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* Form 990-PF Department of the Treasury

EXTENDED TO FEBRUARY 15, 2017 Return of Private Foundation

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

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

	ETHEL WALKER CHARITABLE AND	EDUCATIONAL		A Employer identificatio	
	FOUNDATION		1-	06-0679139)
	umber and street (or P O box number if mail is not delivered to street ac	ddress)	Room/suite	B Telephone number	1167
	230 BUSHY HILL ROAD Ity or town, state or province, country, and ZIP or foreign pos	etal anda		(860)658-4	
	SIMSBURY, CT 06070-2698	stal couc		C If exemption application is i	pending, check here
	Check all that apply: Initial return	Initial return of a for	rmer public charity	D 1. Foreign organization	s, check here
	Final return	Amended return			
	Address change	Name change		Foreign organizations m check here and attach c	eeting the 85% test, omputation
<u>H_</u>	Check type of organization: X Section 501(c)(3) exer			E If private foundation sta	
<u> </u>		ther taxable private foundate method: X Cash		under section 507(b)(1	
	Fair market value of all assets at end of year J Accounting from Part II, col (c), line 16) Othe	g method: (asin er (specify)	Accrual	F If the foundation is in a under section 507(b)(1	
		nn (d) must be on cash b	pasis.)	under Section 307(b)(1	i)(D), Check here
	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	(ine total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	267,795.		N/A	·
	2 Check If the foundation is not required to attach Sch. 8 Interest on savings and temporary				
	3 cash investments			 	
	4 Dividends and interest from securities 5a Gross rents			1	
	b Net rental income or (loss)				
a	6a Net gain or (loss) from sale of assets not on line 10				
Revenu	Gross sales price for all assets on line 6a		 		
Rev	7 Capital gain net income (from Part IV, line 2)		0	•	
_	8 Net snort-term capital gain				
	9 Income modifications 10a Gross sales less returns and allowances			+	
	b Less Cost of goods sold			 	
	c Gross profit or (loss)				
	11 Other income				
	12 Total Add lines 1 through 11	267,795.	0		
	13 Compensation of officers, directors, trustees, etc	0.	0	•	
	14 Other employee salaries and wages 15 Pension plans, employee benefits			 	
ses	• · · · · · · · · · · · · · · · · · · ·	p=-1-=			
Expenses	b Accounting fees		RECEIVE		
Ë	c Other professional fees				
Operating and Administrative	17 Interest	85/	10S Q 7 MAL.	1 0	-
stra	18 Taxes 19 Depreciation and depletion		- 4 GOI	(6)	
nin	19 Depreciation and depletion 20 Occupancy	-	OGDEN. UT	rain 500'	
Adr	21 Travel, conferences, and meetings			Bar_co.v-	<u> </u>
pue	22 Printing and publications				
ing	23 Other expenses				
rati	24 Total operating and administrative		-		
Ope	expenses. Add lines 13 through 23	0. 267,795.	0	•	267,79
-	25 Contributions, gifts, grants paid 26 Total expenses and disbursements.	<u>∠01,195.</u>		 	401,19
	Add lines 24 and 25	267,795.	0		267,79
_	27 Subtract line 26 from line 12:			1	
Í	Excess of revenue over expenses and disbursements	0.	······································		
	b Net investment income (if negative, enter -0-)		0		ļ
2350	c Adjusted net income (if negative, enter -0-)			N/A	r 000 PF
1-24	501 4-15 LHA For Paperwork Reduction Act Notice, see in	structions.	1		Form 990-PF (20

١	6'	79	1	3	9	Pag

(a) Book Value	(b) Book Value	(c) Fair Market Value
	l	
1		
	,	
		
		
n	n !	0
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0.	0.	
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ılances		
U		_
	1	0
	2	0
	3	0
	4	0
	5	0
	6	0
	0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0

