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

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OMB No 1545-0052

**2016****Open to Public Inspection****For calendar year 2016 or tax year beginning , 2016, and ending ,**

Name of foundation <b>WEHADKEE FOUNDATION, INC.</b>		<b>A</b> Employer identification number 63-6049784
Number and street (or P.O. box number if mail is not delivered to street address) <b>P.O. BOX 387</b>	Room/suite	<b>B</b> Telephone number (see instructions) (334) 642-3968
City or town, state or province, country, and ZIP or foreign postal code <b>LANETT AL 36863</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D</b> 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input checked="" type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ <b>1,364,402.</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, etc. received (attach schedule)					
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B					
	<b>3</b> Interest on savings and temporary cash investments					
	<b>4</b> Dividends and interest from securities	24,713.				
	<b>5a</b> Gross rents					
	<b>b</b> Net rental income or (loss)					
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	1,538.	L-6a Stmt			
	<b>b</b> Gross sales price for all assets on line 6a	539,224.				
	<b>7</b> Capital gain net income (from Part IV, line 2)					
	<b>8</b> Net short-term capital gain					
	<b>9</b> Income modifications					
	<b>10a</b> Gross sales less returns and allowances					
<b>b</b> Less: Cost of goods sold						
<b>c</b> Gross profit or (loss) (attach schedule)						
<b>11</b> Other income (attach schedule)						
<b>CAPITAL GAIN DISTRIBUTION</b>		179.	0			
<b>12 Total</b> Add lines 1 through 11.		26,430.	0.			
<b>ADMINISTRATIVE EXPENSES</b>	<b>13</b> Compensation of officers, directors, trustees, etc.					
	<b>14</b> Other employee salaries and wages					
	<b>15</b> Pension plan (employee benefits)					
	<b>16a</b> Legal fees (attach schedule)					
	<b>b</b> Accounting fees (attach sch)	4,900.				
	<b>c</b> Other professional fees (attach sch)					
	<b>17</b> Interest					
	<b>18</b> Taxes (attach schedule) (income, gift, and property taxes paid)	368.				
	<b>19</b> Depreciation (attach schedule) and depletion					
	<b>20</b> Occupancy					
	<b>21</b> Travel, conferences, and meetings					
	<b>22</b> Printing and publications					
	<b>23</b> Other expenses (attach schedule)					
	<b>OFFICE EXPENSES</b>		201.			
	<b>24 Total operating and administrative expenses</b> Add lines 13 through 23		5,469.			
<b>25</b> Contributions, gifts, grants paid		9,100.				
<b>26 Total expenses and disbursements</b> Add lines 24 and 25		14,569.				
<b>27</b> Subtract line 26 from line 12						
<b>a Excess of revenue over expenses and disbursements</b>		11,861.				
<b>b Net investment income</b> (if negative, enter -0-)			0.			
<b>c Adjusted net income</b> (if negative, enter -0-)						

920 16

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
ASSETS	1	Cash - non-interest-bearing . . . . .		26,269.	5,532.	5,532.
	2	Savings and temporary cash investments . . . . .				
	3	Accounts receivable . . . . .				
		Less allowance for doubtful accounts . . . . .				
	4	Pledges receivable . . . . .				
		Less allowance for doubtful accounts . . . . .				
	5	Grants receivable . . . . .				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach sch) . . . . .				
		Less allowance for doubtful accounts . . . . .				
	8	Inventories for sale or use . . . . .				
	9	Prepaid expenses and deferred charges . . . . .				
	10a	Investments - U.S. and state government obligations (attach schedule) . . . . .				
	b	Investments - corporate stock (attach schedule) . . . . .	1,290,286.	1,322,884.	1,358,870.	
	c	Investments - corporate bonds (attach schedule) . . . . .				
	11	Investments - land, buildings, and equipment basis . . . . .				
	Less accumulated depreciation (attach schedule) . . . . .					
12	Investments - mortgage loans . . . . .					
13	Investments - other (attach schedule) . . . . .					
14	Land, buildings, and equipment basis . . . . .					
	Less accumulated depreciation (attach schedule) . . . . .					
15	Other assets (describe . . . . .)					
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I). . . . .	1,316,555.	1,328,416.	1,364,402.		
LIABILITIES	17	Accounts payable and accrued expenses . . . . .	175,000.	175,000.		
	18	Grants payable . . . . .				
	19	Deferred revenue . . . . .				
	20	Loans from officers, directors, trustees, & other disqualified persons . . . . .				
	21	Mortgages and other notes payable (attach schedule) . . . . .				
	22	Other liabilities (describe . . . . .)				
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	175,000.	175,000.		
NET ASSETS OR FUND BALANCES	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31					
	24	Unrestricted . . . . .	1,141,555.	1,153,416.		
	25	Temporarily restricted . . . . .				
	26	Permanently restricted . . . . .				
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds . . . . .				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .				
	29	Retained earnings, accumulated income, endowment, or other funds . . . . .				
	30	<b>Total net assets or fund balances</b> (see instructions)	1,141,555.	1,153,416.		
	31	<b>Total liabilities and net assets/fund balances</b> (see instructions)	1,316,555.	1,328,416.		

## Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	1,141,555.
2	Enter amount from Part I, line 27a . . . . .	2	11,861.
3	Other increases not included in line 2 (itemize) . . . . .	3	
4	Add lines 1, 2, and 3 . . . . .	4	1,153,416.
5	Decreases not included in line 2 (itemize) . . . . .	5	
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30 . . . . .	6	1,153,416.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo. day, yr.)	(d) Date sold (mo. day, yr.)
1 a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)	<div style="border: 1px solid black; padding: 2px;">           If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div>		2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<div style="border: 1px solid black; padding: 2px;">           If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0-            in Part I, line 8         </div>		3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2015	0.	0.	0.000000
2014	0.	0.	0.000000
2013	0.	0.	0.000000
2012	88,384.	2,350,856.	0.037437
2011	30,500.	1,891,205.	0.016127
2 Total of line 1, column (d)			2 0.053564
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.010713
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			4 0.
5 Multiply line 4 by line 3			5 0.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 0.
7 Add lines 5 and 6			7 0.
8 Enter qualifying distributions from Part XII, line 4			8 0.

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

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

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary — see instructions)		1	0.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .			
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	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other 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			
a 2016 estimated tax pmts and 2015 overpayment credited to 2016 . . . . .	6 a		
b Exempt foreign organizations — tax withheld at source . . . . .	6 b		
c Tax paid with application for extension of time to file (Form 8868) . . . . .	6 c	0.	
d Backup withholding erroneously withheld . . . . .	6 d		
7 Total credits and payments. Add lines 6a through 6d . . . . .	7		0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached . . . . .	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .	9		0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . . . .	10		0.
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax . . . . . Refunded . . . . .	11		

**Part VII-A Statements Regarding Activities**

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	1 a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? . . . . .	1 b	X
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		
c Did the foundation file Form 1120-POL for this year? . . . . .	1 c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation . . . \$ (2) On foundation managers . . . \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers . . . \$		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .	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
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4 a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year? . . . . .	4 b	
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: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	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
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) . . . . .		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation . . . . .	8 b	X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (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	X

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Form 990-PF (2016)

**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)		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address: N/A		
14 The books are in care of: JIM FLOYD Telephone no: (334) 642-3964		
Located at: 1702 46TH AVE NW LANETT AL ZIP + 4: 36863		
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	15	
16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the 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
1 a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b	
Organizations relying on a current notice regarding disaster assistance check here		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	1 c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If 'Yes,' list the years: 20 __, 20 __, 20 __, 20 __		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions)	2 b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here: 20 __, 20 __, 20 __, 20 __		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If 'Yes,' did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016)	3 b	
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4 b	X

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Form 990-PF (2016)

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)**5 a** During the year did the foundation pay or incur any amount to

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

**b** If any answer is 'Yes' to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?Organizations relying on a current notice regarding disaster assistance check here ☐**5 b****c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

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

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

If 'Yes' to 6b, file Form 8870

**6 b**

X

**7 a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No**7 b****Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

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

**2** Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

None

<b>Part VIII</b>	<b>Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors</b> <i>(continued)</i>
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3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services	None
--	------

**Part IX-A Summary of Direct Charitable Activities**

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

1	NA	
2		0.
3		
4		

<b>Part IX-B</b>	<b>Summary of Program-Related Investments</b> (see instructions)
------------------	--

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

1	NA	
2		0.
All other program-related investments See instructions		
3	NA	
Total Add lines 1 through 3		Non

**BAA**

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1 a	
b	Average of monthly cash balances	1 b	
c	Fair market value of all other assets (see instructions)	1 c	
d	Total (add lines 1a, b, and c)	1 d	
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1 e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.

