

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



-orm 990

Department of the Treasury Internal Revenue Service

SCANNED AUG 0 1 2017

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2016
Open to Public
Inspection

<u>A</u>	For the 2016	c <u>alendar year, or tax year begi</u>	nning	, and ending				
В	Check if applicable	C Name of organization					D Employer	identification number
	Address change	Wal	ker College Fo	undation				
	Name change		KER COLLEGE FO					369216
H	-	Number and street (or P O box if mai	is not delivered to street addre	ss)		Room/suite	E Telephone	
닏	Initial return Final return/	P. O. Box 2228 City or town, state or province, countr	and ZIP or foreign postal and				205-4	221-9803
	terminated						ł	1 046 005
	Amended return	Jasper	AL 3550	2			G Gross recei	pts\$ 1,246,905
\exists	Application pending	F Name and address of principal officer				H(a) Is this a gro	oup return for sul	pordinates? Yes X No
Ш	Application perioling	HOLLY TRAWICK						
		P. O BOX 2228				H(b) Are all sub		000
		JASPER	AL	35501		II TNO,	attach a list (s	see instructions)
	Tax-exempt status	X 501(c)(3) 501(c) () ((insert no)	4947(a)(1) or	527			
<u>J</u>	Website.	www.wcfdn.org				H(c) Group exe		
	Form of organization		Association Other		L Ye	ar of formation 1	950	M State of legal domicile AL
	Part I S	ummary						
	1 Briefly d	escribe the organization's mission	on or most significant ac	tivities				
ė	See	Schedule O						
auc	ł							
Ë	ſ							
š	2 Check th	or box	discontinued its operation	ons or disposed of i	more than 25°	% of its net as	sets	
Ŏ		of voting members of the govern	•		more than 20	or no net as	3	18
80		of independent voting members	- • •	•			4	18
itie	l .	-	• • •				5	1
Activities & Governance	1	mber of individuals employed in	·	π v, line za)				0
ĕ		mber of volunteers (estimate if r		EN CO			6	0
	1	related business revenue from F	1 114-				7a	
	b Net unre	elated business taxable income f				Prior Ye	7b	Current Year
	8 Contribu	itions and grants (Part VIII, line	1h) 😸 JUL	1 7 2017 [3]	\		3,401	322,713
Revenue	ſ	service revenue (Part VIII, line	· inti	<u> </u>	l ⊢	<u>~</u> <u>~</u>	3/101	0
Ven		·	- Patentina	SENI LIT	\		0,559	784,995
Re	1	ent income (Part VIII, column (A	1 004		' ⊢	<u>- </u>	0,333	139,197
		venue (Part VIII, column (A), line		•	⊢		2,842	1,246,905
		venue – add lines 8 through 11 (2,042	
	1	and similar amounts paid (Part I)	, ,)	⊢		+	0
	1	paid to or for members (Part IX	, , , ,		<u> </u>		0 1 2 2	<u>_</u>
ses	15 Salaries	, other compensation, employee	•	nn (A), lines 5–10)	-		9,133	83,800
xpenses	16a Professi	onal fundraising fees (Part IX, co			, h			0
		ndraising expenses (Part IX, colu			0			370 660
Ш	1	penses (Part IX, column (A), lin	•		-		1,775	270,662
		penses Add lines 13-17 (must o	•	(), line 25)	 -		0,908	354,462
	19 Revenue	e less expenses. Subtract line 1	8 from line 12				1,934	892,443
Sign	80 T-4-1	and (Bart V. Inc. 40)			├ -	Beginning of Cu		End of Year
Net Assets or	20 lotalas	sets (Part X, line 16)			F		7,641	9,920,084
<u>e</u>	21 Total lia	bilities (Part X, line 26)			<u> </u>		2,273	2,273
	(ets or fund balances Subtract lir	ne 21 from line 20		<u>. </u>	9,02	5,368	9,917,811
		ignature Block						
		perjury, I declare that I have examil complete Declaration of preparer (o						owledge and belief, it is
	T L	- A / A A / A		on all information of wi	The preparer in	as any knowled		1111.00
		Hally Fraur	CAU					/ !/
Sig	J	Signature of officer					Date *	,
He		HOLLY TRAWICK			EXECU	CIVE DI	RECTOR	<u> </u>
		Type or print name and title						
		pe preparer's name	Preparer's sign			Date	Check	if PTIN
Pai	CILARD	ES R WILSON		- R. Wilson		07/11	/17 self-em	
	parer Firm's na		Wilson & Ass		P.C		Firm's EIN	63-0910369
Use	e Only		na Rd Ste 21	2		Ţ		
	Firm's a	ddress Hoover, A	AL 35244				Phone no	205-221-2935
Ma	v the IRS discu	ss this return with the preparer s	shown above? (see instr	uctions)	·		_	X Yes No

