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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

<u>A</u> I	or th	e 201	5 calendar year, or tax year beginning 06/08, 2015	, and endi	ng			1, 20 15
_			C Name of organization			D Employer ide	ntification	number
B (Check if ap	plicable	WALTON EDUCATION COALITION, INC.			47-488	4653	
Г	Addres		Doing business as	,- 76				
	7	change	Number and street (or P O box if mail is not delivered to street address)	Room/suite		E Telephone nu	mber	
X	Initial	return	P.O. BOX 1860			()	_	
	Final r termin		City or town, state or province, country, and ZIP or foreign postal code					
\vdash	Amend	ted	BENTONVILLE, AR 72712			G Gross receipts	\$	1,005,385.
	Applica	ation	F Name and address of principal officer JOE WILLIAMS		H(a) Is this a grou	p return for	Yes X No	
	pendin	ıg	P.O. BOX 1860 BENTONVILLE, AR 72712			subordinates H(b) Are all subord		Yes No
$\overline{1}$	Tax-exe	empt st		or 52	7			nstructions)
1	Websit			<u>v. </u>	··	H(c) Group exemp	tion numbe	r 🕨
$\overline{}$		_ <u>-</u> -	nization X Corporation Trust Association Other	L Year o	of format			gal domicile
_	art i		immary			1.0.	01410 01 10	94. 40/11/01/0
			y describe the organization's mission or most significant activities THE OI	RGANIZAT	'ION	S MISSION	I IS T	O PROMOTE
ø	'		ECTIVE K-12 EDUCATION REFORM POLICIES THAT C					
auc			PETITIVE AND HIGH PERFORMING PUBLIC EDUCATION					
er.			this box I if the organization discontinued its operations or dispose					
Activities & Governance			per of voting members of the governing body (Part VI, line 1a)				3	5.
ಹ	4	Numb	per of independent voting members of the governing body (Part VI, line 1b)		• • • •		4	5.
ies			number of individuals employed in calendar year 2015 (Part V, line 2a)				5	0.
Ξ							6	`
Act	72	Total	number of volunteers (estimate if necessary)				7a	0.
			nrelated business taxable income from Form 990-T, line 34				7b	
_		Netui	inclated business taxable income non Form 990-1, line 34			Prior Year	70	Current Year
Revenue	8	Contr	thuttone and grants (Part VIII. line 1h)		 		0.	1,005,385.
	9		ibutions and grants (Part VIII, line 1h)				0.	0.
Ver	10	Progr.	am service revenue (Part VIII, line 2g)	• • • • • •	-		0.	0.
8	11		revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0.	0.
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				0.	1,005,385.
			s and similar amounts paid (Part IX, column (A), lines 1-3)				0.	<u>,0.</u>
						··	0.	0.
			its paid to or for members (Part IX, column (A), line 4)es, other compensation, employee benefits (Part IX, column (A), lines 5-10)				0.	-
ses	15						0.	0.
Expense	IDA	Tatal:	ssional fundraising fees (Part IX, column (A), line 11e)	• • • • • •		-	 -	
Ä	47		fundraising expenses (Part IX, column (D), line 25)		-		0.	614,172.
	17	Tatal	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	• • • • • •	-		0.	614,172.
	18 19	Dovor	expenses Add lines 13-17 (must equal Part IX, column (A), line-25) nue less expenses Subtract line 18 from line 12		<u> </u>		0.	391,213.
- 8	13	Revei	tue less expenses Subtract line to nontrine 12	:[] 	Begin	ning of Current Y		End of Year
ance	20	Total	assets (Part X, line 16)	70			0.	391,213.
Bal	21		assets (Part X, line 16)	16 - 25			0.	0.
Net Assets or Fund Balances	22		ssets or fund balances Subtract line 21 from line 20				0.	391,213.
	rt II		gnature Block	<u></u>	<u> </u>			
			r perjury, I declare that I have examined this return, including accompanying schedules	Teerandestate	ments a	nd to the best of	my know	tedge and belief it is
true	e, corre	ct, and	complete Deglaration of preparer (other than officer) is based on all information of whi	ch preparer ha	as any kr	owledge		
			'\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			1 11	101	10
Sig	n		Signature of officer			Date //	// /	
He			JOE WILLIAMS EDUCATION ADVOCACY DIRECT	17				
			Type of print name and title	105				
		Print/	Type preparer's name Preparer's signature	Date		Charl I	, PTIN	
Paid	1	KEN		11/2	114	Self-employe	"	00810750
Pre	parer		MALMON ENMEDDDICES IIS		/ • •	Firm's EIN ▶ 6		
Use	Only		s address P.O. BOX 1860 BENTONVILLE, AR 72712					4-1500
Mar	the I		cuss this return with the preparer shown above? (see instructions)		l	Phone no 4	т-	
			Reduction Act Notice, see the separate instructions.	· · · · · · ·	• • • •	· · · · · · · · ·	<u> </u>	Yes No Form 990 (2015)
rur	raver	WOIK	neuglion all nodes, see the separate insulctions.					rom 334 (2015)