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Part IV Capital Gains ar	nd Losses for Tax on I	nvestment	Income				· · · · · · · · · · · · · · · · · · ·	
	e the kınd(s) of property sold (e. house; or common stock, 200 sh			(b)	How acquired - Purchase - Donation		te acquired , day, yr.)	(d) Date sold (mo., day, yr.)
1a				L.				
b NON	<u> </u>			_				
C				ļ				
<u>d</u>				ļ				
<u>e</u>				Щ,				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				Gain or (loss lus (f) minus	
a								
b		ļ						
С		ļ						
d		ļ			 _			
e								
Complete only for assets showing	·						(Col. (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ֈ), ıf any		С		it not less that es (from col. (
a								
b				1				
С								
d				1				
e							<u> </u>	
	∫ If gain, also ente			1				
2 Capital gain net income or (net capit	tal loss) 🥤 🛚 🕻 If (loss), enter -(0- in Part I, line	7	<i>-</i>	2			
3 Net short-term capital gain or (foss)	as defined in sections 1222(5) a	ınd (6):						
If gain, also enter in Part I, line 8, co		. ,		<u>}</u>	1			
If (loss), enter -0- in Part I, line 8				للِ	3			
Part V Qualification Un	der Section 4940(e) to	r Reduced	lax on Net	Inv	estment in	come		
(For optional use by domestic private fo	oundations subject to the section	4940(a) tax on	net investment in	ome	e.)			
M								
If section 4940(d)(2) applies, leave this	part diank.							
Was the foundation liable for the section	n 4942 tax on the distributable ai	mount of any ye	ar in the base per	riod?		_		Yes X No
If "Yes," the foundation does not qualify	under section 4940(e). Do not c	omplete this pa	rt.					
1 Enter the appropriate amount in each	ch column for each year; see the	instructions bef	ore making any e	ntries	i			
(a) Base period years	(b)			(c)			Dietrib	(d) oution ratio
Calendar year (or tax year beginning	in) Adjusted qualifying di	stributions	Net value of no	ncha	ritable-use asse	ts	(col. (b) div	rided by col. (c))
2014		79,720.				0.		.000000
2013		76,226.				0.		.000000
2012		50,260.		-		0.		.000000
2011		56,573.				0.		.000000
2010		39,344.				0.		.000000
2070		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>						
? Total of line 1, column (d)						2		.000000
· •	roor hace period - divide the test	on line 2 by 5	or hy the number	of wa	are.	-		.00000
Average distribution ratio for the 5-y		on line 2 by 5,	or by the number	oi ye	ai S			00000
the foundation has been in existence	e ir iess than 5 years					3		.000000
Enter the net value of noncharitable-	use assets for 2015 from Part X,	, line 5				4		
						}		_
Multiply line 4 by line 3						5		0.
						1		
Enter 1% of net investment income ((1% of Part I, line 27b)				-	6		0.
Add lines 5 and 6						7		0.
Enter qualifying distributions from P	art XII. line 4					8		267,795
	·	a 1h and sama	late that part uses	na 41	% tav rata			
If line 8 is equal to or greater than ling See the Part VI instructions.	ie 7, uneuk die dux ili Part VI, IIII	e iv, and comp	iere mar barr nsiu	ıya l	יס ומא ומוצ.			
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Form 990-PF (2015) FOUNDATION		0679			Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see i	nstru	ctio	าร)
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		ļ			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				0.
of Part I, line 27b					
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				0.
3 Add lines 1 and 2	3	<u> </u>			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	 			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6 Credits/Payments:	- <u>-</u> -	†·			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	j	}			
	1	}			
· · · · · · · · · · · · · · · · · · ·	1	1			
c Tax paid with application for extension of time to file (Form 8868) d Region with bolding assessment withheld	1	}			
d Backup withholding erroneously withheld 7. Tatal and the surface Add less 60 through 6d	١.,	1			Λ
7 Total credits and payments. Add lines 6a through 6d	7	 			0.
8 Enter any penalty for underpayment of estimated tax. Check here 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	 			
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax	11	<u> </u>			
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ะเท			Yes	
any political campaign?	-		1a		<u>X</u>
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or		ŀ		
distributed by the foundation in connection with the activities.			'		
c Did the foundation file Form 1120-POL for this year?			1c		_X_
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			'		
(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .	_				
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation]		
managers. ► \$ 0 •					
2 Has the foundation engaged in any activities that have not previously been reported to the 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 instrument, articles of incorporation,	or				
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	J.	I/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.	-				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			l		
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 stat 	e law		l		
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," complete Part II, col. (c), and Part XV	,		7		X
To bid the foundation have at least \$6,000 in assets at any time during the year. If Test, Complete Fart II, Col. (c), and Tart XI	,				
On Enter the states to which the foundation reports or with which it is requestered (see instructions)			l		
8a 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)	1 8.1	7/7	ا ۱		
of each state as required by General Instruction G? If "No," attach explanation		I/A	8b		
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calc	endar				7.7
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10	<u> </u>	X_
		Foi	rm 99 0	トトト	(2015)