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JIII 990 (2016)	<u> Walker College Fo</u>	dildacion 0.	3-0369216	Page 2
1 AMI AMI A	atement of Program Servi	•		
		a response or note to any line in the	nis Part III	X
See Sche	be the organization's mission:			
bee bene	suale o			
_		program services during the year which wer	e not listed on the	
If "Yes," desc	90 or 990-EZ? cribe these new services on Sched			Yes X No
services?	-	e significant changes in how it conducts, an	y program	Yes X No
	cribe these changes on Schedule		nana consists of more year by	
expenses Se		ecomplishments for each of its three largest anizations are required to report the amounl th program service reported.		
WALKER C JASPER,	DE HIGHER EDUCAT COLLEGE CAMPUS OF	86,432 including grants of \$ ION SCHOLARSHIPS TO S BEVILL STATE COMMUNI ROVIDE A LIMITED NUMB	TY COLLEGE (FROM 20	-40) IN
TO PROVI	IDE FACILITY IMPR	10,935 including grants of \$ OVEMENTS, PROGRAM SUP STATE COMMUNITY COLL		
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TO PROVI	IDE FACILITY IMPR	OVEMENTS, PROGRAM SUP	PORT FOR THE HISTOR EGE IN JASPER, ALAE	
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COLLEGE 4c (Code.	TDE FACILITY IMPR CAMPUS OF BEVILL () (Expenses \$	OVEMENTS, PROGRAM SUP STATE COMMUNITY COLL including grants of \$	PORT FOR THE HISTOR EGE IN JASPER, ALAE	

Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X		THE STATE OF TRANSPORTED CONTRACTOR			
complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Is the design of the organization regign in direct or indirect profitical campage activities on behalf of or in opposition to candidates for public office? If Yes, "complete Schedule C, Part II 3 Is determined by the profit of the organization regign in bobbying activities, or have a section 501(n) election in effect during the tax year? If Yes, "complete Schedule C, Part II 3 Is the organization a section 501(c)(d), 501	4	le the experimental described in section FOM/sV(2) or 4047/sV(4) (all tenths in a relief foundation) (2.65 West II)		Yes	No
2 Is the conjunctation required to complete Schedule S, Schedule of Contributors (see instructions)? 2 Is the conjunctation engage in erect or indirect optical campaign activities, or have a section 501(n) endicated to the conjunctation of the conjunctations. Did the conjunctation in effect during the tax year? If "Yes," complete Schedule C, Part II 3 X X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) effective that the conjunctation is section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in freeheur Procedure 99-197 ("Yes," complete Schedule C, Part III 3 X X better organization maintain any clonor advised funds or any similar funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part II 4 X 5 Is the organization maintain any clonor advised funds or any similar funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule Schedule O, Part II 5 If the organization maintain collections of works of art, instancial treasures, or other similar assets? If "Yes," complete Schedule O, Part II 6 X 8 If the organization maintain collections of works of art, instancial treasures, or other similar assets? If "Yes," complete Schedule O, Part II 8 If the organization circuit in Part X, proposed credit consisting doct maintain account labelity is an amount for label organization, hold assets in temporarily restricted endowments; program-denowments? If "Yes," complete Schedule O, Part V 9 X 10 Id the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of the total assets reported in Part X, line 150 If "Yes," complete Schedule O, Part X 11 If the organization report an amount for investments—other securities	1		.	v	
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4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If Yes, romplete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or smiler amounts as defined in Revenue Procedure 59-159? If Yes, "complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any smilar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If If Yes, "complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, the 21, for escrow or custodeal account liability, serve as a custodea for amounts not listed in Part X, or provide credit courseling, debt management, credit repart, or debt neglotation services? If Yes, "complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporanity restricted endowments, or quasi-endowments? If Yes, "complete Schedule D, Part VIII" 10 Did the organization asserts or any of the following questions is Yes," then complete Schedule D, Part VIII 11 If the organization services and amount for investments—other societies in Part X, line 10? If Yes," complete Schedule D, Part VIII 12 Did the organization report an amount for investments—other societies in Part X, line 10? If Yes," complete Schedule D, Part VIII 12 Did the organization report an amount for other lassets in Fart X, line 10? If Yes, "complete Schedule D, Part VIII 13 Did the organization sept and amount for other lass	-		3		Х
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9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debit management, credit repair, or debt negotiation services? "I*Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in temporanity restricted endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, XII, X, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D, Part VII X 12 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 11b X X 13 Did the organization report an amount for investments—other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X X 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X X 15 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X X 16 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X X	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
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If "Yes," complete Schedule G, Part III	10	·	78		
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Pa	rt IV Checklist of Required Schedules (continued)			
	1		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		1	
	to defease any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	Ι	
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	l	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		T	Γ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		T	1
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		T	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		T	T .
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		<u>.</u>	i iai '
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	<u>, </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			1
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	:	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	↓	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33	↓	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	Ц	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Ц	X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u>- -</u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	$+\!-\!$	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

