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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052 2015

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

	me of fou		and ending		A Emplo	oyer identification number	
		RED WILKINS FAULKNER TRUST	Will		A Links	yer identification number	
С	/0 '	TROY BANK & TRUST TTEE	4 4 1 4 1		47	-6313308	
		street (or P O box number if mail is not delivered to street address)	Ro	om/suite		none number (see instructions)
		OX 967			<u> 33</u> 4	<u>4-566-4000</u>	
-	y or town	, state or province, country, and ZIP or foreign postal code AL 36081			C If exer	nption application is pending,	check here
							_ _
G	neck a		rn of a former public ch	narity	D 1. Fo	reign organizations, check he	re 💆
		Final return Amended				reign organizations meeting the	
		Address change Name cha			65	% test, check here and attach	computation
		ype of organization			-	ate foundation status was term	inated under
			le private foundation		section	n 507(b)(1)(A), check here	▶ □
		ket value of all assets at J Accounting method	X Cash Acc	rual		oundation is in a 60-month ter	
	-	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check h	ere 🕨 📋
	ne 16)		be on cash basis)			•	
Pi	art i	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inve	estment	(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see instructions))	books	incom	ө	ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	752,656				(COUNT MADIO OTH)
	2	Check ► if the foundation is not required to attach Sch B				:	
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	120		120	120	
	5a	Gross rents					
a	b	Net rental income or (loss)					
ž	6a	Net gain or (loss) from sale of assets not on line 10					
Ş.	b	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)			0	:	·····
_	8	Net short-term capital gain				0	
	9	Income modifications	,				
	10a	Gross sales less returns and allowances				:	
	Ь	Less Cost of goods sold	11:1				······································
	C	Gross profit or (loss) (attach schedule)					······································
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	752,776		120	120	
	13	Compensation of officers, directors, trustees, etc	5,631				
δ xpenses	14	Other employee salaries and wages		l			· · · · · · · · · · · · · · · · · · ·
eï	15	Pension plans, employee benefits					
₩	16a	Legal fees (attach schedule)					
20∄ e E)	b	Accounting fees (attach schedule CEVED					
<u></u> .≥	С	Other professional fees (attach-schedule)					
ED JUL 08 2 Administrative	17	Other professional fees (attach schedule) Interest Taxes (attach schedule) (see Instructions) Depreciation (attach schedule) and depleton					
ਤੁ	18	Taxes (attach schedule) (see Instructions) 1 6 2016					
⋽┋	19						
OP	20	Occupancy OGDEN, UT					
	21	Travel, conferences, and meetings					
	22	Printing and publications					
₹ ₽	23	Other expenses (att. sch)					
SE SE	24	Total operating and administrative expenses.					
SCANNED Operating and Adn		Add lines 13 through 23	5,631		0	0	0
Q	25	Contributions, gifts, grants paid	0				0
_	+=-	Total expenses and disbursements. Add lines 24 and 25	5,631		0	0	0
	27	Subtract line 26 from line 12	_				
	a	Excess of revenue over expenses and disbursements	747,145				
	b	Net investment income (if negative, enter -0-)		,	120		***************************************
	С	Adjusted net income (if negative, enter -0-)			1	120	

	Tarayolo or onangeo in Net Addets of Land Dalances		
1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with		
	end-of-year figure reported on prior year's return)	1	O
2	Enter amount from Part I, line 27a	2	747,145
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	747,145
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	747,145

