	학	onal t		Key employee	E 0				organizations
	,	Individual trustee or director	Institutional trustee		Ď	Highest compensated employee				
(1)Ms Sue Ellen Sur	mera	$\vdash$		<u> </u>		8			,-,-,-	
(I)MS Sue Ellen Su	1.00									
Trustee	0.00	x						0	O	0
(2) William B Long	3,444									
(-,	1.00			Ì		1				
Trustee	0.00	X						0	0	0
(3)Dr. D. G. Brisco										
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Trustee	0.00	X						0	0	0
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(6) Lawson W Murphy										
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Trustee	0.00	X	┡	<u> </u>	<u> </u>	+		0	0	0
(7) Al McAdams	1 100									
	1.00	x						0	0	0
Trustee (8) Ronnie Shaw	0.00	1	├	┼	-	+		0	0	
(8) ROIIITE SHAW	1.00					1 1				
Trustee	0.00	$ \mathbf{x} $	l			1 1		0	l	0
(9) Brent Thornley	0.00	+	<del> </del>			$\vdash$		<u> </u>		
(0)210110 1110111107	1.00					1				
Trustee	0.00	X			1	1		1 0	l 0	0
(10)Ms. Becky Tracy		1								
1	1.00								1	
Trustee	0.00	X						0	0	0
(11) Eddie Jackson										
	1.00									
Trustee	0.00	X	<u> </u>		L_			0	0	
DAA										Form <b>990</b> (2014)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per	٠,		Pos check		than c		(D) Reportable compensation	(E) Reportable compensation from		(F) Estimat amount	of	
	week (list any					s both r/trust		from the	related organizations		other compens	ation	
	hours for related	9 1	l ls	₽	é	랿	Ę,	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organization		
	organizations	direct	ttutio	Officer	emp	hest o	Former	, , , ,			and rela		
	below dotted line)	Individual trustee or director	Institutional trust		Key employee	Highest compensated employee	ļ			ļ	o. ga		
		8	ustee		"	ensati				į			
(12)Ms. Marthanne B		1	╁	-		8	┢			<del> </del>			
(12)MS. Marthaime B.	1.00									1			
Trustee	0.00	$ \mathbf{x} $						0	0				0
(13)Dr. Jack L Mott					1								
	1.00			Ì						Ì			_
Trustee	0.00	X	₩	⊢		-		0	0	<del> </del>			0
(14)Dr. Jerald M Sho	erer 1.00			١	Ì		1						
Trustee	0.00	x						0	l	,			0
(15) Steve Byars		† <del></del>											
(10)22212 27	1.00			Ì		1	Ì						
Trustee	0.00	x	<u> </u>	<u> </u>			<u>L</u>	_0	0	4			0
(16)Dr. David J Row	1		•		1								
	1.00	١.,					1						0
Trustee	0.00	X	╁	$\vdash$	┼	+	┢	0	0	+	····		0
(17) Al Simmons	1.00	ļ				1							
Trustee	0.00	$ \mathbf{x} $						0	o	,			0
(18)			-	1		$\top$							
		İ								İ			
	<del>-</del>	+	+	┼—	$\vdash$	+	-			+			
(19)													
							1			}			
1b Sub-total .	<u></u>	٠.	-	1			▶						
c Total from continuation she	eets to Part VII,	Sec	tion	Α			<b>&gt;</b>						
d Total (add lines 1b and 1c)							<u> </u>	<u> </u>	2100 000 1	<u> </u>			
2 Total number of individuals (i reportable compensation from				tho	se li	sted	abov	ve) who received more than	1 \$100,000 of				
reportable compensation from	ii tile organizatio	<i>7</i> 11 <b>F</b>										Yes	No
3 Did the organization list any f								loyee, or highest compens	ated		3		х
employee on line 1a? If "Yes.  4 For any individual listed on lir	," complete Scne ne 1a. is the sum	eaule 1 of r	epor	r suc table	cn in	npen	uai satid	on and other compensation	from the				<del></del>
organization and related orga	anizations greate	r tha	n \$1	50,0	00?	If "Y	es,"	complete Schedule J for su	uch				
<ul><li>individual</li><li>5 Did any person listed on line</li></ul>	1a receive or ac	CELIA	com	nan	eatio	n fro	m ai	ny unrelated organization o	or individual		4		X
for services rendered to the											5		X
Section B. Independent Contract											<del></del>		
<ol> <li>Complete this table for your f compensation from the organ</li> </ol>	five highest com	pens	ated	inde	pen	dent	coni	tractors that received more	than \$100,000 of	/ear			
	(A) nd business address	ردان	20113	ation	101	uie c		Doces	(B) ption of services	- Cur.	Co	(C) mpensa	
Name an	nd business address						╁	Descri	puoli di services		1	препза	uon
							ļ						
							↓_	,			<u> </u>		
							+				-		
<del> </del>							1						
2 Total number of independent received more than \$100,000	t contractors (inc	dudir	ng bu	it not	t limi	ited t	o the	ose listed above) who	0				
DAA	o or compensate	יוו וונ	J111 U	ie oi	yail	ي مراال			•		For	m <b>99</b> (	0 (2014