197 Note. All Form 990 filers are required to complete Schedule O

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_	· ·	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	القدا	انـــــــــــــــــــــــــــــــــــــ	
	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	s,	<u> </u>	2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	100000 00000
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1	¥ ,	\$4×.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
_	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
b 4a		35		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-		X
	account)?	4a		<u>~</u>
b	If "Yes," enter the name of the foreign country:	****		1. 1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)		A.	Ž
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	} }		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	ás. 3	, 3	w.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	, Ø
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		i
d	If "Yes," indicate the number of Forms 8282 filed during the year		3.	,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	~~~ .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7h		
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		18	*%:
0		8	المتقالب	· · · · · · · · · · · · · · · · · ·
	sponsoring organization have excess business holdings at any time during the year?	1	1	- NO.
9	Sponsoring organizations maintaining donor advised funds.	9a	سند مثلت	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b	 	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		¥,	 ,
10	Section 501(c)(7) organizations. Enter.	A.	,*	
a	Initiation fees and capital contributions included on Part VIII, line 12	-	2	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		*	3
11	Section 501(c)(12) organizations. Enter		`	
а	Gross income from members or shareholders	\dashv		`
b	Gross income from other sources (Do not net amounts due or paid to other sources	-	1]
	against amounts due or received from them.)	—		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<u> </u>	
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		_	1
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			L!
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		\Box
DAA	-1	Fa	m 99	0 (2016)

Form 990 (2016) Walker College Foundation 63-0369216 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 18 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or * if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O *3. 18 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 <u>.</u> 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records.

2030 Third Avenue

AL 35501

Form 990 (2016)

205-221-9803

Jasper

George E Deavours

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more than on box, unless person is both a officer and a director/trustee			s both a or/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) Ms Sue Ellen Sur	mers									
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Trustee	0.00	X		<u> </u>	L_				0	0
(2) William B Long		ĺ			İ	1 1			[1
	0.00			ļ	ŀ	Ιİ				
Trustee	0.00	X			L			0	0	0
(3) STELLA B. HILL	ļ	l		1	1	1 1				
	0.00	1	l	ļ		1 1			•	
Trustee	0.00	X	L	_				0	0	0
(4) ROBBIN REED ALLI		ļ	ļ							}
	0.00	1				}				
Trustee	0.00	X	<u> </u>					0	0	0
(5) Fred May	ł	ļ	ŀ			1				
	0.00		l	ŀ	1	1	-		l .	
Trustee	0.00	X	<u> </u>	L_	<u>L</u>	igsqcup		0	0	0
(6) Lawson W Murphy	Í		1		[ĺÌ		1	1	
	0.00]	}]] }			!	
Trustee	0.00	X	<u> </u>		_	oxdot		0	0	0
(7) Al McAdams	1	1							ļ	<u>}</u>
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(8) Ronnie Shaw	_					1				
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Trustee	0.00	X	_	_	L	$\perp \perp$		0	0	0
(9) RUSTY RICHARDSON		1		ļ	1	1 1				
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Trustee	0.00	X	<u> </u>	<u> </u>	<u> </u>	\perp		0	0	0
(10)Ms. Becky Tracy				ĺ	l	1 1			lii	
	0.00				İ			_] _	_
Trustee	0.00	X	<u>L</u>	<u> </u>	┞_	1-1			0	0
(11) Eddie Jackson	<u> </u>]						
	0.00			1	1			_	_	_
Trustee	0.00	X	<u>L</u>	<u> </u>	L			<u> </u>) <u> </u>	0 <u>990 (2016)</u>

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relation of the component of the compon	= -	Average hours per week (list any	bo	x, unle	Pos check ess pe nd a d	ition more rson	s both r/truste	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
Tustee		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization and related
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Tustee 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	'rustee		×						0	o	
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to Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0 Bid the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Extend Bid Rependent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's lax year (A) Name and biseness address Complete Schedule J for such person (B) Compensation or individual in the program of the calendar year ending with or within the organization's lax year (C) Name and biseness address Compensation or the calendar year ending with or within the organization's lax year (C) Compensation or the organization or individual for services or individ	10) OOD ALLEN	1.00									
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Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Exterior B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (a) Name and business address Total number of independent contractors (including but not limited to those listed above) who								<u> </u>	 	0.000.000.00	
S Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person ection B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who	,	-		_	thos	se lis	ited a	ibov	e) who received more than	\$100,000 of	
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person ection B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who	3 Did the organization list any f	ormer officer, de	recto	r, or					loyee, or highest compense	ated	- in M'
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person action B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address (B) Description of services (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	For any individual listed on lir organization and related orga	e 1a, is the sum	of re	port	able	con	npens	satio			4
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation of services Description of services Total number of independent contractors (including but not limited to those listed above) who	5 Did any person listed on line for services rendered to the or	rganization? If "								r individual	
2 Total number of independent contractors (including but not limited to those listed above) who	 Complete this table for your fi compensation from the organ 	ive highest comp iization Report c							dar year ending with or with	nin the organization's tax ye	
	Name and	d business address						\vdash	Descrip	otion of services	Compensation
				-				\vdash			
						_					
								-			
		<u></u>			_	_					
									ose listed above) who		