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

7

7 Add lines 5 and 6

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

***********	1990-PF (2015) WINFRED WILKINS FAULKNER TRUST	4/-63133						F	Page 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see in	structi	ons)) F	,	-		
1a		enter "N/A" on line 1							
_	Date of ruling or determination letter (attach copy of letter if nec	essary—see instruc	ctions)		F				_
b	(-)				1_				2
	here and enter 1% of Part I, line 27b								
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter	4% of			•				
_	Part I, line 12, col (b)								_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	Others enter -0-)			2	 			
3	Add lines 1 and 2				3				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	. Others enter -0-)			4	<u> </u>			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				5	ļ			2
6	Credits/Payments	_ 1							
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a							
b	Exempt foreign organizations – tax withheld at source	6b							
С.	Tax paid with application for extension of time to file (Form 8868)	6c							
d _	Backup withholding erroneously withheld	6d	_			1			
7	Total credits and payments. Add lines 6a through 6d				_7	<u> </u>			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is a	ttached			8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			▶	9	ļ			2
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpa	id		>	10	 			
11	Enter the amount of line 10 to be Credited to 2016 estimated tax	Refu	nded		11	<u> </u>			
	rt VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state, or local le	egislation or did it					<u> </u>	Yes	No
_	participate or intervene in any political campaign?						<u>1a</u>		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purp	ooses (see							l
	Instructions for the definition)?						1b	ļ.—	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copie	es of any materials							
	published or distributed by the foundation in connection with the activities.								
C .	Did the foundation file Form 1120-POL for this year?						1c	ļ	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during to	•						į	
	(1) On the foundation > \$ (2) On foundation managers				_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expe	nditure tax imposed						[
_	on foundation managers > \$							•	
2	Has the foundation engaged in any activities that have not previously been reported to the	ne IRS?					2		X
_	If "Yes," attach a detailed description of the activities							[
3	Has the foundation made any changes, not previously reported to the IRS, in its governing	-	s of						
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy	-					3_		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the y	/ear?				/-	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?					N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?						5		X
_	If "Yes," attach the statement required by General Instruction T	- 41							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	either							
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so that no manda and the state legislation that effectively amends the governing instrument so that no manda	itory directions that							
-	conflict with the state law remain in the governing instrument?			_			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," c		(c), and	Par	t XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instruction AL	tions) ▶							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	e Attorney General							
	(or designate) of each state as required by General Instruction G? If "No," attach explana	ation					8b	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of	section 4942(j)(3) or							
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions								
	complete Part XIV	•					9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a s	schedule listing their							
	names and addresses						10		\mathbf{x}_{-}
						F	om 99	0-PF	(2015