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_	m 990 (2015)	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1 .	Briefly describe the organization's mission	
	THE ORGANIZATION'S MISSION IS TO PROMOTE EFFECTIVE K-12 EDUCATION	
	REFORM POLICIES THAT CREATE A VIBRANT, COMPETITIVE AND HIGH PERFORMING PUBLIC EDUCATION SYSTEM IN THE UNITED STATES.	
	PERFORMING PUBLIC EDUCATION SISTEM IN THE UNITED STATES.	
-	Did the organization undertake any significant program sequence during the year which were not listed on	tho
2	Did the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any prog services?	ram Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants at the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 341,723. including grants of \$) (Revenue \$ PERFORMING ADMINISTRATIVE AND EDUCATIONAL ASSISTANCE TO)
	INDIVIDUALS AND TAX-EXEMPT ORGANIZATIONS TO PROMOTE EDUCATION	
	REFORM AND ADVOCACY.	
		·
		·
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	
		
		
_		
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)	
-	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 341,723.	
104		

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	L.	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		х
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	ļ į	ĺ
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,	ŀ		
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	ł		
	"Yes," complete Schedule D, Part I	6	i	Х
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	}	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	-'-		
0				Х
•	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1	1	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	_		v
4.0	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	Ì))	3.7
	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	}	{	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	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		1	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
e	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		Ì	
	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	ļ		
	Schedule D, Parts XI and XII	12a		X
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		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		İ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	ł	Х
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	<u> </u>	-+	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- '-'		<u></u> -
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		х
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
19		ٔ مہ ا	1	х
	If "Yes," complete Schedule G, Part III	19		

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b]		
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	Í	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
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	Ì	1	
	Schedule L, Part IV	28b		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		ļ	
	conservation contributions? If "Yes," complete Schedule M	30		_ <u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,]	İ	
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32	i	_ <u>X</u> _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ł	.,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	_		v
	or IV, and Part V, line 1	34		$\frac{x}{x}$
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	.	ĺ	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization]]	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			х
20	Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	20	x	
	13. Note: Vii 1 oini 330 ilie13 gie required to complete 3chedule O	38	990	(2015)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance									
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u> </u>	$\cdot \square$						
		(Signatura e	Yes	No						
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	4.5								
.	Statements, filed for the calendar year ending with or within the year covered by this return . 2a U b lf at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
p		2b		223						
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		X						
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O									
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority									
~a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ĺ						
	account)?	4a		x						
b	If "Yes," enter the name of the foreign country ▶		(4) (3) (4) (4)							
J	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						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
	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			İ						
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b	2 - C 12	1201-121-1						
	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		<u> </u>						
	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	7c								
	required to file Form 8282?		80 A							
u	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		British &						
	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								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	9	W (77)						
10	Section 501(c)(7) organizations. Enter	100								
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		\$ 1.5							
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders									
	Oross modific from members of shareholders	4								
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)									
12 2	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	(Alexis page 18)							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	34.1								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	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	4.4	4							
b	Enter the amount of reserves the organization is required to maintain by the states in which		'n							
	the organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C			tions
	Check if Schedule O contains a response or note to any line in this Part VI		· · ·	X
Sect	ion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5 0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	
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	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
, 4	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,			
U	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		\$ 176	
U	the year by the following		25	
а	The governing body?	8a	X	
a b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenu		e.)	
			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?	10ь		
11a		11a	Х	
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	Х	na vestososos
b				
	rise to conflicts?	12b	Х	
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	Х	1
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by	75.53	() () () () () () () () () ()	()
15	the state of the s			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		RESILENCE
a	The organization's CEO, Executive Director, or top management official	15b		\vdash
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	433.5		W-167
460	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	16a	The second of the second	X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	\$4.50	Sept.	14.00
IJ	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	- 14 T. SHOW	Contraction (
Sect	ion C. Disclosure	1.00		
	List the states with which a copy of this Form 990 is required to be filed ▶			
17	· · · · · · · · · · · · · · · · · · ·	n F04/	1/21-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	ו טטז((ا(د)(د	oniy)
	Own website Another's website X Upon request Other (explain in Schedule O)			
4.5				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	iterest	policy	i, 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 recorn christy sams P.O. BOX 1860 BENTONVILLE, AR 72712	as 🕨		
JSA			990	(2015)
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Section A.