		Check if Schedule	O Cont	allis a res	shouse 0			(C) I	(D)
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns	1a				10101100		
들		Membership dues	1b		<del>-</del> -				
S E		Fundraising events	1c						
a its		Related organizations	1d	-					
B,S		Government grants (contributions)	1e						
Sign		All other contributions, gifts, grants,							
le let	-	and similar amounts not included above	1f	2!	50,751				
Ē	а	Noncash contributions included in lines 1							
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			<b>&gt;</b>	250,751			
				E	Busn. Code				
Program Service Revenue	2a			Г					
&	b								
is	С	·							
ĕ	d	•	•						
Ē	е								
g	f	All other program service rev	enue						
ا ية	g	Total. Add lines 2a-2f			<b>•</b>				, <u>.</u>
	3	Investment income (including	dividen	ds, interest	,				
		and other similar amounts)			▶ [	240,425	240,425		
	4	Income from investment of ta	x-exem	ot bond pro	ceeds ▶				
- 1	5	Royalties			<b>&gt;</b>	22,619	22,619		
		(ı) Real		(II) Pen	sonal				
	6a	Gross rents 25	,757						
	b	Less rental exps1	,406						
	С	Rental inc or (loss) 24	,351						
	d	Net rental income or (loss)			<b>•</b>	24,351	24,351		
	7a	Gross amount from (i) Securities sales of assets	es	(II) O	ther				
		other than inventory 3,116	,506						
	b	Less cost or other							
		basis & sales exps 2,943	,865						
	С	Gain or (loss) 172	,641						
	d	Net gain or (loss)			<b>•</b>	172,641	172,641		<del></del>
Ð	8a	Gross income from fundraising ev	ents						
ne.		(not including \$							
ě		of contributions reported on line 1	c)						
2		See Part IV, line 18	а						
Other Revenue		Less. direct expenses	ьĮ						
U		Net income or (loss) from ful		events					
	9a	Gross income from gaming activi	ties						
		See Part IV, line 19	а				1		
	ı	Less: direct expenses	b				1		
	ı	Net income or (loss) from ga		tivities					
	10a	Gross sales of inventory, les	s						
		returns and allowances	а						
	ı	Less: cost of goods sold	þ						
	<u> </u>	Net income or (loss) from sa			<u> </u>				
	<u> </u>	Miscellaneous Revenu		<del></del>	Busn, Code	4.5.0.5	450 050		
	11a	Unrealized Gain on	Securi	ties _		-460,923	-460,923		
	b			<b> </b> -					
	C			-				<u></u>	
	d			L		455 555		<del>_</del>	ļ <u> </u>
	e				<b>&gt;</b>	-460,923			
	112	Total revenue. See instruct	ions			249,864	-887	0	0

