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Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation**

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▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

OMB No 1545-0052

2015**Open to Public Inspection****For calendar year 2015, or tax year beginning , 2015, and ending**

Name of foundation WEHADKEE FOUNDATION, INC.		A Employer identification number 63-6049784
Number and street (or P.O. box number if mail is not delivered to street address) P.O. BOX 387		B Telephone number (see instructions) (334) 642-3968
City or town, state or province, country, and ZIP or foreign postal code LANETT AL 36863		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization <input type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input checked="" type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 1,288,169.		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
REVENUE	1 Contributions, gifts, grants, etc., received (attach schedule)					
	2 Ck <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B					
	3 Interest on savings and temporary cash investments					
	4 Dividends and interest from securities	26,400.				
	5a Gross rents					
	b Net rental income or (loss)					
	6a Net gain or (loss) from sale of assets not on line 10	30,270.	L-6a Stmt			
	b Gross sales price for all assets on line 6a	1,712,510.				
	7 Capital gain net income (from Part IV, line 2)					
	8 Net short-term capital gain					
	9 Income modifications					
	10a Gross sales less returns and allowances					
b Less Cost of goods sold						
c Gross profit or (loss) (attach schedule)						
11 Other income (attach schedule)						
	12 Total Add lines 1 through 11.	56,670.				
ADMINISTRATIVE EXPENSES	13 Compensation of officers, directors, trustees, etc.					
	14 Other employee salaries and wages					
	15 Pension plans, employee benefits					
	16a Legal fees (attach schedule)					
	b Accounting fees (attach sch)	11,095.				
	c Other prof. fees (attach sch)	16,924.				
	17 Interest					
	18 Taxes (attach schedule) (see instrs) FOREIGN TAXES PAID.	180.				
	19 Depreciation, amortization, depletion (attach schedule)					
	20 Occupancy					
	21 Travel, conferences, and meetings					
	22 Printing and publications					
	23 Other expenses (attach schedule)					
		OFFICE EXPENSES	330.			
	24 Total operating and administrative expenses Add lines 13 through 23	28,529.				
25 Contributions, gifts, grants paid	73,700.					
26 Total expenses and disbursements Add lines 24 and 25	102,229.					
27 Subtract line 26 from line 12						
a Excess of revenue over expenses and disbursements	-45,559.					
b Net investment income (if negative, enter -0-)						
c Adjusted net income (if negative, enter -0-)						

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Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

Beginning of year

End of year

(a) Book Value

(b) Book Value

(c) Fair Market Value

A S S E T S	1	Cash — non-interest-bearing	40,318.	26,269.	26,269.
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10 a	Investments — U S and state government obligations (attach schedule)			
	b	Investments — corporate stock (attach schedule) . L-10.b. Stmt	1,321,796.	1,290,286.	1,261,900.
	c	Investments — corporate bonds (attach schedule)			
L I A B I L I T I E S	11	Investments — land, buildings, and equipment, basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments — mortgage loans			
	13	Investments — other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers — see the instructions Also, see page 1, item I).	1,362,114.	1,316,555.	1,288,169.
	17	Accounts payable and accrued expenses	175,000.	175,000.	
	18	Grants payable			
F U N D A S E L A N C E S	19	Deferred revenue			
	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	175,000.	175,000.	
		Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted	1,187,114.	1,141,555.	
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)	1,187,114.	1,141,555.	
	31	Total liabilities and net assets/fund balances (see instructions)	1,362,114.	1,316,555.	

Part III Analysis of Changes in Net Assets or Fund Balances

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	1,187,114.
2	Enter amount from Part I, line 27a	2	-45,559.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	1,141,555.
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	1,141,555.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)

(b) How acquired
P — Purchase
D — Donation(c) Date acquired
(mo., day, yr.)(d) Date sold
(mo., day, yr.)

1 a			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) [If gain, also enter in Part I, line 7
If (loss), enter -0- in Part I, line 7]

2

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)

If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-
in Part I, line 8

3

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	0.	0.	0.000000
2013	0.	0.	0.000000
2012	88,384.	2,360,856.	0.037437
2011	30,500.	1,891,205.	0.016127
2010	40,500.	2,292,113.	0.017669

2 Total of line 1, column (d) 2 0.071233

3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the
number of years the foundation has been in existence if less than 5 years 3 0.014247

4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. 4 0.