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

X

3b

4a

X No

N/A

Yes

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) So During the year odd the foundation pay or incur any amount to (1) Carry on propagands, or otherwise attempt to influence legislation (section 4945(e))?	********	990-PF (2015) WINFRED WILKI			6313308			Page 6
(1) Carry on propaganda, or otherwase attempt to influence legislation (section 4445(e))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide a grant to an individual for travel, study, or other similar purposes? (6) Provide a grant to an individual for travel, study, or other similar purposes? (7) Provide a grant to an individual for travel, study, or other similar purposes? (8) Provide a grant to an individual for travel, study, or other similar purposes, or for the prevention of cruelty to children or animals? (8) Provide a grant to an individual for travel, study, or other similar purposes, or for the prevention of cruelty to children or animals? (9) Provide a grant to an individual for travel, study, or other similar purposes, or for the prevention of cruelty to children or animals? (9) If any answer is "Yes" to Si(1-5), did any of the transactions fall to quality under the exceptions described in Regulations section 54,045 or in a current notice regarding disaster assistance (see instructions)? (9) If any answer is "Yes" to Question 54(4), does the foundation seat to the study of the same study of the same study of the same study of the same study. (a) Name and satires in the study of the grant? (b) If the sanswer is "Yes" to Question 54(4), does the foundation of party to malicetly, to pay premiums on a personal benefit contract? (a) Name and address of such one playes and more than \$50,000 (b) If the foundation of the supplementary of the foundation section of the same study of the same stu				1 4720 May Be F	Required (cont	inued)	 1	
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or ordirectly, any other registration driver? (3) Provide a grant to an organization other than a chartable, etc., organization described in section 4945(0)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, chantable, socially, interrally, or educational purposes, for the prevention of cruelty to children or animals? (6) If any answer is "Yes" to 5a(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 534-495 or in a current notice regarding dissaler assistance (see instructions)? Organizations relying on a current notice regarding dissaler assistance (see instructions)? Organizations relying on a current notice regarding dissaler assistance (see instructions)? Organizations relying on a current notice regarding dissaler assistance (see instructions)? Organizations relying on a current notice regarding dissaler assistance (see instructions)? If "Yes," attach the statement curred by Regulations section 53 4945–5(d) So Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," attach the statement curred by Regulations section 53 4945–5(d) So Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," did the foundation during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," to 6b, file Form 8570 7 At any time during the tax year, was the foundation at party to a prohibited tax shelter transaction? Ves No By No By No By No Contractions Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors I List all officers, directors, trustees, foundation managers and their compensation (see instructions). Information About Officers, Directors, Trustees, Foundation Man	5a			4045(-)\0	п,	, Te		
directly or indirectly, any votar registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide a grant to an individual for travel, study, or other similar purposes. (6) Provide a grant to an individual for travel, study, or other similar purposes? (7) Provide a grant to an individual for travel, study, or other similar purposes. (8) Provide a grant to an individual for travel, study, or other similar purposes, or for the prevention of cruelty to children or animals? (8) Provide a grant to an individual for travel, study, or other similar purposes, or for the prevention of cruelty to children or animals? (9) If any answer is "res' to Saffy-16), did any of the transactions fall to qualify under the exceptions described in Regulations section 53,494 or in a current notice regarding dissater assistance (see instructions)? (9) Traves to Saffy and the studement remains of the foundation claim exemption from the tax because it maintained expenditure regions billify for the grant? (9) Traves to Saffy attach the statement required by Regulations section 53,4945-5(d) (9) Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract. (9) If "res's to Saffy in Form 2877 (1) If saffy and start year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract. (9) If "res's to Saffy in Form 2877 (1) If saffy and start year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract. (9) If the and start year, pay premiums, directly or indirectly, to pay premiums, on a personal benefit contract. (9) If the animal provides in the start year, pay premiums, directly or indirectly, to pay premiums, and the start year. (9) If the animal provides in the start year year. (1) If the start		· · · · · · · · · · · · · · · · · · ·	•		'	res 🔼 No		
