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# Form 990-PF

#### Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2009

Department of the Treasury Internal Revenue Service Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements 2010 7/01 , 2009, and ending 6/30 For calendar year 2009, or tax year beginning Initial Return of a former public charity Final return G Check all that apply: Initial return Address change Amended return Name change Employer identification number Use the WALKER FAMILY FOUNDTION IRS label. 48-1181805 Otherwise, PO BOX 856 В Telephone number (see the instructions) print SALINA, KS 67401 (785) 825-2221 or type. See Specific c If exemption application is pending, check here Instructions. 1 Foreign organizations, check here Check type of organization. X Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Ε If private foundation status was terminated Accounting method X Cash Fair market value of all assets at end of year Accrual under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination <u>3</u>,633. ► S (Part I, column (d) must be on cash basis ) under section 507(b)(1)(B), check here Part 1 Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) expenses per books for charitable ıncome ıncome purposes (cash basis only) (see the instructions)) 55,697 Contributions, gifts, grants, etc, received (att sch) If the foundn is not req to att Sch B 6 Interest on savings and temporary **8** 84 84 84 cash investments SCANNED AUG Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a -Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances b Less Cost of ·\$ 4: c Gross profit/(loss) (att sch) Other income (attach schedule) Total. Add lines 1 through 11 55 781 84 84 13 0. Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits 44. 16 a Legal fees (attach schedule) SEE ST 1 44 A **b** Accounting fees (attach sch) MINISTRATIVE OPERATING Open cupancy 18 Ŵ 19 0 20 Travel, conferences, and Printing and publications 21 22 EXPENSES Other expenses (attach schedule) 75. SEE STATEMENT 75 24 Total operating and administrative 119 119. expenses. Add lines 13 through 23 Contributions, gifts, grants paid PART XV 76,736. 25 76,736 Total expenses and disbursements. Add lines 24 and 25 76.855 0 0 76,855 Subtract line 26 from line 12: a Excess of revenue over expenses 21,074 and disbursements **b** Net investment income (if negative, enter -0-) 84 84. C Adjusted net income (if negative, enter -0-)

Page 2

<b>D</b>		Dalamas Chasta	Attached schedules and amounts in the description	Beginning of year	End	d of year
ran	<b>H</b>	Balance Sheets	column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-l	bearing	2,683.	2,585	2,585.
	2	Savings and tempora		22,024.	1,048	
	1	Accounts receivable	<b>&gt;</b>			1 1982
	•	Less: allowance for d	outiful accounts	*.** . *!		
	4	Pledges receivable	<b></b>		2	. 7:
	~	Less allowance for d	ioubtful accounts ►			
	5	Grants receivable				
	[	- · - · · · · · · · · · · · · · · · · ·	and divertible to the state of			
	6	disqualified persons (attacl	ers, directors, trustees, and other h schedule) (see the instructions)		<u></u>	
	7	Other notes and loans recei	vable (attach sch).	1. 1 ,	P \$ 3 \$ 3	
Š		Less: allowance for d	oubtful accounts			
S	8	Inventories for sale o	r use			
A S S E T	9	Prepaid expenses an	d deferred charges			
Š	10 a	Investments – U.S. a obligations (attach sc	and state government hedule)			
	l t	Investments — corporate s	tock (attach schedule)			
	(	: Investments — corporate b	onds (attach schedule)		-	
	11	Investments - land, I	buildings, and	enter de la companya		
		equipment basis				
		Less. accumulated deprecta (attach schedule)	<b>-</b>			
	12	Investments – mortg				
	13	Investments – other	•			
	14	Land, buildings, and	equipment: basis ►	11 - 11 - 11 - 11 - 11 - 11 - 11 - 11	· ` `	
		Less. accumulated deprecta (attach schedule)	►			
	15 16	Other assets (describ <b>Total assets</b> (to be co see instructions. Also	ompleted by all filers –	24,707.	3,633	3,633.
Ļ	17	Accounts payable and	d accrued expenses			
A	18	Grants payable	·			
B	19	Deferred revenue				
ŀ	20	Loans from officers, directo	ors, trustees, & other disqualified persons			7. 4 19 5 6 1
ī	21	Mortgages and other notes				
Ţ	22	Other liabilities (describ				
Ė		· · · · · · · · · · · · · · · · · · ·				
<u>     S                               </u>	23	Total liabilities (add 1		0.	0	
		Foundations that folloand complete lines 2	ow SFAS 117, check here 4 through 26 and lines 30 and 31.			
N F	24	Unrestricted				
N F E U T N	25	Temporarily restricted	d d			
D	26	Permanently restricte	ed			
A B A L A S N		Foundations that do and complete lines 2	not follow SFAS 117, check here   ▶ X 7 through 31.	:		
ĒL	27	Capital stock, trust pr	incipal, or current funds			
	28	Paid-in or capital surplus,	or land, building, and equipment fund			
o E	29	Retained earnings, accumu	lated income, endowment, or other funds	24,707.	3,633	
O E R S	30	Total net assets or fu	ind balances (see the instructions)	24,707.	3,633	<u>. 1</u>
	31	Total liabilities and no (see the instructions)	et assets/fund balances	24,707.	3,633	
Part	III	<b>Analysis of Chan</b>	ges in Net Assets or Fund Balanc	ces		
1	Tota	net assets or fund bal of-year figure reported	lances at beginning of year – Part II, colur	nn (a), line 30 (must ag	ree with	24,707.
2		r amount from Part I, I			2	
3		increases not included in line			3	
4		lines 1, 2, and 3				
5		ases not included in line 2 (ii	temize)		5	<del></del>
6		•		- Part II column (b)		<del></del>
Q	ıuld	Ther assers of Intin Da	lances at end of year (line 4 minus line 5)	– raitii, columni (b), III	16 Oct   16	3,033.