orm	990 ((2016) Walk	er Coll	eae	Foun	dation	L		63-	0369216			F	age 9
	t VII	I Stateme	ent of Reve	nue						D 4 \ / // //				
	•	Check it	Schedule C) cont	ains a re	esponse c	r note				(C)		(D)	
							То	(A) tal revenue		(B) elated or exempt	Unrelated business		Revenue excluded from	tax
									f	unction evenue	revenue	Í	under section 512-514	
3 0	4-	Federated camp	noigne	1a					<u>'</u>	evenue			*******	
and Other Similar Amounts		Membership du		1b									· · · · ·	
, E		Fundraising eve		1c		,-					*		;	
		Related organiz		1d							,	``.	* #x*	
, E		Government grants (co		1e	3	322,713	^	\$,			,	₹3	A Association	<i>(* '</i>
		All other contributions	1					~					* **.	
		and similar amounts n		1f				*	1				*	
	g	Noncash contributions	included in lines 1a-	1f \$	3					'		1	,\$	^ ~
	h	Total. Add lines	1a-1f			•		322,713	ļ	w				
Program Service Revenue					1	Busn Code								L
ĕ	2a				Ļ									
æ	b				1				 			+		
<u></u> §	С				<u> </u>				 			+		
<u>s</u>	đ				}				 			+		
ᇤ	е				}							+		
<u>5</u>		All other progra		nue	L				389				4	¥ #.
-		Total. Add lines		du ados	do intoros	nt				<i></i>		<u> </u>	<u>*** ****</u>	<u> </u>
		Investment inco	, -	aiviaei	ius, mieres	٥ι, ►		252,025	5	252,025				
Į		Income from in		-evem	nt bond pr	oceeds >		532,970		532,970				
		Royalties	vestment or tax	CACITI	pt bond pr	•		13,144		13,144				
ļ	J	rtoyanies [(ı) Real		(II) Pe	ersonal			W. 7			(5)		
	6a	Gross rents							1,					
-		Less rental exps												1 1
	С	Rental inc or (loss)				<u> </u>	. Ž		. Talka		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1999	L .	? Y
		Net rental inco	me or (loss)				ļ		1	2002			N #8	* '
	7a	Gross amount from sales of assets	(i) Securities	<u> </u>	(11)	Other	Į."					., T		
		other than inventory			ļ		ļ, g							1
	b	Less cost or other					1				41 1		4 X	
		basis & sales exps			<u> </u>			**						
		Gain or (loss)					23	allan	` [*]				<i>M</i>	2
		Net gain or (los					-	a. 1. **		the face		2	987	r. 1*
ne	8a	Gross income fro	m fundraising eve	ents										1
/el		(not including \$	anartad an lina 1	.\			١,		4°°),		* &		1
æ		of contributions re See Part IV, line					7		The R		1 7	4	4	A :
Other Revenue	ь			a b			1	*	<u>.</u>	1 Tr 1			.20	
ŏ		Net income or		_	g events			tanaman on a secondariones secondo s	<u> </u>					
	1	Gross income fro			1	 	,		2	* / ,		7		* * *
		See Part IV, line		а	İ				«	<	٠,,		**	\$
	ь	Less direct ex		b]							
		Net income or		ning ad	ctivities	>		<u></u>						
	10a	Gross sales of	finventory, less	6										
		returns and all	owances	а			1							
		Less: cost of g		b	L		-							
	<u> </u>	Net income or			ventory	<u> </u>	├		-			-+		
	<u> </u>		cellaneous Revenue	·		Busn Code	┧	105 50		105,564	<u> </u>			
	11a					<u> </u>	-	105,56 20,48	_	20,48		-+		
	b	RENTAL IN	ICOME			—	+-	40,20	- 	20,30		-+		
	C	All ather	21.0				+		 			_		
	d	All other rever Total. Add line				<u> </u>	+-	126,05	3					
	12	Total revenue		ons		•		1,246,90		924,19	2	0		(
		, Juli to Total	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_									