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Part VII-A Statements Regarding Activities (continued)			
		Yes	No
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		х
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privilege	· · -		
If "Yes," attach statement (see instructions)	12		х
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
Website address ► N/A			L
14 The books are in care of ▶ CFO, THE ETHEL WALKER SCHOOL Telephone no. ▶ (8	60) 65	8-44	67
	1 ▶0607		
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	ŧ 7	A\N	
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
securities, or other financial account in a foreign country?	16	٦٠٠٠	Х
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	1-13		
foreign country			
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
1a During the year did the foundation (either directly or indirectly):		1.00	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	∃ No Ì		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	·		
a disqualified person?	T No.	Ì)
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1	-	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		-	
(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)?	∃ No I		
(6) Agree to pay money or property to a government official? (Exception. Check "No"	.	1	
If the foundation agreed to make a grant to or to employ the official for a period after			ļ
termination of government service, if terminating within 90 days.)	7 No	}	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	_ NO		
	[/A 1b		ĺ
		 	
Organizations relying on a current notice regarding disaster assistance check here			Ì
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	10		x
before the first day of the tax year beginning in 2015? Taxos on fally to to distribute program (control 4042) (does not apply for years the foundation was a particle program of condition).	10	 	
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1		
defined in section 4942(j)(3) or 4942(j)(5)):	ļ		
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? Yes	7 40	ł	
	טאי ב		ĺ
If "Yes," list the years 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		Ì	
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		1	
	I/A 2b	Ì	
statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	/A 20	+	
	}]
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	l		
	7 10		
	ן מאר		ļ
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,	(/)		1
•	[/A 3b		<u>v</u>
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<u>4a</u>	 	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		1	•
had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	O DE	(2015)
	Form 99	,U-PF	(2015)

ETHEL WALKER CHARITABLE AND EDUCATIONAL

FOUNDATION FOUNDATION			<u>06-06/21</u>	39 Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''		es X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			} }
any voter registration drive?	-		es X No	1 1
(3) Provide a grant to an individual for travel, study, or other similar purposes	-	Y	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			1 1
4945(d)(4)(A)? (see instructions)			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations		4 4
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			1 1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		. —		
expenditure responsibility for the grant?		I/A Y	es No	
If "Yes," attach the statement required by Regulations section 53 4945			ľ	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		[2]	1 1
a personal benefit contract?		Y(es X No	a. 37
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> -</u> -	6b X
If "Yes" to 6b, file Form 8870	hallan 4		es X No	! !
7a At any time during the tax year, was the foundation a party to a prohibited tax s	=			7b
Part VIII Information About Officers, Directors, Trusto		nagers Highly		70
Paid Employees, and Contractors	ees, i oundation wa	mayers, riigin	,	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
SEE STATEMENT 1		0.	0.	0.
\				
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		<u></u>		i
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Cootshutsoots	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	compensation	allowances
NONE				
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	L	l	L	
Total number of other employees paid over \$50,000				000 PE (0045)
			Form	990-PF (2015)

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Form 990-PF (2015) FOUNDATION	06-0	0679139 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "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 Part IX-A Summary of Direct Charitable Activities		▶ 0
	A. L. J.	
List the foundation's four largest direct charitable activities during the tax year. Include relevant stanumber of organizations and other beneficiaries served, conferences convened, research papers pi	tistical information such as the roduced, etc.	Expenses
1 N/A		
2		
3		
·		
4		
Part IV P C		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year of	on lines 1 and 2	Amount
1 N/A	on miles . and E.	7
2		
All all and a second a second and a second a		
All other program-related investments. See instructions. 3		
·		
Total. Add lines 1 through 3	>	0.
		Form 990-PF (2015)