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	(a) List and descri	be the kind(s) of property sold (e.g., reause, or common stock, 200 shares MLC	l estate,	b) How acquiii P — Purchas	e (month, day, year)	(d) Date sold (month, day, year)
	N/A			D - Donatio	<u> </u>	
<u>іа</u> b	<del></del>		<del></del>	-		
						<del></del>
d						
e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	
a						
b			<u> </u>			
С						
d						
е						
	Complete only for assets show	ing gain in column (h) and owned by the			(I) Gains (Col	
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i over column (j), if any	)	gain minus column (I than -0-) or Losses (fi	om column (h))
a						
С						
d						
е						
2	Capital gain net income or (ne	t capital loss) — If gain, also e	nter in Part I, line 7 r -0- in Part I, line 7		2	
3	Net short-term capital gain or (	(loss) as defined in sections 1222(5) and	<u> </u>			
	If gain, also enter in Part I, line in Part I, line 8	e 8, column (c) (see the instructions). If	(loss), enter -0-		3	
Dar		er Section 4940(e) for Reduced	Tay on Net Investmen		<del>- 1</del>	<del></del>
If 'Ye	s,' the foundation does not qua	ition 4942 tax on the distributable amour	lete this part.		Yes	X No
	• • • • • • • • • • • • • • • • • • • •	ın each column for each year, see the ın		y entries.	(4)	
	(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use asset	ts (	(d) Distribution column (b) divided	
	2008	107,008.	26,	696.		4.008391
	2007	98,960.		647.		2.167941
	2006	51,080.	44,	997.		1.135187
	2005	56,492.	27,	687.		2.040380
	2004	78,396.	53,	711.		1.459589
2	Total of line 1, column (d)				2	10.811488
	Average distribution ratio for th	ne 5-year base period – divide the total on has been in existence if less than 5 ye			3	2.162298
A	•	itable-use assets for 2009 from Part X, I			4	9,611.
4		hable-use assets for 2009 from Part A, i	iirie 5			
5	Multiply line 4 by line 3				5	20,782.
6	Enter 1% of net investment inc	come (1% of Part I, line 27b)		_	6	1.
7	Add lines 5 and 6			_	7	20,783.
8	Enter qualifying distributions fr	om Part XII, line 4			8	76,855.
	If line 8 is equal to or greater t	han line 7, check the box in Part VI, line	e 1b, and complete that part	using a 1%	tax rate. See the	