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

1	Minimum investment return from Part X, line 6	1	0.
2 a	Tax on investment income for 2016 from Part VI, line 5	2 a	0.
b	Income tax for 2016 (This does not include the tax from Part VI)	2 b	
c	Add lines 2a and 2b	2 c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4.	5	0.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	0.

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26.	1 a	
b	Program-related investments — total from Part IX-B.	1 b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3 a	
b	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part X, line 4.	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	0.

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

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
<b>1</b> Distributable amount for 2016 from Part XI, line 7				0.
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only			0.	
<b>b</b> Total for prior years 20__ 20__ 20__				
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011	30,500.			
<b>b</b> From 2012	89,100.			
<b>c</b> From 2013	0.			
<b>d</b> From 2014	0.			
<b>e</b> From 2015	0.			
<b>f</b> Total of lines 3a through e	119,600.			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 \$ 0.				
<b>a</b> Applied to 2015, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required — see instructions)				
<b>c</b> Treated as distributions out of corpus (Election required — see instructions)				
<b>d</b> Applied to 2016 distributable amount				
<b>e</b> Remaining amount distributed out of corpus	0.			
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))				
<b>6</b> Enter the net total of each column as indicated below				
<b>a</b> Corpus: Add lines 3f, 4c, and 4e. Subtract line 5	119,600.			
<b>b</b> Prior years' undistributed income: Subtract line 4b from line 2b		0		
<b>c</b> 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				
<b>d</b> Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
<b>e</b> Undistributed income for 2015: Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
<b>f</b> Undistributed income for 2016: Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				0.
<b>7</b> 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)				
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	30,500.			
<b>9</b> Excess distributions carryover to 2017: Subtract lines 7 and 8 from line 6a	89,100.			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012	89,100.			
<b>b</b> Excess from 2013	0.			
<b>c</b> Excess from 2014	0.			
<b>d</b> Excess from 2015	0.			
<b>e</b> Excess from 2016	0.			



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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
CHATTAHOOCHEE HOSPICE VALLEY VALLEY AL 36854	NONE  NONE	NA	GENERAL CHARITABLE PURPOSES	2,600.
ALABAMA GEORGIA HOSPITAL AUXILARY VALLEY AL 36854		NA	GENERAL CHARITABLE PURPOSES	500.
CITY OF LANETT POLICE DEPT LANETT LANETT AL 36863	NONE	NA	GENERAL CHARITABLE PURPOSES	5,000.
See Line 3a statement				1,000.
<b>Total</b>			<b>3 a</b>	9,100.
<b>b Approved for future payment</b>				
<b>Total</b>			<b>3 b</b>	





**Form 990-PF**  
**Part I, Line 6a**

**Net Gain or Loss From Sale of Assets**

**2016**

Name <u>WEHADKEE FOUNDATION, INC.</u>	Employer Identification Number <u>63-6049784</u>
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**Asset Information:**