## 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). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising (B) Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 164,515 164,515 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 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) 73,000 73,000 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 5,585 5,585 Payroll taxes Fees for services (non-employees) Management **b** Legal 7,700 7,700 c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 37,876 37,876 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion Office expenses 13 14 Information technology Royalties 15 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 3,779 3,779 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 1,258 1,258 22 Depreciation, depletion, and amortization Insurance 23 Other expenses Itemize expenses not covered 24 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) 19,782 19,782 Insurance а 16,514 16,514 Miscellaneous b 10,378 10,378 Repairs & Maint C 6,474 6,474 Bond amortization adjust d 3,226 1,428 4,654 e All other expenses 94,936 256,579 351,515 0 25 Total functional expenses. Add lines 1 through 24e 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) Form 990 (2014) DAA

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1,137 559 Cash—non-interest bearing 164,688 149,197 2 2 Savings and temporary cash investments Pledges and grants receivable, net 46,082 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 7 Notes and loans receivable, net 8 Inventories for sale or use 7,057 6,978 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 636,243 other basis. Complete Part VI of Schedule D 10a 652,070 1,326 634,917 10c b Less: accumulated depreciation 10b 8,291,604 8,219,462 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 9,147,147 9,026,604 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,832 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 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 1,832 3,170 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 5,709,713 5,539,062 27 Unrestricted net assets 1,264,847 1,500,479 Temporarily restricted net assets 1,983,893 2,170,755 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Net 32 Retained earnings, endowment, accumulated income, or other funds 32 9,023,434 9,145,315 33 Total net assets or fund balances 9,147,147 9,026,604 Total liabilities and net assets/fund balances

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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 audits.

the Single Audit Act and OMB Circular A-133?

Form **990** (2014)

За

#### 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) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

gov/form990. Inspectio

Employer identification number

			Walker Colle	ge Foundation			6	<u>3-036</u>	9216			
Pá	irt l	Reaso	on for Public Charity	Status (All organizations	must co	mplete	this part.) See in	struction	ns.			
he	orga	nization is not	a private foundation because	e it is: (For lines 1 through 11, c	heck only	one box	.)					
1	$\Box$	A church, cor	nvention of churches, or asso	ociation of churches described in	n section	170(b)(1	)(A)(i).					
2	П	A school desc	cribed in section 170(b)(1)(/	A)(ii). (Attach Schedule E.)								
3	П	A hospital or	a cooperative hospital service	e organization described in sec	tion 170(	b)(1)(A)(i	iii).					
4	П			I in conjunction with a hospital d				nter the h	ospital's name,			
	city, and state											
5	X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
•	section 170(b)(1)(A)(iv). (Complete Part II.)											
6												
7	H			substantial part of its support fro				eral oublic				
•	L	_	section 170(b)(1)(A)(vi). (Co				<b>3</b>					
8	$\Box$			70(b)(1)(A)(vi). (Complete Part	u v							
9	H	•		) more than 33 1/3% of its supp		contributio	ons, membershin fee	s and are	nes			
3	لــا			pt functions—subject to certain					,,,,			
				nd unrelated business taxable in								
			*	0, 1975. See section 509(a)(2).				00000				
10	$\Box$		•	exclusively to test for public safe	-		•					
10 44	H			exclusively for the benefit of, to p				the nurno	ses of			
11	لبا			ons described in section 509(a								
			• • • • • • • • • • • • • • • • • • • •	cribes the type of supporting org					5.155N			
•	$\Box$		<u>-</u>	ed, supervised, or controlled by								
а	Ш			o regularly appoint or elect a ma					a			
			You must complete Part IV		.,o.,ı, o. ı	110 011 0011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	oupporting	9			
b		•	<del>-</del>	rised or controlled in connection	with its s	upported	organization(s) by h	aving				
Ü	Ш			organization vested in the same								
			s) You must complete Par		Porcono	triat corn	.o. o. manago aro oc	.ppoco				
С		• ,	•	orting organization operated in o	connection	n with an	d functionally integra	ated with				
·	Ш			tions). You must complete Par								
d				supporting organization operate				nization(s)	<b>)</b>			
•	ш			panization generally must satisfy								
				t complete Part IV, Sections A								
е		•	•	d a written determination from t				111				
_	ш		_	nctionally integrated supporting								
f	En	-	r of supported organizations		•							
g	Pro	ovide the follov	ving information about the si	upported organization(s).	•							
(	) Nan	ne of supported	(ii) EIN	(iii) Type of organization	(iv) is the c	rganization	(v) Amount of mon-	etary	(vi) Amount of			
		ganization		(described on lines 1–9	listed in you	ur governing ment?	support (see		other support (see			
				above or IRC section (see instructions))	docui	nent,	instructions)		instructions)			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No						
(A)					ļ							
		· · · · · · ·										
(B)					i							
						<del>                                     </del>						
(C)												
(D)												
(E)		<del></del>										
,												
Tota	al											