						age 🕶
Par		e ins	tructi	ons)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here				- :-	
	Date of ruling or determination letter (attach copy of letter if necessary - see instr.)	_				_
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1	<del></del>	<del></del>	<del></del>	<u>. I.</u>
	check here $\blacktriangleright X$ 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, column (b).					34.
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable					:
	foundations only. Other's enter -0-)	2				<u>0.</u>
3	Add lines 1 and 2	3				1.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		<del></del>	<u> </u>	1.
6	Credits/Payments		-			
а	2009 estimated tax pmts and 2008 overpayment credited to 2009				X).	
b	Exempt foreign organizations – tax withheld at source		٠,٠,٠			
C	Tax paid with application for extension of time to file (Form 8868)  6c					• : •
C	Backup withholding erroneously withheld 6d 6d		. Die			: :
7	Total credits and payments Add lines 6a through 6d	7				<u>0.</u>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				<u>1.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11		11				
Par	VII-A Statements Regarding Activities			<del>,</del>		
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	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 the instructions for definition)?			1 b		Х
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials publis or distributed by the foundation in connection with the activities	hed				. jy 1 ž
c	Did the foundation file Form 1120-POL for this year?			1c		X
C	Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year:		•		医窦	٠
	(1) On the foundation \$\ 0. (2) On foundation managers \$\ \\$		0.	k. : ]		: :,.
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers  • \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		x
_	If 'Yes,' attach a detailed description of the activities			-		
	· · · · · · · · · · · · · · · · · · ·					: :
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes			3	3	X
Λa	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Y
	of If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?			4b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		1	5		X
•	If 'Yes,' attach the statement required by General Instruction T			N. 1	9 3	<del></del>
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 confl with the state law remain in the governing instrument?	ict		6	X	·· · ·
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		ł	7	X	
, Ra	Enter the states to which the foundation reports or with which it is registered (see the instructions)			'7		
0.	N/A		_			: •
t	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 <i>General Instruction G? If 'No,' attach explanation</i> SEE STATEMENT	3		8ь	<u></u>	Χ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 494 for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV)	12(j)( art X	5) 11V	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their name and addresses	nes		10		х
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Par	t VII-A Statements Regarding Activities Continued					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11	<u> </u>	
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			12	x	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address  N/A	application	on?	13	X	<u> </u>
14	The books are in care of ► TRACE WALKER  Located at ► PO BOX 856 SALINA KS  ZIP + 4 ■		_(785)_ n1	825-	2221	. <u> </u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here			N/A	<b>-</b>	
<u> </u>	and enter the amount of tax-exempt interest received or accrued during the year	<u> </u>	15		N/	<u>A</u>
Par	t 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.			<u> </u>	Yes No	<u> </u>
1 a	During the year did the foundation (either directly or indirectly):		( <b>177</b> )		. 1	٠.:
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			٠
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X 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)?	Yes	XNo	1		
	(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.)	Yes	XNo			
ŀ	olf any answer is 'Yes' to 1a(1)-(6), did <b>any</b> 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 the instruction	ns)?	_	1b	N/A	- :
	Organizations relying on a current notice regarding disaster assistance check here	<b>•</b>		1		-
(	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 2009?			1 c	Х	<u> </u>
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))					
8	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes	XNo			
	If 'Yes,' list the years 20, 20, 20					٠.
ŀ	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a <b>all</b> years listed, answer 'No' and attach statement — see the instructions.)	(a)(2) a)(2) to		2b	N/A	::
•	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h	ere				:.
	► 20, 20, 20					13
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			·. :::
ł	o If 'Yes,' did it have excess business holdings in 2009 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 approve 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 2009)	d		3b	N/A	` —
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a	Х	
	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 2009?			4b	X	
PAA				900	-PF (200	NO.