5 Multiply line 4 by line 3 5 0.

6 Enter 1% of net investment income (1% of Part I, line 27b) 6

7 Add lines 5 and 6 7 0.

8 Enter qualifying distributions from Part XII, line 4 8 0.

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
Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 — see instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary — see instrs)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	
c 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	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	0.
6 Credits/Payments			
a 2015 estimated tax pmts and 2014 overpayment credited to 2015	6 a		
b Exempt foreign organizations — tax withheld at source	6 b		
c Tax paid with application for extension of time to file (Form 8868)	6 c	0.	
d Backup withholding erroneously withheld	6 d		
7 Total credits and payments. Add lines 6a through 6d	7		0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		0.
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax Refunded	11		

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		X
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies 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?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ _____ (2) On foundation managers \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T		X
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 mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions)		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation		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 for Part XIV)? If 'Yes,' complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	X	
14	The books are in care of <u>JIM FLOYD</u> Telephone no <u>(334) 642-3964</u> Located at <u>1702 46TH AVE NW</u> <u>LANETT</u> <u>AL</u> ZIP + 4 <u>36863</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country	16		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

		Yes	No
1 a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
1 b	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1 b	
1 c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1 c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions)	2 b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	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)	3 b	
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
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?	4 b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5 a** During the year did the foundation pay or incur any amount to(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?. ☐ Yes ☒ No(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ No(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No**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)?

5 b

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?☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6 b

If 'Yes' to 6b, file Form 8870

7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

7 b

b 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) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
GEORGE LANIER P.O. BOX 387 LANETT AL 36863	PRESIDENT 1.00	0.	0.	0.
JOHN LANIER P.O. BOX 387 LANETT AL 36863	V PRES 1.00	0.	0.	0.
JIM FLOYD P.O. BOX 387 LANETT AL 36863	SECRETARY 4.00	0.	0.	0.
SUSIE LANIER MAXWELL P.O. BOX 387 LANETT AL 36863	V-PRES 1.00	0.	0.	0.

2 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 devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

None

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services** (see instructions). 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		None

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 NA	
	0.
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NA	
	0.
2	
All other program-related investments See instructions.	
3 NA	
	0.
Total. Add lines 1 through 3	None

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Part X **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	
a	Average monthly fair market value of securities	1 a
b	Average of monthly cash balances	1 b
c	Fair market value of all other assets (see instructions)	1 c
d	Total (add lines 1a, b, and c)	1 d
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1 e
2	Acquisition indebtedness applicable to line 1 assets	2
3	Subtract line 2 from line 1d	3
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5
6	Minimum investment return. Enter 5% of line 5	6

Part XI **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1
2 a	Tax on investment income for 2015 from Part VI, line 5	2 a
b	Income tax for 2015 (This does not include the tax from Part VI)	2 b
c	Add lines 2a and 2b	2 c
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

Part XII **Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a
b	Program-related investments — total from Part IX-B	1 b
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)	3 a
b	Cash distribution test (attach the required schedule)	3 b
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4
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
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years 20 __, 20 __, 20 __				
3 Excess distributions carryover, if any, to 2015				
a From 2010	0.			
b From 2011	30,500.			
c From 2012	89,100.			
d From 2013	0.			
e From 2014	0.			
f Total of lines 3a through e	119,600.			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 0.				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2015 distributable amount				
e Remaining amount distributed out of corpus	0.			
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				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	119,600.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c 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		0.		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
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 applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	119,600.			
10 Analysis of line 9				
a Excess from 2011	30,500.			
b Excess from 2012	89,100.			
c Excess from 2013	0.			
d Excess from 2014	0.			
e Excess from 2015	0.			

N/A

- b** Check box to indicate whether the foundation is a private operating foundation described in section

7

4942(1)(3)

4942(1)(5)

- b** 85% of line 2a

- d** Amounts included in line 2c not used directly for active conduct of exempt activities . .

- e** Qualifying distributions made directly for active conduct of exempt activities
Subtract line 2d from line 2c .

- 3 Complete 3a, b, or c for the alternative test relied upon

- a 'Assets' alternative test – enter

- (1) Value of all assets

- (2) Value of assets qualifying under section 4942(j)(3)(B)(i)

- b** 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed

- c 'Support' alternative test – enter

- (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).

