Fon 990-T	Exe	empt Organiz	ation	Bus	siness li	ncome	Tax Retu	rn	ОМВ	No 1545-0047
Tom (500 I		(arru pr lar year 2019 or other ta)	-		der secti	•	• •	<u>,, </u>	G) ⋒ 4 ∩
	For calend	-					-	<u> </u>	<u>(</u>	4W 13
Department of the Treasury Internal Revenue Service	► Do n	► Go to www.irs.gov ot enter SSN numbers of						C)(3)	Open to F	Public Inspection for Organizations Only
A Check box if	_	Name of organization (ne changed and					ication number
address change		``_					,	(Emple	oyees' trust, se	ee instructions)
B Exempt under section	7	ALICE L. WALT	ON FOU	JNDAT	CION					
X 501(C)(3)	Print N	Number, street, and room	82-3	700633	,					
408(e) 220	(e) or	or								ess activity code
408A 530	. I iAbe I	P.O. BOX 1860	(See in	istructions)						
529(a)	` ' -	City or town, state or prov	rince, countr	ry, and Z	IP or foreign pos	stal code		1		
C Book value of all asset	s	BENTONVILLE,	AR 727	712				5230	00	
at end of year		exemption number (S			>			1		
329,243,111		c organization type				501(c)	trust	401(a)	trust	Other trust
		zation's unrelated trade				1 1 00.(0)			(or first) u	
		NERSHIP INVES				If only one	complete Parts	•	•	
		nd of the previous ser			Parts I and II	•	•			
trade or business,	•	•				p.0.0 u O			-	
		rporation a subsidiary	ın an affil	iated or	oup or a parer	nt-subsidiary o	ontrolled group?			Yes X No
		entifying number of the		-						
J The books are in c			5 par 5 5 5	porduo		Telephon	e number ► 47	9-464	-1570	
		Business Income	•		(A) In		(B) Exper			(C) Net
1a Gross receipts of				T I	<u> </u>		<u>`</u>			``
b Less returns and allo			: Balance >	1c						
		e A, line 7)		2						
		from line 1c		3			·		 	
		ich Schedule D)		4a						
		art II, line 17) (attach Form		4b						
•		sts		4c					†	
		S corporation (attach stateme			2	35,077.	ATCH 1			235,077.
		· · · · · · · · · · · · · · · ·		6			111011 1			
		me (Schedule E)		7		7.54		1-41:40	 	
_		from a controlled organization		- 1				• •		
_)(7), (9), or (17) organization								
		ome (Schedule I)		10						
	•	e J)		11					<u> </u>	
_		ns, attach schedule)		- +					<u> </u>	
		gh 12		-	2	35,077.		•	 	235,077.
		aken Elsewhere (S					eductions) (Deduction	ons mus	
		unrelated busines			minte	on u	(
								14	Ι	
15 Salaries and wa	nes	ectors, and trustees (S	CEIVE	ΞD	· · 1 · · · ·			. 15	 	
16 Repairs and ma	yes Intonance	RE			10.J			· ·		
17 Bad debts	interiance		96 20	าวก						
18 Interest (attach	cchedule) (se	e instructions	<i></i> (3. 2.)	12D	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			17		<u> </u>
		e instructions								
19 Taxes and licens 20 Depreciation (at	tes	₍₆₂₎ OG	DEN;	UT.				19		
20 Depreciation (a)	tach Form 45	102) Lugues proprie				20		⊢	l	
		Schedule A and elsev						- 1		
Depletion										
Contributions to		mpensation plans								
z4 Employee benef									 	
		nedule I)								
26 Excess readersh		edule J)							<u> </u>	
7 Other deduction		edule)							<u> </u>	<u></u>
28 Total deduction		4 through 27							<u> </u>	
		income before net							<u> </u>	235,077.
Deduction for ne	et operating lo	oss arising in tax year	s beginnin	ig on or	after January	1, 2018 (see	instructions)	30	<u> </u>	
		ncome Subtract line 3		29	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	<u>.,</u>	. 31	<u></u>	235,077.
or Panerwork Reduc	tion Act Noti	ce, see instructions.							For	m 990-T (2019)