Section A. Public Support

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.)

Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	538,886	255,984	412,103	162,539	250,751	1,620,263
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	538,886	255,984	412,103	162,539	250,751	1,620,263
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)				S.		Week.
6	Public support. Subtract line 5 from line 4			<u></u> 1	l		1,620,263
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	538,886	255,984	412,103	162,539	250,751	1,620,263
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	130,817	263,179	252,902	230,680	281,911	1,159,489
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-278,957	335,324	-85,239	365,761	-460,923	-124,034
11	Total support. Add lines 7 through 10						2,655,718
12	Gross receipts from related activities, etc	,				12	-172,122
13	First five years. If the Form 990 is for the	•	, second, third, for	urth, or fifth tax yea	r as a section 501	(c)(3)	. $\square$
<del></del>	organization, check this box and stop her						<b>•</b>
	tion C. Computation of Public St						
14	Public support percentage for 2014 (line 6		•	n (f))		14	61.01%
15	Public support percentage from 2013 Sch			10 1 44 0	2.4/08/		53.46%
16a	33 1/3% support test—2014. If the organ				3 1/3% or more, c	neck this	► <del>v</del>
<b>h</b>	box and stop here. The organization qual 33 1/3% support test—2013. If the organ			•	5 is 33 1/3% or ma	ore.	► X
b	check this box and <b>stop here</b> . The organi				3 15 33 1/3 /6 01 1110	ле,	▶ □
17a	10%-facts-and-circumstances test—201				a or 16h and line	14 15	. • [
٠۵	10% or more, and if the organization mee	_					
	Part VI how the organization meets the "fa				-		
	organization			,=			▶ □
b	10%-facts-and-circumstances test—20°	.  13. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, and	i line	ا ا
	15 is 10% or more, and if the organization	=					
	Explain in Part VI how the organization me				•	blicly	
	supported organization			-		-	▶ □
18	Private foundation. If the organization de instructions	d not check a box o	on line 13, 16a, 16	b, 17a, or 17b, che	ck this box and se	e	. □
	III SUUGIOII S			<u></u>	<u> </u>		

Page 3

Part III 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 qualify under the tests listed below, please complete Part II.)