Description of Property		<u>37 SHARES I SHARES</u>	
Date Acquired	<u>08/28/15</u>	How Acquired	<u>Purchased</u>
Date Sold	<u>07/14/16</u>	Name of Buyer	
Sales Price	<u>5,168</u>	Cost or other basis (do not reduce by depreciation)	<u>4,546.</u>
Sales Expense		Valuation Method	
Total Gain (Loss)	<u>622.</u>	Accumulation Depreciation	
Description of Property		<u>588 SHARES I SHARES</u>	
Date Acquired	<u>08/28/15</u>	How Acquired	<u>Purchased</u>
Date Sold	<u>08/04/16</u>	Name of Buyer	
Sales Price	<u>22,527.</u>	Cost or other basis (do not reduce by depreciation)	<u>24,583.</u>
Sales Expense		Valuation Method	
Total Gain (Loss)	<u>-2,056.</u>	Accumulation Depreciation	
Description of Property		<u>310 SHARES I SHARES</u>	
Date Acquired	<u>03/31/15</u>	How Acquired	<u>Purchased</u>
Date Sold	<u>01/22/15</u>	Name of Buyer	
Sales Price	<u>38,374.</u>	Cost or other basis (do not reduce by depreciation)	<u>47,017.</u>
Sales Expense		Valuation Method	
Total Gain (Loss)	<u>-8,643.</u>	Accumulation Depreciation	
Description of Property		<u>107 SHARES I SHARES</u>	
Date Acquired	<u>03/31/16</u>	How Acquired	<u>Purchased</u>
Date Sold	<u>09/06/16</u>	Name of Buyer	
Sales Price	<u>1,995.</u>	Cost or other basis (do not reduce by depreciation)	<u>1,569.</u>
Sales Expense		Valuation Method	
Total Gain (Loss)	<u>426.</u>	Accumulation Depreciation	
Description of Property		<u>2515 SHARES I SHARES</u>	
Date Acquired	<u>03/31/16</u>	How Acquired	<u>Purchased</u>
Date Sold	<u>09/16/16</u>	Name of Buyer	
Sales Price	<u>44,825.</u>	Cost or other basis (do not reduce by depreciation)	<u>36,887.</u>
Sales Expense		Valuation Method	
Total Gain (Loss)	<u>7,938.</u>	Accumulation Depreciation	
Description of Property		<u>552 SHARES I SHARES</u>	
Date Acquired	<u>01/01/16</u>	How Acquired	<u>Purchased</u>
Date Sold	<u>02/16/16</u>	Name of Buyer	
Sales Price	<u>37,587.</u>	Cost or other basis (do not reduce by depreciation)	<u>43,646.</u>
Sales Expense		Valuation Method	
Total Gain (Loss)	<u>-6,059.</u>	Accumulation Depreciation	
Description of Property		<u>2098 SHARES MARKET VECTORS</u>	
Date Acquired	<u>02/11/16</u>	How Acquired	<u>Purchased</u>
Date Sold	<u>03/16/16</u>	Name of Buyer	
Sales Price	<u>40,013.</u>	Cost or other basis (do not reduce by depreciation)	<u>33,080.</u>
Sales Expense		Valuation Method	
Total Gain (Loss)	<u>6,933.</u>	Accumulation Depreciation	
Description of Property		<u>See Net Gain or Loss from Sale of Assets</u>	
Date Acquired		How Acquired	
Date Sold		Name of Buyer	
Sales Price		Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss)		Accumulation Depreciation	

Form 990-PF, Part I, Lines 6a

**Net Gain or Loss from Sale of Assets****Asset Information:**

Description of Property . . . 57 SHARES VANGUARD  
Business Code \_\_\_\_\_ Exclusion Code \_\_\_\_\_  
Date Acquired . . . 07/14/16 How Acquired . . . Purchased  
Date Sold . . . 09/06/16 Name of Buyer \_\_\_\_\_  
Check Box, if Buyer is a Business ☐  
Sales Price . . . 2,198. Cost or other basis (do not reduce by depreciation) . . . 2,095.  
Sales Expense \_\_\_\_\_ Valuation Method \_\_\_\_\_  
Total Gain (Loss) . . . 103. Accumulated Depreciation . . .

Description of Property . . . 783 SHARES VANGUARD  
Business Code \_\_\_\_\_ Exclusion Code \_\_\_\_\_  
Date Acquired . . . 01/01/16 How Acquired . . . Purchased  
Date Sold . . . 02/16/16 Name of Buyer \_\_\_\_\_  
Check Box, if Buyer is a Business ☐  
Sales Price . . . 57,356. Cost or other basis (do not reduce by depreciation) . . . 62,049.  
Sales Expense \_\_\_\_\_ Valuation Method \_\_\_\_\_  
Total Gain (Loss) . . . -4,693. Accumulated Depreciation . . .

Description of Property . . . 363 SHARES WISDOMTREE  
Business Code \_\_\_\_\_ Exclusion Code \_\_\_\_\_  
Date Acquired . . . 10/24/16 How Acquired . . . Purchased  
Date Sold . . . 12/07/16 Name of Buyer \_\_\_\_\_  
Check Box, if Buyer is a Business ☐  
Sales Price . . . 17,996. Cost or other basis (do not reduce by depreciation) . . . 16,236.  
Sales Expense \_\_\_\_\_ Valuation Method \_\_\_\_\_  
Total Gain (Loss) . . . 1,760. Accumulated Depreciation . . .

Description of Property . . . 23 SHARES ISHARES  
Business Code \_\_\_\_\_ Exclusion Code \_\_\_\_\_  
Date Acquired . . . 05/26/15 How Acquired . . . Purchased  
Date Sold . . . 09/06/16 Name of Buyer \_\_\_\_\_  
Check Box, if Buyer is a Business ☐  
Sales Price . . . 1,954. Cost or other basis (do not reduce by depreciation) . . . 1,950.  
Sales Expense \_\_\_\_\_ Valuation Method \_\_\_\_\_  
Total Gain (Loss) . . . 4. Accumulated Depreciation . . .