(4) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charlable, etc., organization described in section 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charlable, etc., organization described in section 4945(d)(4)(A)? (see instructions). b If any answer is "Yes" to Sa(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53(4) does the foundation fail to qualify under the exceptions described in Regulations section 53(4) does the foundation of the foundation, during the year, precisive any formation of a personal benefit contract? If "Yes," a find the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes Is 8b, file Form 8570 A tail any time during the tax year, was the foundation a party to a prohibitod tax shelter transaction? If "Yes Is 8b, file Form 8570 A tail any time during the tax year, was the foundation and party to a prohibitod tax shelter transaction? It lets all officers, directors, trustees, foundation managers and their compensation (see instructions). It is all officers, directors, trustees, foundation managers and their compensation (see instructions). It is all officers, directors, trustees, foundation managers and their compensation (see instructions). If one of the foundation managers and their compensation (see instructions). If one of the foundation managers and their compensation (see instructions). If one of the foundation managers and their compensation (see instructions). If one of the foundation managers and their compensation (see instructions). If one of the foundation managers and their compensation (see instructions). If one of the fou		• • • • • • • • • • • • • • • • • • • •	,	r to carry on,	\Box	v		
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section 4945(0)(4)A)7 (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b If any answer is "Yes" to Sa(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 504, 405 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance flock here If "Yes," attach the statement required by Regulations section 53 4945-5(d) So Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," attach the statement required by Regulations section 53 4945-5(d) So Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes to 65, file Form 8870 Ta At any time during the tax year, was the foundation a party to a prohibited tax shetter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Neme and address (b) Neme and address (a) Neme and address (b) If an adverage hours prevent (c) Correctable (file or paid, director) and search employee board (refer 4-)) (b) File, and werage hours prevent (refer 4-) (c) Organization (d) Corributions to english benefit down account. (e) Correctable or conspensation (e) Name and address of each employees (other than those included on line 1 – see instructions). If none, enter "NONE." (e) Name and address of each employees (other than those included on line 1 – see instructions). If none, enter "NONE." (f) Corributions to prohibition to correspond to the difference of the employees paid more than \$50,000					'	res 🔥 No		
(5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? If any answer is "1es' to \$4(1)—(5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$5.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? If "Yes," attach the statement required by Regulations section \$3.4945–5(d) So Did the foundation, during the year, receive any funds, infectly or indirectly, to pay premiums on a personal benefit contract? If "Yes," attach the statement required by Regulations section \$3.4945–5(d) So Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," attach the statement required by Regulations section \$3.4945–5(d) Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes," and the foundation reproposal benefit contract? If "Yes," and the foundation during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," and the foundation recover any proceeds on have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, (e) Compensation (e) Comp			-	n described in	п,	/ V		
b If any answer is "Yes" to 5a(1)—(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? If "Yes, "All of the foundation 53(4)(4) (and the see and the foundation of the highest paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." It last all officers of the foundation of the highest paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (a) Name and address of each employee and more than \$50,000 (b) Tide, and average (c) Compensation (e) Co		,,,,,,,	•		'	res 🔼 No		
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Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here If the answer is "Yes" to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A Yes No If "Yes, "attach the statement required by Regulations section 53 4945–5(d) But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 65, file Form 8870 A tan yit mediuming the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes", "did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions) (a) Name and address of each employee paid more than \$50,000 TROX BANK & TRUST COMPANY TROY OC—TRUSTER (a) Name and address of each employee paid more than \$50,000 (b) Title, and emerging the paid of the highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and emerging the paid of the highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (b) Title, and emerging the paid of the highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (e) Expense account, directors, provided the properties of the diversions of the dive	L	• • •	*			res A No		
Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945–5(d) 8 Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 A At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 8 If "Yes," attach the statement required by Regulations are any not income attributable to the transaction? 9 If "Yes," attach the foundation measure any proceeds or have any net income attributable to the transaction? 9 If "Yes," attach the foundation measure any proceeds or have any net income attributable to the transaction? 9 If "Yes," attach the statement required by Regulations are any net income attributable to the transaction? 9 If "Yes, "All the foundation measure any proceeds or have any net income attributable to the transaction? 9 If "Yes, "All the foundation measure any proceeds or have any net income attributable to the transaction? 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 List all officers, directors, trustees, foundation manage	D			-		NI/A	_ [