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Part X N	linimum Investment Return (All domestic	foundations must complete this part	Foreign four	ndations, se	e instructions)
	value of assets not used (or held for use) directly in carry				
	nthly fair market value of securities			1a	0.
•	nonthly cash balances			1b	
_	/alue of all other assets		į	1c	
d Total (add li	nes 1a, b, and c)		·	1d	0.
e Reduction c	aimed for blockage or other factors reported on lines 1a	and			
1c (attach d	etailed explanation)	1e	0.		
	ndebtedness applicable to line 1 assets			2	0.
3 Subtract line	2 from line 1d			3	0.
4 Cash deeme	d 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. E	Enter here and on Part V, line 4		5	0.
6 Minimum in	vestment return. Enter 5% of line 5			6	0.
	istributable Amount (see instructions) (Sect reign organizations check here and do not co	ion 4942(j)(3) and (j)(5) private operating implete this part.)	foundations an	d certain	
1 Minimum in	vestment return from Part X, line 6	, ,		1	<u> </u>
2a Tax on inves	tment income for 2015 from Part VI, line 5	2a			
b Income tax t	or 2015. (This does not include the tax from Part VI.)	2b			
c Add lines 2a	and 2b			2c	<u> </u>
3 Distributable	amount before adjustments. Subtract line 2c from line 1	1		3	0.
4 Recoveries	of amounts treated as qualifying distributions		į	4	0.
5 Add lines 3	and 4	_		5	<u> </u>
6 Deduction fr	om distributable amount (see instructions)			6	0.
7 Distributabl	e <mark>amount</mark> as adjusted. Subtract line 6 from line 5. Enter l	here and on Part XIII, line 1		7	0.
Part XII C	ualifying Distributions (see instructions)			· · · · · · · · · · · · · · · · · · ·	
1 Amounts pa	id (including administrative expenses) to accomplish cha	aritable, etc., purposes:			
• ,	ontributions, gifts, etc total from Part I, column (d), line	e 26		1a	267,795.
b Program-rel	ated investments - total from Part IX-B			1b	0.
2 Amounts pa	d to acquire assets used (or held for use) directly in carr	rying out charitable, etc., purposes		2	
3 Amounts ser	aside for specific charitable projects that satisfy the:				
-	st (prior IRS approval required)			3a	
	ution test (attach the required schedule)			3b	
	istributions. Add lines 1a through 3b. Enter here and on			4	267,795.
	that qualify under section 4940(e) for the reduced rate of	of tax on net investment			_
	er 1% of Part I, line 27b			5	0.
	alifying distributions. Subtract line 5 from line 4		İ	6	267,795.
	nount on line 6 will be used in Part V, column (b), in sub e) reduction of tax in those years.	osequent years when calculating whether th	ne foundation o	ualifies for th	e section

Form **990-PF** (2015)

Part XIII Undistributed Income (see instructions)

			4.3	
	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	Оограз	Tears prior to 2014	2014	2013
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:				
		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 239,344.				
b From 2011 256,573.				
c From 2012 260, 260.				
d From 2013 276,226.				
e From 2014 279,720.				
f Total of lines 3a through e	1,312,123.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: \triangleright \$ 267, 795.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				0.
e Remaining amount distributed out of corpus	267,795.			
Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,579,918.			
b Prior years' undistributed income. Subtract	1,3,3,310.			
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		0.		
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 instr.			_ 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)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	239,344.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	1,340,574.			
10 Analysis of line 9:				
a Excess from 2011 256,573.				
b Excess from 2012 260, 260.				
c Excess from 2013 276, 226.				
d Excess from 2014 279, 720.				
e Excess from 2015 267,795.				<u> </u>

523581 11-24-15

Form **990-PF** (2015)