Sect	tion A. Public Support	quality diluoi ti	TO COOLS HOLDER	olott, place s	<u> </u>			<del></del>
	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	1	(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							<u></u>
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5		<u> </u>	ļ				
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		ļ <u> </u>		<u> </u>	ļ		
8	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support		<del>,</del>	T			. 1	
Cale	ndar year (or fiscal year beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(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					<del>                                     </del>		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			-		<u> </u>		
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.)							<u></u>
14	First five years. If the Form 990 is for the	organization's fir	st, second, third, fe	ourth, or fifth tax ye	ear as a section 50	)1(c)(3)		<del></del>
	organization, check this box and stop her							<u> </u>
Sec	ction C. Computation of Public Si						145	
15	Public support percentage for 2014 (line 8			mn (t))			15 16	<u>%</u> %
16	Public support percentage from 2013 Sch						1 10 1	
	Investment income percentage for 2014 (			3 column (f))	A . / . / - / - /		17	%
17	Investment income percentage for 2014 (investment income percentage from 2013			5, Widilii (1))		•	18	%
18		nization did not c	heck the box on lir	ne 14, and line 15 i	s more than 33 1/3	3%, and line		
19a	17 is not more than 33 1/3%, check this b	ox and stop here	. The organization	qualifies as a pub	licly supported ord	anization		▶ □
b		anization did not o	heck a box on line	14 or line 19a, and	d line 16 is more th	nan 33 1/3%,	and .	<u> </u>
~	line 18 is not more than 33 1/3%, check the							<b>&gt;</b>
20	Private foundation. If the organization di							<b>&gt;</b>

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
·	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		
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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			:
	(b) and (c) below.	3a		
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 11a or 11b in Part I, answer (b) and (c) below.	4a		ļ
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		ļ
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	'	•	1
	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 5c	<del>                                     </del>	<del>                                     </del>
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	3C		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) 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	1	1
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
′	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	1	1
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).	8		
9a	Was the organization controlled directly or indirectly at any time duning the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			1
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	<u> </u>	<u> </u>
С	Did a disqualified person (as defined in line 9(a)) 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 IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a	ļ	ļ
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			1
	determine whether the organization had excess business holdings.)	10b	L	L

О	-	_	_	

Par	Supporting Organizations (continued)			
		$\longrightarrow$	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)		1	
	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	—		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	<u>No</u>
	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	- 1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	- 1		
	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,			
	supervised, or controlled the supporting organization.	2		
Sect	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		
Sect	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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3_		
Sect	ion 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 instructions)			
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	ons)		
			r	
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	2a	ļ	
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	i 1		
	reasons for the organization's position that its supported organization(s) would have engaged in these	i _ '		
	activities but for the organization's involvement.	2b	ļ	ļ
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		ĺ		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	<u> </u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting		ons	- rage c
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust			1
other Type III non-functionally integrated supporting organizations must complete	Sections A throu	ugh E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of pnor-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		ļ
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		<u></u>
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)
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		
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			1
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integral	<del></del>	upporting organization (	see
instructions).	7,5	5 5	

Schedule A (Form 990 or 990-EZ) 2014

Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	ses		
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported		<del></del>
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
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.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	<del></del>		Pre-2014	Amount for 2014
1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
<u>c</u>				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of pnor years			
	Applied to 2014 distributable amount			~~~
<u>-</u> <u>+</u>	Carryover from 2009 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f		·	
4	Distributions for 2014 from Section			
	D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount  Remainder. Subtract lines 4a and 4b from 4.			
		,		
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
6	greater than zero, see instructions).  Remaining underdistributions for 2014. Subtract lines 3h			
U	and 4b from line 1 (if amount greater than zero, see		•	
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3			
•	and 4c			
8	Breakdown of line 7:			
a			······································	
<u>a</u> b			······································	
<u>c</u>			······································	
	Excess from 2013			
	Excess from 2014		-	
	EA0000 HORE ZOTT	.l		

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Walker College Foundation

63-0369216

Page 8

Part VI Supplemental Information. 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 Gain (Loss) on Securities \$ -124,034

## 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.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public Inspection