- (2) Support from general public and 5 or more exempt organizations as provided in section 4942(i)(3)(B)(iii).

- (3) Largest amount of support from an exempt organization

- (4) Gross investment income

Part XV **Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)**

1 Information Regarding Foundation Managers:

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

NONE

- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- ^a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

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LANETT

AL

36863

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- b** The form in which applications should be submitted and information and materials they should include

- c Any submission deadlines

- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
CHATTAHOOCHEE HOSPICE VALLEY VALLEY AL 36854	NONE NONE	NA	GENERAL CHARITABLE PURPOSES	2,600.
ALABAMA GEORGIA HOSPITAL AUXILARY VALLEY AL 36854		NA	GENERAL CHARITABLE PURPOSES	500.
CIRCLE OF CARE VALLEY VALLEY AL 36854	NONE	NA	GENERAL CHARITABLE PURPOSES	5,000.
CITY OF LANETT POLICE DEPT LANETT LANETT AL 36863	NONE	NA	GENERAL CHARITABLE PURPOSES	5,000.
BIRMINGHAM ARCHITECTURAL FOUNDATION BIRMINGHAM AL 35213		NA	CHAIRTABLE PURPOSES	7,500.
CHATTAHOOCHEE VALLEY EDUCATIONAL COUNTRY CLUB ROAD LANETT AL 36863		NA	CHARITABLE PURPOSES	100.
BOYS & GIRLS CLUB LANETT LANETT AL 36863		NA	CHARITABLE PURPOSES	2,000.
BREADBASKET VALLEY VALLEY AL 36854		NA	CHARITABLE PURPOSES	2,000.
See Line 3a statement				49,000.
Total			3 a	73,700.
b Approved for future payment				
Total			3 b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities	14	26,400.			
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					30,270.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		26,400.			30,270.
13 Total. Add line 12, columns (b), (d), and (e)			13		56,670.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Form 990-PF
Part I, Line 6a

Net Gain or Loss From Sale of Assets

2015

Name	Employer Identification Number
WEHADKEE FOUNDATION, INC.	63-6049784

Asset Information:

Description of Property <u>CLAYMORE EXCHANGE</u>	
Date Acquired: <u>Various</u>	How Acquired . . . <u>Purchased</u>
Date Sold <u>10/02/15</u>	Name of Buyer . . .
Sales Price . . . <u>36,677.</u>	Cost or other basis (do not reduce by depreciation) . . . <u>37,469.</u>
Sales Expense . . .	Valuation Method . . .
Total Gain (Loss) . . . <u>-792.</u>	Accumulation Depreciation . . .
Description of Property <u>EGA ENERGING</u>	
Date Acquired: <u>03/31/15</u>	How Acquired . . . <u>Purchased</u>
Date Sold . . . <u>06/29/15</u>	Name of Buyer . . .
Sales Price . . . <u>30,343.</u>	Cost or other basis (do not reduce by depreciation) . . . <u>31,193.</u>
Sales Expense . . .	Valuation Method . . .
Total Gain (Loss) . . . <u>-850.</u>	Accumulation Depreciation . . .
Description of Property <u>ISHARES</u>	
Date Acquired: <u>Various</u>	How Acquired . . . <u>Purchased</u>
Date Sold . . . <u>08/28/15</u>	Name of Buyer . . .
Sales Price . . . <u>64,780.</u>	Cost or other basis (do not reduce by depreciation) . . . <u>64,815.</u>
Sales Expense . . .	Valuation Method . . .
Total Gain (Loss) . . . <u>-35.</u>	Accumulation Depreciation . . .
Description of Property <u>ISHARES</u>	
Date Acquired . . . <u>03/31/15</u>	How Acquired . . . <u>Purchased</u>
Date Sold . . . <u>05/26/15</u>	Name of Buyer . . .
Sales Price . . . <u>50,745.</u>	Cost or other basis (do not reduce by depreciation) . . . <u>54,708.</u>
Sales Expense . . .	Valuation Method . . .
Total Gain (Loss) . . . <u>-3,963.</u>	Accumulation Depreciation . . .
Description of Property <u>I SHARES</u>	
Date Acquired . . . <u>Various</u>	How Acquired . . . <u>Purchased</u>
Date Sold . . . <u>03/31/15</u>	Name of Buyer . . .
Sales Price . . . <u>441,363.</u>	Cost or other basis (do not reduce by depreciation) . . . <u>432,355.</u>
Sales Expense . . .	Valuation Method . . .
Total Gain (Loss) . . . <u>9,008.</u>	Accumulation Depreciation . . .
Description of Property <u>I SHARES</u>	
Date Acquired . . . <u>03/31/15</u>	How Acquired . . . <u>Purchased</u>
Date Sold . . . <u>06/29/15</u>	Name of Buyer . . .
Sales Price . . . <u>12,296.</u>	Cost or other basis (do not reduce by depreciation) . . . <u>12,608.</u>
Sales Expense . . .	Valuation Method . . .
Total Gain (Loss) . . . <u>-312.</u>	Accumulation Depreciation . . .
Description of Property <u>ISHARES</u>	
Date Acquired . . . <u>03/31/15</u>	How Acquired . . . <u>Purchased</u>
Date Sold . . . <u>08/05/15</u>	Name of Buyer . . .
Sales Price . . . <u>19,927.</u>	Cost or other basis (do not reduce by depreciation) . . . <u>21,017.</u>
Sales Expense . . .	Valuation Method . . .
Total Gain (Loss) . . . <u>-1,090.</u>	Accumulation Depreciation . . .
Description of Property <u>See Net Gain or Loss from Sale of Assets</u>	
Date Acquired . . .	How Acquired . . .
Date Sold . . .	Name of Buyer . . .
Sales Price . . .	Cost or other basis (do not reduce by depreciation) . . .
Sales Expense . . .	Valuation Method . . .
Total Gain (Loss) . . .	Accumulation Depreciation . . .