to the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945–5(d) 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Test State of the foundation aparty to a prohibited tax shelter transaction? Yes No Test		_			,	N/A	50	
because it maintained expenditure responsibility for the grant? Yes	_	• •	• •			▶ ∐		
If "Yes," attach the statement required by Regulations section 53 4945–5(d) Did the foundation, during the year, process any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No	С	• • • • • • • • • • • • • • • • • • • •	•	rom the tax	M / M 🖂 .			.
Sa Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If 'Yes' to 6b, file Form 8870 A large trues are during the tax year, was the foundation a party to a prohibited tax shelter transaction? If 'Yes' to 6b, file Form 8870 A large trues are during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part Ytll Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). TROY BANK 4 TRUST COMPANY TROY CO-TRUSTEE PO BOX 967 AL 36081 3.00 CO-TRUSTEE Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoled to position of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoled to position of position employee benefit plans and deferred compensation. (c) Compensation employee benefit plans and deferred compensation. (c) Compensation of the highest-paid employee seems than \$50,000 NONE (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoled to position employee the entity plans and deferred compensation. (c) Compensation employee the entity plans and deferred compensation. (e) Compensation employee the entity plans and deferred compensation. (e) Compensation employee the entity plans and deferred compensat		·	•		N/A 📙 1	res 🔛 No		
on a personal benefit contract? Yes X No 66	e-	·	•					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 A tan ytime during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and were week devoted to position (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and determed of the paid, effect of	ъa	• • • •	e any runds, directly or indirectly, to	pay premiums	┌,	/ V		
F'Yes' to 6b, file Form 8870 Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No 7b		·				res 🔼 No	_	
At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If yes did the foundation receive any proceeds or have any net income attributable to the transaction? Part Viii Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Tide, and average hours per week devoted to position developed to position of five highest-paid employees (other than those included on line 1 – see instructions). RONALD MORGAN TROY CO-TRUSTEE D BOX 594 AL 36081 2.00 (d) Coministros to employee benefit devoted to position of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (e) Tide, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Tide, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter employee benefit plans and deferred compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter employee benefit plans and deferred compensation of five highest-paid employees paid more than \$50,000 NONE Compensation of five highest-paid employees paid more than \$50,000	D		emiums, directly or indirectly, on a p	ersonal benefit cont	ract?		6b	X_
If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b		·			П.	. 👽		
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoled to position (if not paid, enter -0) (c) Compensation (in plant and address) (d) Contributions to employee bandling plants and address) (d) Contributions to employee bandling plants and address) (d) Contributions to employee bandling plants and address) (d) Contributions to employee plant more than \$50,000 (e) Title, and average hours per week devoted to position (e) Compensation (e) Compensat						<u> </u>	l †	
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List all officers, directors, trustees, foundation managers and their compensation (see instructions). Compensation (see instructions) Compensation Compensat	7		ers, Directors, Trustees, F	oundation Man	agers, nignly	Paid Employ	ees,	
(a) Name and address (b) Title, and average hours per week devoted to position of (fin ot paid, enter -0-) TROY BANK & TRUST COMPANY TROY PO BOX 967 AL 36081 3.00 5,631 0 0 RONALD MORGAN TROY CO-TRUSTEE PO BOX 594 AL 36081 2.00 0 0 0 0 0 0 0 0 0 0 0 0	1 1		ation managers and their comper	estion (eas instruc	etions)			
(a) Name and address	<u> </u>	ist all officers, directors, trustees, found	adon managers and their comper	isation (see mstruc	lions).	(d) Contributions to		
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RONALD MORGAN TROY OD-TRUSTEE PO BOX 594 AL 36081 2.00 0 0 0 0 0 0 0 0 0 0 0 0						_		_
PO BOX 594 AL 36081 2.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					5,631		'	
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(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (n) Expense account, other allowances (n) First expense account, other employees paid over \$50,000 (o) Expense account, other employees paid over \$50,000	2		oyees (other than those included	on line 1 - see ins	tructions). If non-	e, enter		
(a) Name and address of each employee paid more than \$50,000 NONE (b) Titus, and average hours per week devoted to position (c) Compensation (e) Expense account, other allowances (nother allowances)				1		(d) Contributions to	Т	
NONE devoted to position plans and deferred compensation other allowances other allowances other allowances other allowances other allowances other allowances		(a) Name and address of each employee name	1 more than \$50 000		(c) Compensation	employee benefit		
NONE Cotal number of other employees paid over \$50,000		(a) Haine and address of each employee pare	Thora triair 400,000		(c) compensation		other	allowances
Total number of other employees paid over \$50,000 ▶ 0		ATTE				compensation	├─	
	NC	NE						
		 			·		\vdash	
								-
				 		м.	+	
			·				—	
	Tota	number of other employees paid over \$50.6	200					
	. VIA	. Hamber of other employees paid over \$50,0						