12 Total revenue. See instructions

	Check if Schedule O contains a respo				
	oot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				*
2	Grants and other assistance to domestic		-	<i>*</i> ,	**
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				***
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	80,541	80,541		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3 250	2 250	· · · · · · · · · · · · · · · · · · ·	
10	Payroll taxes	3,259	3,259		
11	Fees for services (non-employees)				
a	Management				
b	Legal Accounting	10,900		10,900	
d	· · · · · · · · · · · · · · · · ·	10,900		10,300	
u	Professional fundraising services See Part IV, line 17			/& / T' 1	
f	Investment management fees	38,335		38,335	
g	_			30,333	
9	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	9,180	9,180		
14	Information technology		-,,-		
15	Royalties				
16	Occupancy	6,239		6,239	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	671	671		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,621		1,621	
23	Insurance				
24	Other expenses Itemize expenses not covered				*
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	150 107	150 107		
a	Scholarships Insurance	159,107	159,107		
b	Repairs & Maint	21,412	21,412		
C	Professional development	10,264	10,264		
d	_ 	4,535 8,398	4,535		
е 25	All other expenses	354,462	<u>8,398</u> 297,367	57,095	0
26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	337,702	431,301	57,095	
_•	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 559 448 Cash-non-interest bearing 169,128 111,994 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 6,978 3,008 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 488,472 other basis Complete Part VI of Schedule D 10a $3, \overline{353}$ 634,511 485,119 b Less: accumulated depreciation 10b 10c 8,216,465 9,319,515 11 investments—publicly traded securities 11 12 Investments—other secunties See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 9,027,641 9,920,084 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,273 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 2,273 2,273 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 5,504,811 5,294,052 27 Unrestricted net assets 1,509,495 1,973,972 28 Temporaniy restricted net assets 2,011,062 2,649,787 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 9,025,368 9,917,811 33 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 9,027,641 9,920,084

Form **990** (2016)

orm	990 (2016) Walker College Foundation 63-0369216			Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		16,905
2	Total expenses (must equal Part IX, column (A), line 25)	2		54,462
3	Revenue less expenses. Subtract line 2 from line 1	3		2,443
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,02	<u>25,368</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	9,93	<u>17,811</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			. 12.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both		2 m/s	
	Separate basis Consolidated basis Both consolidated and separate basis		*	
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		*	
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in			1
	Schedule O		شد	An A
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		•	
	the Single Audit Act and OMB Circular A-133?		_3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b_	

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Walker College Foundation

Employer identification number 63 - 0369216

P:	art I	Reas	on for Public Charity	Status (All organiza	ations m	ust co	molete	this part.) See instruction	ns	_				
			a private foundation becaus							-				
1			nvention of churches, or ass	,	-	-		•						
	H						, , ,)(A)(I).						
2	-		cribed in section 170(b)(1)(•••						
3	Н	•	a cooperative hospital service	-		-		•						
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
		city, and state	9											
5	X	An organizati	on operated for the benefit o	of a college or university	owned or	operate	d by a go	overnmental unit described in						
	_	section 170(b)(1)(A)(iv). (Complete Part	II)										
6		A federal, sta	ite, or local government or g	overnmental unit describ	oed in sec	tion 17	D(b)(1)(A)(v).						
7		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Comple	ete Part II)								
9		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university												
10		receipts from support from	•	pt functions—subject to d unrelated business ta	certain e xable inco	exceptior ome (les	is, and (2 s section	•	oss					
11		An organizati	on organized and operated	exclusively to test for pul	blic safety	y See s	ection 50	9(a)(4).						
12		An organizati	on organized and operated	exclusively for the benefi	it of, to pe	erform th	e functio	ns of, or to carry out the purpo	ses					
		of one or mor	e publicly supported organiz	ations described in sect	tion 509(a	a)(1) or :	section 5	609(a)(2). See section 509(a)((3).					
		Check the bo	x in lines 12a through 12d th	at describes the type of	supportin	ng organ	ızatıon aı	nd complete lines 12e, 12f, an	d 12g					
	а	the suppo	supporting organization opeorted organization(s) the poving organization You must c	ver to regularly appoint o	or elect a	majority	•	rganization(s), typically by givi ectors or trustees of the	ng					
	b		-	•			te eunnoi	ted organization(s), by having	•					
	b	control or		ting organization vested	in the sa			control or manage the support						
	С	Type III f	• •	upporting organization of	perated i			i, and functionally integrated w A. D. and E.	nth,					
	d	Type III ı	non-functionally integrated	I. A supporting organization	tion opera	ated in c	onnection	n with its supported organization	• •					
			ent (see instructions) You r	•		•		•						
	е	Check th	is box if the organization rec ily integrated, or Type III no	eived a written determin	ation fron	n the IR	S that it is							
	f		nber of supported organizati	• •	оарроган	ig organi	200011	•						
	g		ollowing information about th		n(s).				<u> </u>					
- 1		e of supported	(ii) EIN	(III) Type of organization		(IV) Is the o	roanization	(v) Amount of monetary	(vi) Amount of	_				
٠,	•	ganization	(11) (11)	(described on lines 1–1	1	. ,	r governing	support (see	other support (see					
				above (see instructions	s))	docur	nent?	instructions)	instructions)					
			<u></u>			Yes	No		<u></u>	_				
(A)					1				i I					
(B)	_									_				
(C)										_				
										_				
(D)														
(E)														
Tota						***								
			i	•				ı						