67 45

Pa	rt III . Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	<u> </u>		
	instructions)	. 32	235	,077
33	Amounts paid for disallowed fringes	. 33		
34	Charitable contributions (see instructions for limitation rules)	. 34		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line	;		
	34 from the sum of lines 32 and 33	. 35	235	,077
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructions)	1 1		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		235	,077
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	. 38	1	,000
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37.			
•	enter the smaller of zero or line 37	1 1	234	,077
Pai	t IV Tax Computation			-
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	▶ 40	49	,156
41	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on			
4.		1 1		
42	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)			
43	Alternative minimum tax (trusts only)	` ` 		
44	Tax on Noncompliant Facility Income. See instructions			,156
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	. 45	- 49	,150
Par		т г		
_	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	-		
b	Other credits (see instructions)	-		
	General business credit Attach Form 3800 (see instructions)	-		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	-		
	Total credits. Add lines 46a through 46d			156
47	Subtract line 46e from line 45		49	,156
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule)			155
49	Total tax. Add lines 47 and 48 (see instructions)	. 49	49	,156
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	. 50		
51 a	Payments A 2018 overpayment credited to 2019	_		
b	2019 estimated tax payments	_		
С	Tax deposited with Form 8868	<u>.</u>		
đ	Foreign organizations Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (attach Form 8941) 51f			
g	Other credits, adjustments, and payments Form 2439	7		
_	Form 4136 Other Total ▶ 51g			
52	Total payments. Add lines 51a through 51g	. 52	75	,000.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	1	,218.
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	> 55	24	,626.
56	Enter the amount of line 55 you want Credited to 2020 estimated tax ▶24,626. Refunded ▶	▶ 56		
Par		ns)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature of		ithority Yes	s No
••	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization r			_
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	-		-
	here	Torcigit C	,ourning	X
58				$\frac{1}{x}$
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	aign tiust /	• • • • -	+~
	If "Yes," see instructions for other forms the organization may have to file			
<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penury, I declare had I have examined this return, including accompanying schedules and statements, and to the	hest of my !	nowledge and h	elief .t
O:	true correct and complete. Declarating of prefarer (other than taynaver) is based on all information of which preparer has any knowledge	Desion my K	nowledge and b	ener, it is
Sign		lay the IRS	discuss this	return
Here		-	eparer shown	below
		see instructions)	1.00	No
ם יים	Print/Type preparer's name Preparer's signature Date Che	ck if	PTIN	
Paid		employed	P008107	
Prep	I Firm's name WALLON DIVIDATATION, LINC	's EIN ▶ 6	2-166543	4
Use	Firm's address P.O. BOX 1860, BENTONVILLE, AR 72712	ne no 479	-464-150	0

Form 990-T (2019)	_					Page 3		
Sci edule A - Cost of Goods Sold. E	nter metho	d of inventory valuation	▶					
1 Inventory at beginning of year 1	tory at beginning of year . 1			ar	6			
2 Purchases 2				old. Subtract line				
3 Cost of labor		6 from	line 5 Enter	here and in Part				
4a Additional section 263A costs		I, line 2			7			
(attach schedule) 4a				section 263A (w				
b Other costs (attach schedule) . 4b		property	produced	or acquired for	resale) apply			
5 Total. Add lines 1 through 4b - 5			to the organization?					
Schedule C - Rent Income (From Real	Property a	nd Personal Proper	ty Leased V	Vith Real Proper	ty)			
(see instructions)						·		
Description of property								
(1)					<u></u>			
(2)								
(3)	•			 		<u>.</u>		
(4)				, , , , , , , , , , , , , , , , , , , 				
2. Rent rece	ived or accru	ed		_				
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	percent	from real and personal prope age of rent for personal prope r if the rent is based on profit	erty exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)			_					
(2)								
(3)			-					
(4)								
Total	Total							
(c) Total income. Add totals of columns 2(a) and 2	(b) Enter			(b) Total deduction Enter here and on				
here and on page 1, Part I, line 6, column (A)	. <u>,</u> ▶			Part I, line 6, colum				
Schedule E - Unrelated Debt-Financed	income (se	ee instructions)						
Description of debt-financed property	2. Gross income from or	2. Gross income from or		Deductions directly connected with or allocable to debt-financed property				
1. Description of dest-infanced property				nt line depreciation ch schedule)	(b) Other deductions (attach schedule)			
(1)				,				
(2)					· · · · · · · · · · · · · · · · · · ·			
(3)								
(4)		-						
4. Amount of average adjustion debt on or allocable to debt-financed property (attach schedule) 5. Average adjustion of or allocable to debt-financed debt-financed (attach schedule)	6. Column 4 divided by column 5	divided /. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))				
(1)			6					
(2)	-		6					
(3)			6					
(4)			6		_			
Totals				e and on page 1, e 7, column (A).	Enter here and o Part I, line 7, coli			