. 0.111 000 (201	·/									I age i
Part VII	Compensation	of Offic	cers, Directo	rs, Trustees	, Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontractor	rs							
	Check if Schedu	ule O cor	ntains a respo	onse or note to	any l	ine in this Part	VII			

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 no	r any related	orga	nıza			npen	sate	ed any current offic	er, director, or trus	tee	
(A) Name and Title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	rson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	1 12 -	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
_(1)JIM_C. WALTONDIRECTOR		x						0.	0.	0	
(2)ALICE L. WALTON	+		 	-			-	0.		0	
DIRECTOR		Х						0.	o.	0	
(3)BENJAMIN S. WALTON DIRECTOR		Х						0.	0.	0	
		х						0.	0.	0	
_(5)CARRIE W. PENNER DIRECTOR		х						0.	0.	0	
_(6)	-						Ì				
_(7)											
_(8)											
(10)			İ								
(11)											
[12]	 	-									
(13)	 					 -					
(14)	 						-				

Form 990 (2015)

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee					ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
								-		
					_					
to Sub-total continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A ,						* * *	0.	0. 0.	0. 0.
2 Total number of individuals (including but not reportable compensation from the organization)		hose 0		d a	bov	e) who	o re	eceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										Yes No 3 X
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15	50,0	007	2 11	"Yes	s, "	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5 X
Section B. Independent Contractors										
Complete this table for your five highest com- compensation from the organization. Report of year.	pensated i compensati	ndepe on fo	ende r the	ent ca	con	tracto dar ye	ear e	that received more ending with or with	than \$100,000 on the organization	of on's tax
(A) Name and business ad	dress							(B) Description of se	ervices ((C) Compensation
ATTACHMENT 1							\perp			
		-					\pm			

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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

Pai	t VII	_					_	
Ò		Check if Schedule O co	ontains a respon	nse or note to ar	y line in this Part \ (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts, Grants Amounts	1a b c	Federated campaigns Membership dues Fundraising events	<u>1b</u>					
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations Government grants (contributions, gifts,	tions) 1e					
Contril and Ol	g h	and similar amounts not included in Noncash contributions included in Total. Add lines 1a-1f	n lines 1a-1f \$	1,005,385.	1,005,385.			
Program Service Revenue	2a b c d			Business Code				
Progr	f g	All other program service rev Total. Add lines 2a-2f	enue		0.			
	3 4 5	Investment income (income did not other similar amounts). Income from investment of Royalties	tax-exempt bond	proceeds . ▶	0. 0.			
	6a b c d	Gross rents			0.			
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis	(i) Secunties	(II) Other				
•	c d 8a	and sales expenses			0.			
Other Revenue	,	events (not including \$ of contributions reported on See Part IV, line 18	line 1c)					
ğ	b c	Less direct expenses Net income or (loss) from ful	b	L	0.			
	9a	Gross income from gaming See Part IV, line 19	а					
	b c	Less direct expenses Net income or (loss) from g	aming activities.		0.			
	10a b	Gross sales of inventor returns and allowances Less cost of goods sold	a					
	c	Net income or (loss) from sal	es of inventory	<u> ▶</u>	0.			
	11a b							
	d e	All other revenue Total. Add lines 11a-11d .			0.			
	12	Total revenue. See instruction			1,005,385.			