Form 990-PF, Part I, Lines 6a

Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property	ISHARES		
Business Code	Exclusion Code		
Date Acquired	03/31/15	How Acquired	Purchased
Date Sold	08/28/15	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	14,419.	Cost or other basis (do not reduce by depreciation)	15,186.
Sales Expense		Valuation Method	
Total Gain (Loss)	-767.	Accumulated Depreciation	

Description of Property	ISHARES		
Business Code	Exclusion Code		
Date Acquired	03/31/15	How Acquired	Purchased
Date Sold	08/28/15	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	17,540.	Cost or other basis (do not reduce by depreciation)	18,503.
Sales Expense		Valuation Method	
Total Gain (Loss)	-963.	Accumulated Depreciation	

Description of Property	ISHARES		
Business Code	Exclusion Code		
Date Acquired	03/31/15	How Acquired	Purchased
Date Sold	08/28/15	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	31,086.	Cost or other basis (do not reduce by depreciation)	32,821.
Sales Expense		Valuation Method	
Total Gain (Loss)	-1,735.	Accumulated Depreciation	

Description of Property	ISHARES		
Business Code	Exclusion Code		
Date Acquired	03/31/15	How Acquired	Purchased
Date Sold	08/27/15	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	62,552.	Cost or other basis (do not reduce by depreciation)	68,030.
Sales Expense		Valuation Method	
Total Gain (Loss)	-5,478.	Accumulated Depreciation	

Description of Property	ISHARES		
Business Code	Exclusion Code		
Date Acquired	03/31/15	How Acquired	Purchased
Date Sold	08/28/15	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	25,389.	Cost or other basis (do not reduce by depreciation)	27,348.
Sales Expense		Valuation Method	
Total Gain (Loss)	-1,959.	Accumulated Depreciation	

Description of Property	ISHARES		
Business Code	Exclusion Code		
Date Acquired	Various	How Acquired	Purchased
Date Sold	03/31/15	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	277,635.	Cost or other basis (do not reduce by depreciation)	269,783.
Sales Expense		Valuation Method	
Total Gain (Loss)	7,852.	Accumulated Depreciation	