Schedule A (Form 990 or 990-EZ) 2016

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2016 (a) 2012 (b) 2013 (c) 2014 (d) 2015 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 63,401 1,211,507 412,103 162,539 250,751 322,713 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 412,103 162,539 250,751 63,401 322,713 1,211,507 The portion of total contributions by each person (other than a × governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 椞. 1,211,507 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 412,103 Amounts from line 4 162,539 250,751 63,401 322,713 1,211,507 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 252,902 230,680 281,913 765,493 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) -85.239 365.761 -180,401 11 Total support. Add lines 7 through 10 1,796,599 12 12 Gross receipts from related activities, etc. (see instructions) 924,192 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 67.43% 15 15 Public support percentage from 2015 Schedule A, Part II, line 14 <u>49.1</u>7% 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

Schedule A (Form 990 or 990-EZ) 2016 Walker
Part III Support Schedule for Organia

Support Schedule for Organizations De	escribed in	Section	509(a	a)(2)
---------------------------------------	-------------	---------	-------	-------

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ii tile organization rails to	quality under the	ie iesis lisieu i	below, please c	omplete Fait ii			
	tion A. Public Support		1 "		1 1 2015	() 004		<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	-	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513	3 4						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					•		_
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b	888 2888 38VA.		20000 A 2000 A 2000 A		** ***********************************	X	
8	Public support. (Subtract line 7c from line 6)		:					
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·	r	I	I		-	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	3	(f) Total
9	Amounts from line 6			<u> </u>			 -	
I0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for the organization, check this box and stop her		t, second, third, fo	urth, or fifth tax ye	ar as a section 50°	I(c)(3)		
Sec	tion C. Computation of Public Su		tage		·-·-·			-
15	Public support percentage for 2016 (line 8			nn (f))			15	%
16	Public support percentage from 2015 Sch						16	%
Sec	tion D. Computation of Investme							
17	Investment income percentage for 2016 (I			3, column (f))			17	%_
18	Investment income percentage from 2015						18	%_
19a	33 1/3% support tests—2016. If the orga							
h	17 is not more than 33 1/3%, check this be		-	-			and	
b	33 1/3% support tests—2015. If the orgal line 18 is not more than 33 1/3%, check the						aliü	▶ □
20	Private foundation. If the organization did					_		>

Schedule A (Form 990 or 990-EZ) 2016

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All	Supporting	Organizations
------------	-----	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (III) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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\ (F	orm 99	90 or 990)-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Walker College Foundation		63-0369	216 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>ganiza</u>	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	lov 20,	1970 (explain in Part VI) S	ee
instructions. All other Type III non-functionally integrated supporting organizations mi	ust com	plete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of pnor-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a	1	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	-2		
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7_		
8 Minimum Asset Amount (add line 7 to line 6)	8		-
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	N. J.	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	**	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			4
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integrate	d Type I	III supporting organization	(see
Instructions)			

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	Section D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exempt purported organizations and accomplish exempt purported organizations.						
2	Amounts paid to perform activity that directly furthers exempt purposes						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of supposes	orted organizations					
4	Amounts paid to acquire exempt-use assets		•				
5_	Qualified set-aside amounts (pnor IRS approval required)						
6	Other distributions (describe in Part VI). See instructions						
	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the organizations	ation is responsive					
	(provide details in Part VI). See instructions						
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
		(i)	(ii)	(iii)			
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable			
			Pre-2016	Amount for 2016			
_ 1_	Distributable amount for 2016 from Section C, line 6	. 3 . 1 3	\$ 7 3				
	Underdistributions, if any, for years prior to 2016						
2	(reasonable cause required-explain in Part VI). See						
	instructions	* * * * * * * * * * * * * * * * * * * *	2006				
3	Excess distributions carryover, if any, to 2016	Y					
<u>a</u>			3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
b			****	* 1			
	From 2013	* 4 * * * * * * * * * * * * * * * * * *	` 🗞				
d	From 2014	8 . 8 .		×			
	From 2015			14:			
	Total of lines 3a through e	d. Walley					
g	Applied to underdistributions of prior years	<u> </u>					
<u>h</u>	Applied to 2016 distributable amount	***					
<u>i</u> _	Carryover from 2011 not applied (see instructions)	N	2 1810				
	Remainder Subtract lines 3g, 3h, and 3i from 3f	200	7	* **			
4	Distributions for 2016 from						
	Section D, line 7 \$						
	Applied to underdistributions of prior years						
b_	Applied to 2016 distributable amount	\$\$ 4 4 5 8	* <u>i</u>				
	Remainder Subtract lines 4a and 4b from 4.	****					
5	Remaining underdistributions for years prior to 2016, if						
	any Subtract lines 3g and 4a from line 2 For result						
	greater than zero, explain in Part VI. See instructions	***		Ž.			
6	Remaining underdistributions for 2016 Subtract lines 3h						
	and 4b from line 1 For result greater than zero, explain in						
	Part VI See instructions.	\$ \$ \$\dot\dot\dot\dot\dot\dot\dot\dot\dot\dot					
7	Excess distributions carryover to 2017. Add lines 3j		* **	31			
	and 4c). }			
8	Breakdown of line 7.	× .					
a							
b	Excess from 2013						
	Excess from 2014						
	Excess from 2015						
е	Excess from 2016						

Schedule A (Form 990 or 990-EZ) 2016

Part VI

Schedule A (Form 990 or 990-EZ) 2016

Walker College Foundation

63-0369216

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Part II, Line 10 - Other Income Detail

Unrealized Gain (Loss) on Securities \$ -180,401

SCHEDULE D (Form 990) .