Form **990-T** (2019)

Total dividends-received deductions included in column 8

Schedule F - Interest, An	nuities, Royaltie	es, and	Ren	s Fr	om Contro	olled C	rganiz	ations (se	ee instructi	ions)	
		• 1	Exem	pt Co	ontrolled Or	ganızat	ons				
Name of controlled organization	d 2 Employer identification number		3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		ied include:	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5	
(1)										-	
(2)								<u> </u>			
(3)											
(4)											
Nonexempt Controlled Organ	ızatıons										
7 Taxable Income 8. Net unrelated income (loss) (see instructions)		9 Total of specified payments made				Part of column 9 that is included in the controlling organization's gross income				Deductions directly nnected with income in column 10	
(1)		,									
(2)			_ _								
(3)											
(4)											
Totals	ncome of a Se	 ction 5	 01(c)(7),	(9), or (17	►) Orga	Ent Pai	er here and on tt I, line 8, colu	n page 1, umn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
1. Description of income			3. Deduc		tions inected	ons ected ,		4. Set-asides (attach schedule)		5. Total deductions and set-asides (col 3 plus col 4)	
(1)											· <u>-</u>
(2)											
(3)											
(4)	Enter here and										Enter here and on page 1
Totals		3. E di conne prod un	Othe expense rectly ected w uction related ess inco	s nth of	4. Net incomfrom unrelate or business (2 minus colulif a gain, cocols 5 through 15 throu	e (loss) ed trade (column umn 3) impute	5. Gr from	oss income activity that it unrelated ess income	6. Experattributa	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
			_						ļ		
(1)			_		<u> </u>				 		-
(2)			_		 				 		
(3)					ļ <u>.</u>				 		
(4) Totals	Enter here and on page 1, Part I, line 10, col (A)	page	iere and 1, Part 0, col (I,							Enter here and on page 1, Part II, line 25
Schedule J-Advertising Ir	come (see instr	uctions)			1						
Part I Income From Per			a Coi	nsoli	idated Bas	is					
Name of periodical	2. Gross advertising income	3.	Direct ising co		4. Adverti gain or (loss 2 minus col a gain, con cols 5 throi	sing s) (col i 3) if npute		rculation come	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							-				† ,
(2)	 		_								-
(3)					 						<u> </u>
(4)					•						
Totals (carry to Part II, line (5))											

Total. Enter here and on page 1, Part II, line 14

Part II Income From Pe	riodicals Repo	rted on a Sepa s)	rate Basis (For	each periodical	listed in Part I	I, fill in columns
2. Gross 1. Name of periodical advertising income		3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	,			-		
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	,		,	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶	<u> </u>					
Schedule K - Compensation	n of Officers, D	irectors, and Tr	ustees (see insti	ructions)		
1. Name		2. Title		3. Percent of time devoted to business	Compensation attributable to unrelated business	
(1)				%		
(2)				%		
(3)				%		
(4)				%		

Form **990-T** (2019)

82-3700633

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

PASS THROUGH PARTNERSHIP INCOME (NET)

235,077.

INCOME (LOSS) FROM PARTNERSHIPS

235,077.