FOUNDATION

Part XIV Private Operating F		structions and Part VI	I-A, question 9)	N/A	0077137 1ago 10
1 a If the foundation has received a ruling o				217,22	
foundation, and the ruling is effective fo		-			
b Check box to indicate whether the found	•	•	in section] 4942(j)(3) or [4942())(5)
2 a Enter the lesser of the adjusted net	Tax year	19 10 011 0011 000	Prior 3 years	3 .0 .=()/(0/ 0.	
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for	<u> </u>			 ` ' ' 	
each year listed					}
b 85% of line 2a					
c Qualifying distributions from Part XII,				<u> </u>	
line 4 for each year listed	,]
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly	<u> </u>		 		
for active conduct of exempt activities.					ł
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				1	
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter			 		
2/3 of minimum investment return		l			
shown in Part X, line 6 for each year listed					
			 		
c "Support" alternative test - enter:					
 Total support other than gross investment income (interest, 			1	1	
dividends, rents, payments on					
securities loans (section	1				
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)	<u> </u>				
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5 000	or more in assets
at any time during t			N/A	1 11au 45,000	or more in assets
_ 			N/A		
 Information Regarding Foundation List any managers of the foundation wh 	-	than 2% of the total con	tributions received by th	a foundation hefore	the close of any tay
year (but only if they have contributed n			ilibutions received by th	e ioundation before	the close of any tax
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(), //			
b List any managers of the foundation wh	o own 10% or more of th	e stock of a cornoration	/or an equally large port	on of the ownershi	n of a nartnership or
other entity) of which the foundation has			to an equally large port		p or a partition strip of
.,	-				
2 Information Regarding Contributi	ion Grant Gift Loan	Scholarship etc. D	rograme		
Check here ► X if the foundation o			_	not accept unsolice	ted requests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	`				
a The name, address, and telephone num	bei di e-man address di t	inc person to whom app	ilications should be addit		
b The form in which applications should b	on cultimitted and informa	tion and materials they s	portid include.		
b The form in which applications should b	e submitted and intorma-	tion and materials they s	modia mada.		
c Any submission deadlines:					
e my submission acadmics.					
d Any restrictions or limitations on awards	s such as by gengraphic	al areas, charitable fields	kinds of institutions or	other factors:	
a rany restrictions of minitations on awards	s, soon as by yevyrapille	ar arous, onariavic ricius	, miras or institutions, Of	omer factors.	

06-0679139 Page 11

Grants and Contributions Paid During to	he Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amoun
a Paid during the year				
	}			
	}			
THE ETHEL WALKER SCHOOL	NONE	501(C)(3)	EDUCATIONAL PROGRAMS	
230 BUSHY HILL RD				
SIMSBURY, CT 06070				267,79
		 		
		-		
				
Total			▶ 3a	267,79
b Approved for future payment			- Ja	201,13
., ., .,				
NONE				
		-		
				
		1		
Total		1	<u>▶</u> 3b	
			Fr.	orm 990-PF (201

15) FOUNDATION

01117 330 11 (2013)	TOUNDATION	
Part XVI-A	Analysis of Income-Producing Activities	

nter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	Code				
	1 1				
e	1 1				
f					
g Fees and contracts from government agencies		·····			
Membership dues and assessments					
Interest on savings and temporary cash					
investments	1 1		1 1		
Dividends and interest from securities					
Net rental income or (loss) from real estate:					
a Debt-financed property				·	
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory	<u> </u>				<u> </u>
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b					
C	l i				
d					
e	\		1		
Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>	0.	
Total Add line 12, columns (b), (d), and (e)				13 _	
e worksheet in line 13 instructions to verify calculation				- 	
	es to the Acco	mplishment of Ex	(emp	t Purposes	
Part XVI-B Relationship of Activitie					
	income is reported in	n column (a) of Part XVI-A	contrib	uted importantly to the accor	mnlishment of
ne No. Explain below how each activity for which			contrib	uted importantly to the accor	nplishment of
			contrib	uted importantly to the accor	mplishment of
ne No. Explain below how each activity for which			contrib	uted importantly to the accor	nplishment of
ne No. Explain below how each activity for which			contrib	uted importantly to the accor	nplishment of
ne No. Explain below how each activity for which			(contrib	uted importantly to the accor	mplishment of
ne No. Explain below how each activity for which			v contrib	uted importantly to the accor	nplishment of
ne No. Explain below how each activity for which			Contrib	uted importantly to the accor	nplishment of
ne No. Explain below how each activity for which			A contrib	uted importantly to the accor	nplishment of
ne No. Explain below how each activity for which			A contrib	uted importantly to the accor	nplishment of
ne No. Explain below how each activity for which			A contrib	uted importantly to the accor	nplishment of
ne No. Explain below how each activity for which			A contrib	uted importantly to the accor	nplishment of
ne No. Explain below how each activity for which			A contrib	uted importantly to the accor	nplishment of
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ine No. Explain below how each activity for which			A contrib	uted importantly to the according	mplishment of