Description of Property . . . 369 SHARES ISSHARES  
Business Code \_\_\_\_\_ Exclusion Code \_\_\_\_\_  
Date Acquired . . . 06/29/15 How Acquired . . . Purchased  
Date Sold . . . 07/14/16 Name of Buyer \_\_\_\_\_  
Check Box, if Buyer is a Business ☐  
Sales Price . . . 51,542. Cost or other basis (do not reduce by depreciation) . . . 43,717.  
Sales Expense \_\_\_\_\_ Valuation Method \_\_\_\_\_  
Total Gain (Loss) . . . 7,825. Accumulated Depreciation . . .

Description of Property . . . 10 SHARES ISHARES  
Business Code \_\_\_\_\_ Exclusion Code \_\_\_\_\_  
Date Acquired . . . 08/28/15 How Acquired . . . Purchased  
Date Sold . . . 09/06/16 Name of Buyer \_\_\_\_\_  
Check Box, if Buyer is a Business ☐  
Sales Price . . . 1,387. Cost or other basis (do not reduce by depreciation) . . . 1,229.  
Sales Expense \_\_\_\_\_ Valuation Method \_\_\_\_\_  
Total Gain (Loss) . . . 158. Accumulated Depreciation . . .

Form 990-PF, Part I, Lines 6a

Continued

## Net Gain or Loss from Sale of Assets

## Asset Information:

Description of Property	697 SHARES ISHARES	
Business Code	Exclusion Code	
Date Acquired	03/31/15	How Acquired Purchased
Date Sold	08/04/16	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	26,703	Cost or other basis (do not reduce by depreciation) 30,861
Sales Expense	Valuation Method	
Total Gain (Loss)	-4,158	Accumulated Depreciation
Description of Property	38 SHARES ISHARES	
Business Code	Exclusion Code	
Date Acquired	08/28/15	How Acquired Purchased
Date Sold	09/06/16	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	1,926	Cost or other basis (do not reduce by depreciation) 1,921
Sales Expense	Valuation Method	
Total Gain (Loss)	5	Accumulated Depreciation
Description of Property	46 SHARES ISHARES	
Business Code	Exclusion Code	
Date Acquired	03/31/15	How Acquired Purchased
Date Sold	09/06/16	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	5,679	Cost or other basis (do not reduce by depreciation) 5,588
Sales Expense	Valuation Method	
Total Gain (Loss)	91	Accumulated Depreciation
Description of Property	22 SHARES ISHARES	
Business Code	Exclusion Code	
Date Acquired	03/31/15	How Acquired Purchased
Date Sold	09/06/16	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	584	Cost or other basis (do not reduce by depreciation) 658
Sales Expense	Valuation Method	
Total Gain (Loss)	-74	Accumulated Depreciation
Description of Property	88 SHARES ISHARES	
Business Code	Exclusion Code	
Date Acquired	03/31/15	How Acquired Purchased
Date Sold	09/06/16	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	9,224	Cost or other basis (do not reduce by depreciation) 8,737
Sales Expense	Valuation Method	
Total Gain (Loss)	487	Accumulated Depreciation
Description of Property	341 SHARES ISHARES	
Business Code	Exclusion Code	
Date Acquired	03/31/15	How Acquired Purchased
Date Sold	09/06/16	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	33,578	Cost or other basis (do not reduce by depreciation) 33,509
Sales Expense	Valuation Method	
Total Gain (Loss)	69	Accumulated Depreciation