Part IX Statement of Functional Expenses

_	etion 501(c)(3) and 501(c)(4) organizations mus		All other organization	as must complete colu	mn (A)
	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0.		_	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
4	Individuals See Part IV, lines 15 and 16	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	0.			
7	persons described in section 4958(c)(3)(B)	0.			
8	Pension plan accruals and contributions (include	0.			
9	section 401(k) and 403(b) employer contributions) Other employee benefits	0.			
10	Payroll taxes	0.			
	Fees for services (non-employees). Management	389,397.	194,699.	194,698.	
b	Legal	33,368.	16,684.	16,684.	
C	Accounting	4,041.		4,041.	
d	Lobbying	0.			
	Professional fundraising services See Part IV, line 17.	0.			
f	Investment management fees	0.			
	Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	45,350.	22,675.	22,675.	
12	Advertising and promotion	0.			
	Office expenses	16,875.		16,875.	
	Information technology	2,319.		2,319.	
	.	0.			
	Royalties	14,218.		14,218.	
	Occupancy	32,166.	32,166.		
	Payments of travel or entertainment expenses		32,100.		
	for any federal, state, or local public officials	0.			
	Conferences, conventions, and meetings	2,500.	2,500.		
20	Interest	0.			
21	Payments to affiliates	890.			
22	Depreciation, depletion, and amortization			890.	
23	Insurance	0.			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	ľ			
	Ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		ł		
	· · · · · · · · · · · · · · · · · · ·	98.	49.	49.	
_	DUES AND SUBSCRIPTIONS	72,950.		49.	
b	POLLING - EDUCATION ISSUES	12,950.	72,950.		
С					
d					
	All other expenses	614 170	241 703	272 442	
	Total functional expenses Add lines 1 through 24e	614,172.	341,723.	272,449.	
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)	0.		j	

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$\overline{}$	rt X .	Balance Sheet				_	Page 11
نكتا	ILA,	Check if Schedule O contains a response of	or note	e to any line in this Pa	ert X		-
•		,		o to diffy into in time !	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			0.	1	276,875.
	2	Savings and temporary cash investments			0.	2	0.
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net			0.	4	0.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co					
į		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0.	5	0.
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) voluorganizations (see instructions). Complete Part II of Sche	, and o	contributing employers employees' beneficiary	0.	6	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
88	8	Inventories for sale or use	٠		0.	8	0.
⋖	9	Prepaid expenses and deferred charges			0.		0.
	-	Land, buildings, and equipment cost or	Ĭ . I			<u> </u>	
	100	other basis Complete Part VI of Schedule D	10a	107,195.		}	1
	ь	Less accumulated depreciation	10b	890.	0.	10c	106,305.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line 11				12	
	13	Investments - program-related See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal				16	
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Pa	art IV c	of Schedule D		21	0.
တ္က	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen		1			
į		disqualified persons Complete Part II of Schedule			0.	22	0.
ובי	23	Secured mortgages and notes payable to unrelate			0.		+
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
	!	parties, and other liabilities not included on lines	•				
		of Schedule D			0.	25	0.
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check				
auc	27	Unrestricted net assets				27	
3al	28	Temporarily restricted net assets				28	
þ	29	Permanently restricted net assets				29	T
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
ts (30	Capital stock or trust principal, or current funds .			0.	30	391,213.
386	31	Paid-in or capital surplus, or land, building, or equ	 IIpmen	t fund	0.	31	0.
Net Assets	32	Retained earnings, endowment, accumulated inc	ome, d	or other funds	0.	32	0.
Nei	33	Total net assets or fund balances			0.	33	+
_	34	Total liabilities and net assets/fund balances			0.		+

Form 9	90 (2015)				P	age 12
Pari	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	. <u>.</u> .	<u></u> .	
.1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,0	05,	385.
2	Total expenses (must equal Part IX, column (A), line 25)	2		- 6	14,	172.
3	Revenue less expenses Subtract line 2 from line 1	3		3	391,	213.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				0.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6	Ţ			0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			_	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			_		
	33, column (B))	10		3	391,	213.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
	<u> </u>				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplai	n in		}	
	Schedule O			ļ ,		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npile	d or			
	reviewed on a separate basis, consolidated basis, or both					Ì
	Separate basis Consolidated basis Both consolidated and separate basis				[
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis				1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent aci			2c		<u>L</u>
	If the organization changed either its oversight process or selection process during the tax year, e	xplai	n ın	}		
	Schedule O.	·				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fort	h ın			ŀ
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits		3b		<u> </u>
- -				Form	990	(2015)

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SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 47-4884653 WALTON EDUCATION COALITION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes 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 charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year Total number of conservation easements 2a 2b b C Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register............... 3 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 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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) 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. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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Schedule D (Form 990) 2015