523621 11-24-15

Fa 00	M DE 40			CHARITA	BLE AND E	DUCA	TIONAL	0.6	0.670120	_	
Form 99 Part			ATION	nofero Te	and Transaction		nd Dolations		0679139		ige 13
rait	VAII	Exempt Organ		nsiers 10 i	and Transactio	ns ar	id Relations	nips with Noi	ncnaritable	=	
	1 + b = ==			or of the faller			danauhadua aasi	h-= 504(a) af		Yes	No
		ganization directly or indi						(0)1 50 1(0) 01		163	140
		(other than section 501(c			= -	organiz	ations				
		from the reporting found	ation to a noncharn	table exempt or	ganization of:					ŀ	
	Cash								1a(1)		X
		assets			-		•	•	1a(2)		X
		sactions:								ļ	
		of assets to a noncharita						-	1b(1)	$\overline{}$	X
		nases of assets from a no		t organization			-		1b(2)		X
		ıl of facılıtıes, equipment,						•	1b(3)		X
(4)	Reim	bursement arrangements	;						1b(4)	ļ	X
(5)	Loans	s or loan guarantees							1b(5)	<u> </u>	X
(6)	Perfo	rmance of services or me	embership or fundra	aising solicitation	ons				1b(6)	Ļ	X
		f facilities, equipment, ma	_					-	1c	L	X
		ver to any of the above is					•			sets,	
or	service	s given by the reporting fo	oundation. If the fo	undation receiv	ed less than fair mark	et value	ın any transactıo	n or sharing arrange	ment, show in		
col) the value of the goods,									
(a) Line r	10	(b) Amount involved	(c) Name	of noncharitabl	e exempt organization	l	(d) Descriptio	n of transfers, transactio	ns, and sharing ar	rangeme	nts
				N/A							
										_	
						-					
											
				A - 1			-				
							 				
	+-		****	****		~					
	+	· · · · · · · · · · · · · · · · · · ·	 				-				
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	+-				 						
0- 1-4	h a 6 a	44444	45444								
		idation directly or indirect	,	,		organiza	itions described		□ vaa	TV	No
		501(c) of the Code (other		c)(3)) or in sec	11011 5277		•	•	i Yes	LA.	טאו ר
	res, co	mplete the following scho (a) Name of org			(b) Type of organiz	ation		(c) Description of re	lationchin		
			janization		(b) Type of Organiz	ation		(c) Description of re	nationship		
		N/A							····		
					<u> </u>						
					 						
	T		41-411		<u> </u>	<u> </u>		the state of the s			
C:		penalties of perjury, I declare the lief, it is true, correct, and con-							May the IRS return with the	discuss	this
Sign Here		01			1.1.1	_	L		shown below	(see ins	tr)?
nere			<u> </u>) <u> </u>	1/12/	7	CEC	<u> </u>	X_ Yes	; <u> </u>	J No
	Sign	ature of officer or trustee			Date		Title		57111		
		Print/Type preparer's na	ime	Preparer's s	ignature		Date	Check if	PTIN		
								self- employed			
Paid		ELIZABETH			ETH SOLEC		1/03/17		P00235		
Prepa	arer	Firm's name ► BLU	M, SHAPI	RO & CC	MPANY, P.	С.,	CPA'S	Firm's EIN ► 0	6-10092	05	

Form **990-PF** (2015)

Phone no. 860 561-4000

Use Only

Firm's address ▶ 29 S. MAIN STREET, P.O. BOX 272000 WEST HARTFORD, CT 06127-2000

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasur

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

Employer identification number

2015

	THEL WALKER CHARITABLE AND EDUCATIONAL DUNDATION	06-0679139
Organization type (check of		
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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule See instructions.
X For an organizatio	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special Rules		
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amou, ine 1. Complete Parts I and II	, or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ations of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eductricity to children or animals. Complete Parts I, II, and III	·
year, contributions is checked, enter to purpose. Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled makes the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because e, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box s, charitable, etc.,
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its F the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