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

2016

Employer identification number

OMB No 1545-0047

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

Open to Public Inspection

W	alker	College Foundation		63-0	369216
_	art I	Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or 4		
		Complete if the organization answered "Yes" on I		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- .
		<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total nun	nber at end of year	,		·
2		e value of contributions to (during year)			
3		e value of grants from (during year)			
4		e value at end of year			
5		rganization inform all donors and donor advisors in writing tha	t the assets held in donor advised		
		the organization's property, subject to the organization's excl			Yes No
6		rganization inform all grantees, donors, and donor advisors in	_		
		haritable purposes and not for the benefit of the donor or dono	= -		
	-	g impermissible private benefit?	, , ,		Yes No
P	art II	Conservation Easements.			
		Complete if the organization answered "Yes" on I	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check	all that apply).		
		ervation of land for public use (e.g., recreation or education)	Preservation of a historically imp	ortant land	l area
	Prote	ction of natural habitat	Preservation of a certified historic	structure	
	Prese	ervation of open space	_		
2	Complete	e lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	rvation	
	easemen	t on the last day of the tax year			Held at the End of the Tax Year
а	Total nun	nber of conservation easements		2a	
b	Total acre	eage restricted by conservation easements		2b	
C	Number o	of conservation easements on a certified historic structure incl	uded ın (a)	2c	
C	Number o	of conservation easements included in (c) acquired after 8/17/	06, and not on a		
	historic s	tructure listed in the National Register		2d	
3	Number o	of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	tion during	the
	tax year l	•			
4	Number of	of states where property subject to conservation easement is	ocated >		
5	Does the	organization have a written policy regarding the periodic mon	itoring, inspection, handling of		
	violations	, and enforcement of the conservation easements it holds?			Yes No
6	Staff and	volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation e	asements	during the year
	•				
7		of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation easen	nents durii	ng the year
_	\$				
8		ch conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i)	□., □
_		on 170(h)(4)(B)(ii)?			Yes No
9		II, describe how the organization reports conservation easem			
		sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that d	escribes ti	ne
	art III	on's accounting for conservation easements Organizations Maintaining Collections of Art,	Historical Traccures, or Other	Similar	Assats
		Complete if the organization answered "Yes" on I		Similar A	A55615.
1:	If the ora	anization elected, as permitted under SFAS 116 (ASC 958), n		halanco ch	neet
		art, historical treasures, or other similar assets held for public			ieet
		rvice, provide, in Part XIII, the text of the footnote to its financi		oranice Ul	
h		anization elected, as permitted under SFAS 116 (ASC 958), to		nce sheet	
~		art, historical treasures, or other similar assets held for public	•		
		rvice, provide the following amounts relating to these items:	Sanstaon, occounting of research in fulli	oranice di	
		nue included on Form 990, Part VIII, line 1			\$
		ts included in Form 990, Part X		_	\$ \$
2		anization received or held works of art, historical treasures, or	other similar assets for financial gain, pro	ovide the	•
_		amounts required to be reported under SFAS 116 (ASC 958)	* ''	THIS HIS	
a		included on Form 990, Part VIII, line 1	rotating to those items.	.	\$
b		cluded in Form 990, Part X		•	\$