Employer identification number Name of the organization 63-0369216 Walker College Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) | Yes | and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Pa	rt III Organizations Maintainin	g Collections of	Art, Historical Ti	reasures, or Othe	er Similar As	sets (	continu	ued)	
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records	s, check any of the fol	lowing that are a signi	ficant use of its				
а	Public exhibition	d 🗍	Loan or exchange pro	grams					
b	Scholarly research	е 🗍 -	Other						
С	Preservation for future generations	_							
4	Provide a description of the organization's c	ollections and explain	how they further the	organization's exempt	purpose in Part				
	XIII.								
5	During the year, did the organization solicit of	or receive donations of	of art, historical treasu	res, or other similar					
	assets to be sold to raise funds rather than t	o be maintained as p	art of the organization	's collection?			Ye	s	No
Pa	rt IV Escrow and Custodial Ar	rangements.							
	Complete if the organization 990, Part X, line 21.	n answered "Yes'	to Form 990, Par	t IV, line 9, or rep	orted an amo	unt or	Form		
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributions of	or other assets not					
	included on Form 990, Part X?		•				Ye	s 🗀	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					-	_
		•	· ·				Amount	:	
С	Beginning balance				1c				
	Additions during the year	•			1d				
	Distributions during the year				1e				
	Ending balance			• •	1f				
	Did the organization include an amount on F	Form 990. Part X. line	21, for escrow or cus	todial account liability	?		Ye	s	No
	If "Yes," explain the arrangement in Part XIII								1
	art V Endowment Funds.	<del> </del>	· <del>·····</del>						<del></del>
	Complete if the organization	n answered "Yes"	' to Form 990, Par	t IV, line 10.					
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years	back	(e) Four	years I	oack
1a	Beginning of year balance	3,435,602	3,310,919		2,739	,242	2,3	320,	208
	Contributions	115,152	13,000	<del></del>	<del> </del>	,569			034
	Net investment earnings, gains, and		· · · · · · · · · · · · · · · · · · ·		1				
Ī	losses	7,641	126,004	33,391	. 91	,442	1	.09,	422
d	Grants or scholarships	49,752	12,980			,843			422
	Other expenditures for facilities and				\ <u></u>				
Ī	programs	24,271	1,341	123,665	1	,450			
f	Administrative expenses		<u> </u>	<u></u> -					
g		3,484,372	3,435,602	3,310,919	3,058	,280	2,7	739,	242
2	Provide the estimated percentage of the cui				<u> </u>	<u></u>			
	Board designated or quasi-endowment ▶	%	o ( (a,)						
_	Permanent endowment ▶ %	,,							
	Temporarily restricted endowment ▶	%							
Ĭ	The percentages in lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	•	ation that are held and	administered for the					
-	organization by:	oodion of the organiza					ſ	Yes	No
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations			•			3a(ii)		X
h	If "Yes" to 3a(ii), are the related organization	ns listed as required o	on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	•					<u> </u>		
P	art VI Land, Buildings, and Equ		Willett Idias						
•	Complete if the organizatio		" to Form 990. Pa	rt IV line 11a Sec	Form 990 F	art X	line 10	)	
	Description of property	(a) Cost or other t			Accumulated	<u> </u>	(d) Book		
	boomphon of property	(investment)	1 7		lepreciation		(-) <u>-</u> 500		
1-	Land		,499	<del></del>	<u> </u>	<del>                                     </del>	3:	37	499
			,356	<del></del>		<del>                                     </del>			356
	Buildings	. 230	, , , , , , , , , , , , , , , , , , , ,	<del></del>		<del> </del>		<u> </u>	<del></del>
	Leasehold improvements	<del> </del>	<del></del>	4,053	878	<del> </del>		3	175
	Equipment	<del> </del>	<del></del>	4,335	448	+			887
	Other  II. Add lines 1a through 1e (Column (d) must	equal Form 990. Par	t X, column (B). line 1		<u> </u>	<b>†</b>	63		917