Form 990-PF, Part I, Lines 6a

Continued

Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property	SPDR S & P 500	
Business Code	Exclusion Code	
Date Acquired	Various	How Acquired Purchased
Date Sold	03/31/15	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	506,699	Cost or other basis (do not reduce by depreciation) 471,891
Sales Expense	Valuation Method	
Total Gain (Loss)	34,808	Accumulated Depreciation
Description of Property	VANGUARD	
Business Code	Exclusion Code	
Date Acquired	03/31/15	How Acquired Purchased
Date Sold	08/28/15	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	81,734	Cost or other basis (do not reduce by depreciation) 83,484
Sales Expense	Valuation Method	
Total Gain (Loss)	-1,750	Accumulated Depreciation
Description of Property	VANGUARD	
Business Code	Exclusion Code	
Date Acquired	03/31/15	How Acquired Purchased
Date Sold	08/28/15	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	23,762	Cost or other basis (do not reduce by depreciation) 24,647
Sales Expense	Valuation Method	
Total Gain (Loss)	-885	Accumulated Depreciation
Description of Property	VANGUARD	
Business Code	Exclusion Code	
Date Acquired	03/31/15	How Acquired Purchased
Date Sold	08/28/15	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	9,104	Cost or other basis (do not reduce by depreciation) 9,710
Sales Expense	Valuation Method	
Total Gain (Loss)	-606	Accumulated Depreciation
Description of Property	WISDOMTREE	
Business Code	Exclusion Code	
Date Acquired	03/31/15	How Acquired
Date Sold	08/28/15	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	6,459	Cost or other basis (do not reduce by depreciation) 6,672
Sales Expense	Valuation Method	
Total Gain (Loss)	-213	Accumulated Depreciation

Form 990-PF, Page 11, Part XV, line 3a

Line 3 a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox
				Amount
a Paid during the year				
CHARLOTTE GRACE BIRMINGHAM BIRMINGHAM AL 35213		NA	CHARITABLE PURPOSES	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 2,000.
CHATTAHOOCHEE HUMANE SOCIETY VALLEY AL 36854		NA	CHARITABLE PURPOSES	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,000.
CHAMBERS COUNTY SHERIFFS DEPT LAFAYETTE AL 36862		NA	CHARITABLE PURPOSES	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,000.
BOYS SCOUTS OF AMERICA WEST POINT WEST POINT GA 31833		NA	CHARITABLE PURPOSES	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 10,000.
CHRISTIAN SERVICE CENTER LANETT LANETT AL 36863		NA	CHARITABLE PURPOSES	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 3,000.
FULLER CENTER FOR HOUSING LANETT LANETT AL 36863		NA	CHARITABLE PURPOSES	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 5,000.
LITERACY VOLUNTEERS WEST POINT WEST POINT GA 31833		NA	CHARITABLE PURPOSES	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,000.
NEW HORIZON THEATHER WEST POINT WEST POINT GA 31833		NA	CHARITABLE PURPOSES	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 10,000.
GEORGIA INDEPENDENT COLLEGE WEST POINT GA 31833		NA	CHARITABLE PURPOSES	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 2,500.
MEALS ON WHEELS WEST POINT WEST POINT GA 31833		NA	CHARITABLE PURPOSES	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 2,000.
WEST POINT FOOD CLOSET WEST POINT GA 31833		NA	CHARITABLE PURPOSES	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 2,000.
UNITED FUND GREATER VALLEY WEST POINT GA 31833		NA	CHARITABLE PURPOSES	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 7,500.
SAVA A LIFE LANETT LANETT AL 36863		NA	CHARITABLE PURPOSES	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 2,000.

Total

49,000.

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
830 UNITS ISHARES	100,835.	94,628.
429 SHARES I SHARES	36,370.	36,190.
224 SHARES I SHARES	23,893.	23,652.
697 SHARES I SHARES	35,236.	35,157.
421 SHARES I SHARES	50,107.	50,764.
643 SHARES VANGUARD	53,573.	51,929.
1285 SHARES I SHARES	55,444.	51,541.
392 SHARES I SHARES	11,663.	10,266.
1603 SHARES I SHARES	148,744.	159,466.
1777 SHARES I SHARES	182,033.	172,897.
310 SHARES I SHARES	47,017.	43,177.
655 SHARES I SHARES	64,365.	60,208.
183 SHARES I SHARES	13,787.	12,565.
552 SHARES I SHARES	43,646.	41,444.
783 SHARES VANGUARD	62,576.	62,429.
1250 SHARES VANGUARD	105,569.	103,800.
549 SHARES VANGUARD	44,424.	42,690.
395 SHARES WISDOMTREE	21,779.	19,872.
CASH	189,225.	189,225.
Total	<u>1,290,286.</u>	<u>1,261,900.</u>