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Page	3 4

Pai	t III Organizations Maintaini	ng Collections of	f Art, His	torical T	reasure	s, or Ot	her Similar Ass	sets (contin	ued)
3	Using the organization's acquisition	on, accession, and	other reco	rds, chec	k any of	the follow	ving that are a s	ignificant use	of its
	collection items (check all that app	oly)							
а	Public exhibition		d 「	Loan	or exchar	nge progra	ms		
b	Scholarly research		e	Other					
С	Preservation for future gene	rations							
4	Provide a description of the orga		s and expl	ain how t	thev furtl	her the or	ganization's exem	npt purpose	n Part
	XIII						9	, , ,	
5	During the year, did the organization	on solicit or receive	donations of	of art. hist	orical tre	asures, or	other similar		
	assets to be sold to raise funds rati							Yes	No
Pa	t IV Escrow and Custodial A				<u> </u>			1 1 1 2 1	1
	Complete if the organizate 990, Part X, line 21.		s" on Forn	n 990, Pa	art IV, Iin	e 9, or re	ported an amou	int on Form	
1a	Is the organization an agent, truste	ee, custodian or oth	er intermed	lary for c	ontribution	ons or othe	r assets not		
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fo	ilowing tal	ble				
					Γ		Amount	· · _ · _ ·	
С	Beginning balance				<u> </u>	1c			
d	Additions during the year								
- -	Distributions during the year								
f	Ending balance					1f			
2 a	Did the organization include an am						account liability?	Yes	No
	If "Yes," explain the arrangement i			-			-		⊣•
Par		THE GREEK I	0.0 11 110 0	Apianation	i nas see	T PI O VIOCO	on an an an an an an an an an an an an an		
ı aı	Complete if the organizat	tion answered "Ye	s" on Forn	990 P	art (V. lin	e 10			
	Complete it the organization	(a) Current year	(b) Pric		T	years back	(d) Three years back	k (e) Four yea	rs hack
			(2)111		(0) 1110	yours buok	(a) Three years back	(C) Tour year	- Dack
1a	Beginning of year balance	 			 		 		
b	Contributions								
С	Net investment earnings, gains,	1			<u> </u>		1		
	and losses	<u></u>	 		 		 		
	Grants or scholarships	<u> </u>	 				<u> </u>	 	
e	Other expenditures for facilities				ł		}		
	and programs								
f	Administrative expenses								
9	End of year balance	L	L		<u> </u>		L		
2	Provide the estimated percentage			e (line 1g,	column (a)) held as			
а	Board designated or quasi-endown	nent ▶	_%						
Ъ	Permanent endowment ▶	%							
C	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, a								
3a	Are there endowment funds not in	the possession of t	he organiza	ation that	are held	and admir	nistered for the		
	organization by							Yes	No No
	(i) unrelated organizations	<i>.</i>						. 3a(i)	
	(ii) related organizations	<i></i>				<i>.</i> .		. 3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	ed as require	ed on Sch	edule R?			. 3b	T^{-}
4	Describe in Part XIII the intended i	uses of the organiza	ition's endo	wment fur	nds				
Par	t VI Land, Buildings, and Equ	ipment.							
	Complete if the organiza								<u>). </u>
	Description of property		r other basis stment)		or other basi ther)		cumulated eciation	(d) Book value	
1a	Land			<u>`</u>					
b	Buildings								
С	Leasehold improvements]	107,19	5.	890	106	,305.
d	Equipment			 		 			
e	Other			 		+			
	I. Add lines 1a through 1e (Column	(d) must eaual For	m 990. Part	X. columi	n (B) line	10c)	.	106	,305.