Form 990-PF (20	015) WINFRED WILKINS FAULKNER TRUST	47-6313308	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation	undation Managers, Highly Paid Er	nployees,
	and Contractors (continued)		
3 Five highe	est-paid independent contractors for professional services (see in	structions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of	others receiving over \$50,000 for professional services		
			<u></u>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statistical information beneficiaries served, conferences convened, research papers produced, etc	ition such as the number of	Expenses
1 N/A			
2			
			 -
3			
4			
Part IX-B	Summary of Program-Related Investments (see in	structions)	
	rigest program-related investments made by the foundation during the tax year on lines 1 and		Amount
1 N/A			
			
2			
All -46	White discussion and a Cap metricitions		-
All other program-r	elated investments. See instructions		
3			

Total. Add lines 1 through 3

Form	1 990-PF (2015) WINFRED WILKINS FAULKNER TRUST 47-6313308	Р	age 8
Pa	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundations,	
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Pa	The strict with the contraction of the contraction	foundations	
	and certain foreign organizations check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015 (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	2
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	0
			_
Pä	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	0
b	Program-related investments – total from Part IX-B	1b	<u>_</u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	-	
•	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	<u>~</u>
•	Note. The amount on line 6 will be used in Part V. column (b) in subsequent years when calculating whether the foundations.		

qualifies for the section 4940(e) reduction of tax in those years.

Form **990-PF** (2015)

P	urt XIII Undistributed Income (see instructions)				
		(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	2015
	line 7				0
2	Undistributed income, if any, as of the end of 2015.		1111-1111		
а	Enter amount for 2014 only				
	Total for prior years 20 , 20 , 20	***************************************			
3	Excess distributions carryover, if any, to 2015				
a	From 2010				
b	From 2011				
С	From 2012				
d	From 2013				
е	From 2014				
f	Total of lines 3a through e				
4	Qualifying distributions for 2015 from Part XII,		***		
	line 4 ▶ \$				
а	Applied to 2014, but not more than line 2a			•	
	Applied to undistributed income of prior years			-	
	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election				
Ī	required – see instructions)				
d	Applied to 2015 distributable amount				
е	Remaining amount distributed out of corpus		1111	***************************************	
5	Excess distributions carryover applied to 2015				
•	(If an amount appears in column (d), the same	· · · · · · · · · · · · · · · · · · ·			
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	Prior years' undistributed income. Subtract	***************************************			
_	line 4b from line 2b				
С	Enter the amount of prior years' undistributed	······································			
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable	······································			
	amount – see instructions				
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount see				
	instructions				
f	Undistributed income for 2015 Subtract lines			, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	4d and 5 from line 1. This amount must be				
	distributed in 2016				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2010 not	<u></u>			
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9	•			
а	Excess from 2011				
b	Excess from 2012				
C	Excess from 2013				
d	Excess from 2014				
e	Excess from 2015				

2 Grants and Contributions Boid During the	Voca on American for 5	Indus Darmer 4		
3 Grants and Contributions Paid During the	rear or Approved for h	uture Payment	<u> </u>	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
	any foundation manager	status of recipient	contribution	Amount
Name and address (home or business)	or substantial contributor	<u> </u>		
a Paid during the year				
N/A				
			1	
			1	
		1		
Total		L ,.	▶ 3a	
b Approved for future payment		<u> </u>	> 3a	
N/A				
,				
		I	L	
Total			▶ 3b	

Fart AVI-F	Analysis of income-Producing A	cuvities				
Enter gross an	nounts unless otherwise indicated.	Unrelate	d business income	Excluded by	y section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1 Program s	ervice revenue.			-		(See instructions)
		-		+		
		- }		+ +		
	- .	-		+ +		
		-		+		
_		-				
f				+ +		
=	and contracts from government agencies			+ +		
	ip dues and assessments	-		+		
	savings and temporary cash investments and interest from securities			14	120	 :
	income or (loss) from real estate.				120	
	nanced property					
	bt-financed property		, , , , , , , , , , , , , , , , , , ,		-	
	income or (loss) from personal property					
	stment income			 		
	ss) from sales of assets other than inventory			 		
	e or (loss) from special events		·	*		***
	it or (loss) from sales of inventory					
	nue a					
		-				",
		•				
		-				·····
е						<u> </u>
	Add columns (b), (d), and (e)	-		0	120	0
	line 12, columns (b), (d), and (e)				13	120
	et in line 13 instructions to verify calculations)					
Part XVI-E	******	Accomplishme	ent of Exempt F	Purposes		
Line No. ▼	Explain below how each activity for which incon accomplishment of the foundation's exempt put	ne is reported in co	olumn (e) of Part XV	I-A contribut	ed importantly to the	one)
N/A		<u> </u>		<u> </u>	(000 1110110011	
						<u> </u>
				-		
				-		