FOUNDATION

Name of organization
ETHEL WALKER CHARITABLE AND EDUCATIONAL

Employer identification number

06-0679139

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE E. TERRY SMITH TRUST BANK OF AMERICA, 185 ASYLUM ST. HARTFORD, CT 06103	\$ 267,795.	Person X Payroll
(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
523452 10-26		\$	Person Payroll Noncash (Complete Part II for noncash contributions) 1990, 990-EZ, or 990-PF) (2015

Name of organization

Employer identification number

ETHEL WALKER CHARITABLE AND EDUCATIONAL FOUNDATION

06-0679139

art II No	ncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\ \$	990, 990-EZ, or 990-PF)

Schedule E	3 (Form 990,	990-EZ,	or 990-PF	(2015)

Name of or	ganization			Employer identification number					
	WALKER CHARITABLE AND I								
FOUND	ATION Exclusively religious, charitable, etc., contr	:L		06-0679139					
Part III	the year from any one contributor. Complete ci	DIUMNS (A) INFOUGH (E) AND THE TOHOW	INO line entry. For organization	ne					
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona	, charitable, etc., contributions of \$1,000 or li	ess for the year (Enter this info onc	e) ► \$					
(a) No.		i space is needed							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
		(e) Transfer of gift							
	Transferee's name, address, an	d 7IP + 4	Relationship of tra	insferor to transferee					
			Troid a control of the						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
raiti				· · · · · · · · · · · · · · · · · · ·					
		(e) Transfer of gift							
	Transferee's name, address, an	d 71D + 4	Dolotionabin of tra	unaforar to transferoe					
	Transferee 3 name, address, an	u Zir + 4	neiationship of tra	nsferor to transferee					
(a) No.									
from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
Part I									

		· ·							
		(e) Transfer of gift							
	Toronton of a control of	. TID							
<u> </u>	Transferee's name, address, an	<u>a ZIP + 4</u>	Relationship of tra	insferor to transferee					
į									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
Part I	(a) t a poss of g	(o) 000 or gire	(4, 500						
									
Γ	(e) Transfer of gift								
-	Transferee's name, address, and	d ZIP + 4	Relationship of tra	nsferor to transferee					
		···							

FORM 990-PF		OF OFFICERS, D FOUNDATION MANA		STATI	EMENT 1
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
STUART BELL C/O CFO, THE ETHEL 230 BUSHY HILL RD	WALKER SCHOOL,	PRESIDENT	0.	0.	0.
SIMSBURY, CT 06070 CHRIS BRIGHAM	0	TRUSTEE			
C/O CFO, THE ETHEL 230 BUSHY HILL RD SIMSBURY, CT 06070		1.00	0.	0.	0.
	WALKED GOVIOOI	TRUSTEE			
C/O CFO, THE ETHEL 230 BUSHY HILL RD SIMSBURY, CT 06070	WALKER SCHOOL,	1.00	0.	0.	0.
HARRIET DEWEY C/O CFO, THE ETHEL	WAT KED GOUGOT	TRUSTEE			
230 BUSHY HILL RD SIMSBURY, CT 06070		1.00	0.	0.	0.
LAURA MOUNTCASTLE C/O CFO, THE ETHEL	WALKER SCHOOL	TRUSTEE			
230 BUSHY HILL RD SIMSBURY, CT 06070	WALKER SCHOOL,	1.00	0.	0.	0.
TOM REGAN	WALKED COULON	TRUSTEE			
C/O CFO, THE ETHEL 230 BUSHY HILL RD SIMSBURY, CT 06070	WALKER SCHOOL,	1.00	0.	0.	0.
KIT ROHN	WALKER GOVEOU	TRUSTEE			
C/O CFO, THE ETHEL 230 BUSHY HILL RD SIMSBURY, CT 06070	WALKER SCHOOL,	1.00	0.	0.	0.
PETER O'NEIL		TRUSTEE			
C/O CFO, THE ETHEL 230 BUSHY HILL RD SIMSBURY, CT 06070	WALKER SCHOOL,	1.00	0.	0.	0.
TOTALS INCLUDED ON	990-PF, PAGE 6,	PART VIII	0.	0.	0.