Schedule D (Form 990) 2016 Wa	Iker College Foun	dation	63-0.	369216	Page 2
Part III Organizations N	Maintaining Collections of	Art, Historical Tr	easures, or Othe	r Similar Assets	(continued)
3 Using the organization's acquis collection items (check all that	ation, accession, and other records apply):	, check any of the follo	owing that are a signifi	cant use of its	
a Public exhibition	d 🔲 L	oan or exchange prog	grams		
b Scholarly research	e 🗌 (Other			
c Preservation for future gen	erations				
4 Provide a description of the org	anızatıon's collections and explain	how they further the o	organization's exempt p	ourpose in Part	
XIII					
5 During the year, did the organize	ation solicit or receive donations o	f art, historical treasur	es, or other similar		
	rather than to be maintained as pa	art of the organization	's collection?		Yes No
**************************************	stodial Arrangements.				
-	rganization answered "Yes"	on Form 990, Par	rt IV, line 9, or repo	orted an amount o	on Form
990, Part X, line					
1a Is the organization an agent, tri	ustee, custodian or other intermedi	ary for contributions o	r other assets not		
included on Form 990, Part X?					Yes No
b If "Yes," explain the arrangeme	nt in Part XIII and complete the foll	owing table			
					Amount
c Beginning balance				1c	
d Additions during the year				1d	
 Distributions during the year 				1e	
f Ending balance				1f	
2a Did the organization include an					Yes No
	nt in Part XIII Check here if the ex	planation has been pr	ovided on Part XIII		
Part V J Endowment Ful		_			
Complete if the c	rganization answered "Yes"	on Form 990, Pa	rt IV, line 10.		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,520,557	3,484,372	3,435,602	3,310,919	
b Contributions	834,777		115,152	13,000	369,428
c Net investment earnings, gains					
losses	364,616	36,185	7,641	126,004	
d Grants or scholarships	96,191		49,752	12,980	26,515
 Other expenditures for facilities 	and				
programs			24,271	1,341	123,665
f Administrative expenses					
g End of year balance	4,623,759	3,520,557	3,484,372	3,435,602	3,310,919
2 Provide the estimated percentage	ige of the current year end balance	(line 1g, column (a))	held as [.]		
a Board designated or quasi-end	owment ► %				
b Permanent endowment ►	%				
c Temporarily restricted endowm					
The percentages on lines 2a, 2					
3a Are there endowment funds no	t in the possession of the organiza	tion that are held and	administered for the		
organization by					Yes No
(i) unrelated organizations					3a(i) X
(ii) related organizations					3a(ii) X
	elated organizations listed as requir				3b
	ed uses of the organization's endo	wment funds		 	
	, and Equipment.				
Complete if the c	organization answered "Yes"	<u>on Form 990, Pa</u>	<u>rt IV, line 11a. See</u>	Form 990, Part	X, line 10
Description of property	(a) Cost or other b	asis (b) Cost or o	ther basis (c) A	Accumulated	(d) Book value
	(investment)	(othe	er) de	epreciation	
1a Land		728			189,728
b Buildings	290	356			290,356
c Leasehold improvements					
d Equipment					
e Other					
Total. Add lines 1a through 1e. (Colu	mn (d) must equal Form 990, Part	X, column (B), line 10	Oc)	>	480,084

Part VII	Investments—Other Securities.			
<u></u>	Complete if the organization answered "Yes" o	n Form 990, Part IV, li	ne 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Meth	od of valuation
	(including name of security)		Cost or end-o	f-year market value
(1) Financial c				<u> </u>
	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				<u></u>
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, li	ne 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Meth	od of valuation
			Cost or end-o	f-year market value
(1)				<u>-</u>
_(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col (B) line 13) ▶		7/s	A i i i
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, li	ne 11d. See Form 990), Part X. line 15.
	(a) Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1)		·		
(2)		·· <u> </u>		
(3)			*	
(4)				
(5)			·	
(6)				
(7)				
(8)		· · ·		
(9)				
	(b) must equal Form 990, Part X, col. (B) line 15)			•
Part X	Other Liabilities.	 -		<u></u>
	Complete if the organization answered "Yes" or	n Form 990 Part IV li	ne 11e or 11f See Fo	rm 000 Part Y
	line 25.	111 Omi 330, i ait iv, ii	ne rie or rii. See ro	III 330, Fait A,
1.	(a) Description of liability	(b) Book value		
	ncome taxes	(b) book value	-	
(2)	ncome taxes		-	
(3)			-	
(4)				
(5)			-	
(6)	-		-	
(7)		· 	-	
(8)			-	
(9)	4)	1	_	
	(b) must equal Form 990, Part X, col (B) line 25.) ▶			
Liability for i	uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's	financial statements that re	eports the

Sche	dule D (Form 990) 2016 Walker College Foundation	63-036921	.6	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		turn.	
	 Complete if the organization answered "Yes" on Form 990, Pa 	art IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,246,905
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		€.	
а	Net unrealized gains (losses) on investments	2a	7	
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,246,905
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	, ,	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,246,905
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Retur	n.
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	354,462
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		20	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	354,462
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a] ,	
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	354,462

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Part XIII Supplemental Information.

Schedule D (Form 990) 2016 Walker College Foundation
Part XIII Supplemental Information (continued)

63-0369216

Page 5

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

2016 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Name of the organization

Employer identification number

Walker College Foundation

63-0369216

Form 990 - Organization's Mission

Provide funds for 1) The scholarship committee of Bevill State Community College, 2) For program enhancements and operating expenses (hand sanitizers, assistance for the athletic department, student awards, and expenses associated with meetings and conferences.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

WILLIAM B LONG

STELLA B HILL

TRUSTEE

TRUSTEE

FATHER AND DAUGHTER

Sue Ellen Summers

David Rowland

Trustee

Trustee

Father and daughter

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 All members will be given the opportunity to review the return being filed.

Form 990, Part VI, Line 15a - Compensation Process for Top Official SECF DATA

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.