Form 990-PF, Part I, Lines 6a

Continued

**Net Gain or Loss from Sale of Assets****Asset Information:**

Description of Property	. . . 10 SHARES ISHARES	
Business Code	Exclusion Code	
Date Acquired	03/31/15	How Acquired Purchased
Date Sold	09/06/16	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	774.	Cost or other basis (do not reduce by depreciation) 753.
Sales Expense		Valuation Method
Total Gain (Loss)	21.	Accumulated Depreciation
Description of Property	. . . 97 SHARES ISSHARES	
Business Code	Exclusion Code	
Date Acquired	03/31/15	How Acquired Purchased
Date Sold	09/06/16	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	10,381.	Cost or other basis (do not reduce by depreciation) 10,026.
Sales Expense		Valuation Method
Total Gain (Loss)	355.	Accumulated Depreciation
Description of Property	468 SHARES VANGUARD	
Business Code	Exclusion Code	
Date Acquired	03/31/15	How Acquired Purchased
Date Sold	09/06/16	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	39,350.	Cost or other basis (do not reduce by depreciation) 38,993.
Sales Expense		Valuation Method
Total Gain (Loss)	357.	Accumulated Depreciation
Description of Property	. . . 156 SHARES VANGUARD	
Business Code	Exclusion Code	
Date Acquired	03/31/15	How Acquired Purchased
Date Sold	09/06/16	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	13,686.	Cost or other basis (do not reduce by depreciation) 13,078.
Sales Expense		Valuation Method
Total Gain (Loss)	608.	Accumulated Depreciation
Description of Property	. . . 505 SHARES VANGUARD	
Business Code	Exclusion Code	
Date Acquired	03/31/15	How Acquired Purchased
Date Sold	11/18/16	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	43,477.	Cost or other basis (do not reduce by depreciation) 42,336.
Sales Expense		Valuation Method
Total Gain (Loss)	1,141.	Accumulated Depreciation
Description of Property	. . . 134 SHARES VANGUARD	
Business Code	Exclusion Code	
Date Acquired	03/31/15	How Acquired Purchased
Date Sold	09/06/16	Name of Buyer
Check Box, if Buyer is a Business	<input type="checkbox"/>	
Sales Price	11,488.	Cost or other basis (do not reduce by depreciation) 10,843.
Sales Expense		Valuation Method
Total Gain (Loss)	645.	Accumulated Depreciation

Form 990-PF, Part I, Lines 6a

Continued

**Net Gain or Loss from Sale of Assets****Asset Information:**

Description of Property	. 22 SHARES WISDOMTREE		
Business Code	Exclusion Code		
Date Acquired	03/31/15	How Acquired	Purchased
Date Sold	09/06/16	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	960.	Cost or other basis (do not reduce by depreciation)	1,213.
Sales Expense	Valuation Method		
Total Gain (Loss)	-253.	Accumulated Depreciation	

  

Description of Property	373 SHRES WISDOMTREE		
Business Code	Exclusion Code		
Date Acquired	03/31/15	How Acquired	Purchased
Date Sold	12/07/16	Name of Buyer	
Check Box, if Buyer is a Business	<input type="checkbox"/>		
Sales Price	18,492.	Cost or other basis (do not reduce by depreciation)	20,566.
Sales Expense	Valuation Method		
Total Gain (Loss)	-2,074.	Accumulated Depreciation	

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

## Line 3a statement

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox
Name and address (home or business)				Amount
<b>a Paid during the year</b>				Person or Business <input type="checkbox"/>
				Person or Business <input type="checkbox"/>
				Person or Business <input type="checkbox"/>
CHAMBERS COUNTY SHERIFFS DEPT LAFAYETTE AL 36862		NA	CHARITABLE PURPOSES	Person or Business <input checked="" type="checkbox"/> 1,000.

Total

1,000.

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

## L-10b Stmt

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
1774 SHARES CLAYMORE	38,351.	37,236.
784 SHARES ISHARES	95,246.	91,869.
409 SHRES ISHARES	49,950.	48,724.
1005 SHARES ISHRES	110,965.	105,344.
406 SHARES ISHARES	34,420.	34,287.
659 SHARES ISHARES	33,315.	33,431.
608 SHAREZS VANGUARD	50,366.	49,120.
370 SHARES ISHARES	11,006.	9,798.
173 SHARES ISHARES	13,033.	13,914.
620 SHARES ISHARES	59,347.	60,382.
92 SHARES ISHARES	24,734.	24,415.
1680 SHARES ISHARES	172,008.	188,210.
1515 SHARES ISHARES	140,007.	158,924.
1720 SHARES VANECK	36,546.	35,982.
1426 SHARES VANGUARD	111,432.	121,467.
889 SHARES VANGUARD	75,393.	77,441.
1402 SHARES VANGUARD	50,453.	50,164.
961 SHARES VANGUARD	45,879.	46,070.
475 SHARES VANGUARD	37,543.	39,202.
CASH	132,890.	132,890.
<b>Total</b>	<u>1,322,884.</u>	<u>1,358,870.</u>