	Complete if the organization answered "Vee"	to Form QQU Part IV line	11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)	(b) book value	Cost or end-of-year market value
4) 5			
1) Financial o	•••		
•	eld equity interests		
3) Other			
(A)			<del></del>
(B)			
(C)			
(D) .			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		A STATE OF THE STA
r cart y iii	Complete if the organization answered "Yes"	to Form 990 Part IV line	11c See Form 990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
	(a) Description of investment	(b) Book Value	Cost or end-of-year market value
			Cost of end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
		14.00	
(8)			
(9)	(h) must assel Form 2000 Part V and (D) line 12 \ \		
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Other Assets.	V to Form 2000 Port IV/ line	44d Son Form 000 Part V line 15
(9) otal. (Colum	Other Assets.  Complete if the organization answered "Yes"		
(9) Fotal. (Column Part IX	Other Assets.		11d. See Form 990, Part X, line 15.
(9) Total. (Column Part IX  (1)	Other Assets.  Complete if the organization answered "Yes"		
(9) Total. (Column Part IX  (1)	Other Assets.  Complete if the organization answered "Yes"		
(9) Fotal. (Column Part IX  (1) (2)	Other Assets.  Complete if the organization answered "Yes"		
(9)  Total. (Column Part IX  (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"		
(9)  Total. (Column Part IX  (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		
(9)  Total. (Column Part IX  (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		
(9)  Part IX  (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"		
(9)  Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"		
(9)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes"		
(9)  Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes"  (a) Description		(b) Book valu
(9)  Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col (B) line 15.)		
(9)  Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col (B) line 15.)  Other Liabilities.		(b) Book valu
(9)  Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col (B) line 15.)	' to Form 990, Part IV, line	(b) Book valu
(9)  Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes"		(b) Book valu
(9) otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column Part X	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, col (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes' line 25.	' to Form 990, Part IV, line	(b) Book valu
(9)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Colum Part X  . (1) Federal	Other Assets. Complete if the organization answered "Yes"  (a) Description  n (b) must equal Form 990, Part X, col (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes' line 25.  (a) Description of liability	' to Form 990, Part IV, line	(b) Book valu
(9)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Colum Part X  (1) Federal (2)	Other Assets. Complete if the organization answered "Yes"  (a) Description  n (b) must equal Form 990, Part X, col (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes' line 25.  (a) Description of liability	' to Form 990, Part IV, line	(b) Book valu
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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) 2014 Walker College Foundation	63-03	369216	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue	per Return.	
	Complete if the organization answered "Yes" to Form 990, P	art IV, line 12a.		
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 (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	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	et XII Reconciliation of Expenses per Audited Financial Stater	nents With Expense	es per Return.	•
_	Complete if the organization answered "Yes" to Form 990, P	art IV, line 12a.		
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.			- <u>-</u>
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	<del></del>	4c	
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

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) 2014 Walker College Foundation
Part XIII Supplemental Information (continued)

63-0369216

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SCHEDULE 1

(Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 2014

Open to Public Inspection

Employer identification number

Name of the organization Walker College Foundation	ndation					Employ 63 -	Employer identification number 63 - 0369216	
Part 1 General Information on Grants and Assistance	d Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's properties for monitoring the use of grant funds in the United States	the amount of the grance?	ants or ass	stance, the grantees' in the United States	eligibility for the grant	s or assistance, an	۵	Yes	N N
103	omestic Organi t received more t	zations a	ind Domestic Go	vernments. Com duplicated if addit	plete if the orgaional space is n	ınization answer eeded.	ed "Yes" to Form 9	90,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	±
(1)								
(6)								
				-				
(5)								
. (9)								
(1)								
(8)							·	
(6)	·							
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	nt organizations listed ine 1 table	t in the line	1 table				<b>.</b> .	

Schedule I (Form 990) (2014)

Part III

63-0369216	nce to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
College Foundation	to Domestic Individuals.
College	stance to Don
Walker	Other Assi
(Form 990) (2014)	Grants and
ie –	#

	Part III can be duplicated if additional space is needed	onal 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)	
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Part IV	Supplemental Information. Provide the information	vide the information re	quired in Part I, line 2	2, Part III, column (b)	required in Part I, line 2, Part III, column (b), and any other additional information.	information.

Foundation does require that the scholarship awards are based on need or The 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 Ò (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.

2014

ZU14

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Walker College Foundation

Employer identification number 63 - 0369216

Form 990 - Organization's Mission

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.