Page	. 3

Part VII	Investments - Other Securities.		N
), Part IV, line 11b See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	al derivatives	<u> </u>	
	held equity interests	 	
Other_			
			ļ
(B) (C)			
(D) (D)			
(E)		 	
(F)			
- <u>\'</u> -/ (G)		- ,	
- <u>(O)</u>			
	(b) must equal Form 990, Part X, col (B) line 12)		
art VIII	Investments - Program Related.		
		l "Yes" on Form 990), Part IV, line 11c See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1)			·
2)			
3)			
4)			
5)			
6)			
	l de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		
			<u> </u>
(7)			
(7) (8) (9)			
(7) (8) (9) rtal. (Column	(b) must equal Form 990, Part X, col (B) line 13)		
(7) (8) (9) tal. (Column	Other Assets.	"Yes" on Form 990	, Part IV, line 11d See Form 990, Part X, line 15.
(7) (8) (9) tal. (Column	Other Assets. Complete if the organization answered	"Yes" on Form 990 scription	, Part IV, line 11d See Form 990, Part X, line 15. (b) Book value
7) 8) 9) tal. (Column art IX	Other Assets. Complete if the organization answered		
7) 8) 9) tal. (Column art IX 1)	Other Assets. Complete if the organization answered		·
7) 8) 9) tal. (Column art IX 1) 2)	Other Assets. Complete if the organization answered		
7) 8) 9) tal. (Column art IX 1) 2) 3)	Other Assets. Complete if the organization answered		
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JSA 5E1271 1 000 Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 WALTON EDUCATION COALITION, INC.

Part XIII Supplemental Information (continued)

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

►Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2015

Open To Public Inspection

Name of the organization
WALTON EDUCATION COALITION, INC.
Employer identification number
47-4884653

4	(a) Name of discussified seven	(b) Relationship between disqualified person and	(a) December of temperature	(d) co	rrected?
•	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2		by the organization managers or disqualified pers	•		
3	Enter the amount of tax, if any, o	n line 2, above, reimbursed by the organization			

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the ızatıon?	(e) Original principal amount	(f) Balance due	(g) in d	efault?			(i) Written agreement?	
			То	From		<u> </u>	Yes	No	Yes	No	Yes	No
(1)												
(2)							_					
(3)												
(4)												
(5)						· · · · · ·						
(6)												
(7)	1											
(8)												
(9)							1 1					
10)							T					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
2)				
3)			· _ · · · · -	
4)				
5)				
6)				
7)				
8)				
9)				
0)				

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2015

Schedule L (Form 990 or 990-EZ) 2015

Page 2

Part IV	Business	Transactions	Involving	Interested Persons.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c	2
---	---

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	nanng of szation's nues?
				Yes	No
(1) WALTON ENTERPRISES, LLC	MORE THAN 35% OWNERSHIP	510,022.	PAYMENT FOR STAFFING AND		х
(2)	BY CONTRIBUTORS/BOARD		ADMINISTRATIVE SERVICES		
(3)				T	
(4)				1	
(5)				1	
(6)					
(7)					
(8)					
(9)					
(10)					

Supplemental Information Part V

Provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2015
Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization

WALTON EDUCATION COALITION, INC.

Employer identification number 47-4884653

PART VI, SECTION A, LINE 2

THE ORGANIZATION'S FIVE DIRECTORS HAVE A FAMILY RELATIONSHIP.

PART VI, SECTION A, LINE 3

THE ORGANIZATION ENGAGED WALTON ENTERPRISES, LLC TO PROVIDE STAFFING AND ADMINISTRATIVE SERVICES FOR THE ORGANIZATION.

PART VI, SECTION A, LINE 6

THE ORGANIZATION PLANS TO DECIDE ITS MEMBERSHIP STRUCTURE IN 2016.

PART VI, SECTION B, LINE 11B

THE FORM 990 IS MADE AVAILABLE TO MEMBERS OF THE GOVERNING BODY UPON REQUEST AND IS REVIEWED AND SIGNED BY AN APPROPRIATE OFFICER.

PART VI, SECTION B, LINE 12

INDIVIDUALS WHO ARE DIRECTLY OR INDIRECTLY PARTY TO A POSSIBLE

TRANSACTION WITH THE ORGANIZATION ARE REQUIRED TO DISCLOSE THE MATERIAL

FACTS OF THE TRANSACTION AND INTEREST IN THE TRANSACTION PRIOR TO ACTION

BY THE ORGANIZATION ON THE TRANSACTION.

PART VI, SECTION C, LINE 19

THE ORGANIZATION'S CERTIFICATE OF INCORPORATION IS AVAILABLE FROM THE DELAWARE SECRETARY OF STATE. FINANCIAL INFORMATION IS AVAILABLE ON THE ORGANIZATION'S FORM 990.

Page 2

Name of the organization WALTON EDUCATION COALITION, INC. Employer identification number 47-4884653

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

510,022.

WALTON ENTERPRISES, LLC P.O. BOX 1860 BENTONVILLE, AR 72712