Part)		Information Regardates Exempt Organization	_	ansfers To an	d Transactio	ns and Relationships W	ith Noncharitable		
1 Dic				ne in any of the fol	llowing with any o	other organization described		Ye	s No
	_	•		-		ction 527, relating to political		1.0	, 110
	anization		or man secur	on out (c)(o) organ	nzations) of in se	ction 327, relating to political		ı	
			lation to a no	ncharitable evemi	nt organization o	•		ł	
		om the reporting found	iation to a no	nchantable exemp	pi organization o	I.			- T
	Cash							1(1)	X
	Other as						12	(2)	X.
	ner transa							ŧ	
(1)	Sales of	assets to a noncharit	able exempt	organization			11	o(1)	<u> </u>
(2)	Purchas	es of assets from a no	oncharitable	exempt organızati	ion		<u> 11</u>	(2)	<u> </u>
(3)	Rental o	of facilities, equipment,	, or other ass	sets			11	(3)	X
(4)	Reimbui	rsement arrangements	8				11	(4)	X
(5)	Loans o	r loan guarantees					11	(5)	X
(6)	Perform	ance of services or me	embership o	r fundraising solici	tations		11	o(6)	X
c Sh	aring of fa	acılıtıes, equipment, m	ailing lists, o	ther assets, or pai	id employees			c	X
	_		_			nn (b) should always show the	fair market		
		•				the foundation received less th			
		-	_	-	-	the goods, other assets, or ser			
(a) Lu		(b) Amount involved	1	e of noncharitable exem			transactions, and sharing arran	ements	
N/A			,,,	·			<u> </u>		
				· · · · · ·					
								_	
									
			 						
			 						
								-	
		-							
		_							
<u> </u>			<u></u>	·					
						V-1-P-1			
									
							_		
2a Ist	he found	ation directly or indirec	tly affiliated	with, or related to,	, one or more tax	exempt organizations			
de	scribed in	section 501(c) of the	Code (other	than section 501(c)(3)) or in sectio	n 527?		Yes	X No
b If "	Yes," con	nplete the following sc	hedule						
	(a) Name of organization		(b) Type of c	organization	(c) Desc	iption of relationship		
N/:	A						····		
·					-	1900			
		· · · · · · · · · · · · · · · · · · ·					<u> </u>		
									
	Under pen	nalties of perjury, I declare th	at I have exami	ı ned this return, includin	g accompanying sche	edules and statements, and to the best	f my knowledge and belief, it is	true,	
	correct, ar	nd complete Declaration of p	preparer (other t	than taxpayer) is based	on all information of	which preparer has any knowledge	May the IRS discuss	this cetium	
Sign		Λ , .					with the preparer sho		
Here	_	10) .				(see instructions)?	X Yes	No
1616	. . 3	/Jesun H~	y Myre	Ma	1/4	-10-10 A co-	TOTIOTE TOTIOTE		
	Sign	ature of officer or trustee	<u></u>	-	Date	Title	TRUSTEE		
	Ť			· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , 				
	Print/Ty	pe preparer's name			Preparer's signatur	· 2 1	Date	Che	xk ∐ nf
Paid			_			K VILL MAD			employed
Prepare		JINRIGHT, CP			<u> </u>	1 J Carl	06/02/		
Use Only	I Firm's n			ARDEN, L.	L.C.	·	PTIN POO7		
	Fırm's a		OX 667		_		Firm's EIN ▶ 63-1		
		TROY	, AL 3	36081-066	7		Phone no 334-	566-	2690

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2015

OMB No 1545-0047

Name of the organization

WINFRED WILKINS FAULKNER TRUST C/O TROY BANK & TRUST TTEE

Employer identification number

47-6313308

Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

WINFRED WILKINS FAULKNER TRUST

Employer identification number 47-6313308

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1	WINFRED WILKINS FAULKNER PO BOX 967 TROY AL 36081	s 752,656	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)					
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)					