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Part VII-B Statements Regarding Activit	ies for Which For	n 4720 May Be Red	quired (continu	<u>ıed)</u>	
5a During the year did the foundation pay or incu	•		П.,	₩.	
(1) Carry on propaganda, or otherwise attempt	-		∐ Yes	X No	
<ul><li>(2) Influence the outcome of any specific publion, directly or indirectly, any voter registra</li><li>(3) Provide a grant to an individual for travel,</li></ul>			Yes	<del></del>	
(4) Provide a grant to an organization other the	nan a charitable, etc. or	ganization described		X No	N. B.
in section 509(a)(1), (2), or (3), or section  (5) Provide for any purpose other than religion	us, charitable, scientific	. literary, or	∐ Yes		
educational purposes, or for the prevention <b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of the			Yes	X No	
described in Regulations section 53.4945 or in (see instructions)?	a current notice regard	ing disaster assistance	JI 13		5b N/A
Organizations relying on a current notice regains	rding disaster assistance	e check here	1	<b>-</b> []	
c If the answer is 'Yes' to question 5a(4), does t tax because it maintained expenditure respons If 'Yes,' attach the statement required by Region	sibility for the grant?		N/A Yes	No No	
<b>6a</b> Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or indi	rectly, to pay premiums	Yes	XNo	
<b>b</b> Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870	ums, directly or indirect	ly, on a personal benefi	t contract?	_	6b X
7a At any time during the tax year, was the found	lation a party to a prohit	oited tax shelter transac	tion? Yes	X No	
<b>b</b> If yes, did the foundation receive any proceeds					76  N/A
Part VIII Information About Officers, D and Contractors	orectors, Trustees	, Foundation Mana	igers, Hignly F	'aid Emp	oloyees,
1 List all officers, directors, trustees, foundation	n managers and their co	mpensation (see instru	ctions).		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribution employee bene plans and defer compensation	efit ot red	Expense account, ther allowances
SEE STATEMENT 4					
		0.		0.	0.
2 Compensation of five highest-paid employees					
(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) Contribution employee bene plans and defer compensation	efit ot red	Expense account, ther allowances
NONE					
	<u> </u>				
Total number of other employees paid over \$50,000				<b>•</b>	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pai and Contractors (continued)	d Employees,
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 (a) Name and address of each person paid more than \$50,000 (b) Type of service	(C) Compensation
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 PROVIDE FOR THE UNDER-PRIVILEGED IN THE SALINE COUNTY AREA	
TAOVIDE TOK THE ORDER TRIVINGED IN THE DIBINE COURT MAN.	_
	76,736.
<sup>2</sup>	-
	_
3	_
	-
4	_
	-
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
	-
2	
	_
All other program-related investments. See instructions.	
3	_
	-
Total. Add lines 1 through 3	▶ 0.
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Part X: Minimum Investment Return (All domestic foundations must complete this see instructions.)	s part. Foreign foun	idations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purpose a Average monthly fair market value of securities	s. 1a	
<b>b</b> Average of monthly cash balances	1b	9,757.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1d	9,757.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	9,757.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	146.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	9,611.
6 Minimum investment return. Enter 5% of line 5	6	481.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) priv	ate operating found	lations
and certain foreign organizations check here ► and do not complet	e this part.)	
1 Minimum investment return from Part X, line 6	1	481.
2a Tax on investment income for 2009 from Part VI, line 5	1.	
b Income tax for 2009. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	1.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	480.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	480.
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	480.
Part XII Qualifying Distributions (see instructions)		
<ul> <li>Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:</li> <li>Expenses, contributions, gifts, etc — total from Part I, column (d), line 26</li> </ul>	1a	76,855.
<b>b</b> Program-related investments — total from Part IX-B	1b	70,000.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purpose	<del></del>	
	~~ <u>-</u>	<del> </del>
3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required)	3a	
<b>b</b> Cash distribution test (attach the required schedule)	3b	76 055
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line	e 4 <b>4</b>	76,855.
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	1.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	76,854.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calcula qualifies for the section 4940(e) reduction of tax in those years	ting whether the foundati	on

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Form **990-PF** (2009)

# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
1 Distributable amount for 2009 from Part XI, line 7				480.
<ul> <li>Undistributed income, if any, as of the end of 2009</li> <li>Enter amount for 2008 only</li> </ul>			0.	
<b>b</b> Total for prior years 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004				
<b>b</b> From 2005	dv r ir			
<b>c</b> From 2006 <b>d</b> From 2007				
e From 2008				
f Total of lines 3a through e	[:::::::::::::::::::::::::::::::::::::			
4 Qualifying distributions for 2009 from Part	•			i i i i i i i i i i i i i i i i i i i
XII, line 4: ► \$ 76,855.		· · · · · · · · · · · · · · · · · · ·		
a Applied to 2008, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
<b>d</b> Applied to 2009 distributable amount				480.
e Remaining amount distributed out of corpus	76,375.		er i 148ve s	
5 Excess distributions carryover applied to 2009.	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	76,375.	R SOL		
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<ul> <li>d Subtract line 6c from line 6b. Taxable amount — see instructions</li> </ul>		0.		
<ul> <li>Undistributed income for 2008. Subtract line 4a from line 2a Taxable amount — see instructions</li> </ul>			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010.				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	76,375.			
10 Analysis of line 9				
a Excess from 2005			* Ai process	
<b>b</b> Excess from 2006		÷ .		(
c Excess from 2007		:. :		
d Excess from 2008			-	
<b>e</b> Excess from 2009 76, 375.			¥	3 4 5 7 3

Form 990-PF (2009) WALKER FAMILY FOU	UNDTION			48-118180	5 Page <b>10</b>
Part XIV Private Operating Foundation					N/A
1 a If the foundation has received a ruling or d is effective for 2009, enter the date of the r	uling			_	
<b>b</b> Check box to indicate whether the foundati		erating foundation de		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	T	
investment return from Part X for each year listed	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed			<u></u>		
d Amounts included in line 2c not used directly for active conduct of exempt activities		ļ			
Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test - enter					
<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under</li></ul>		<del>-</del>			
section 4942(j)(3)(B)(i)  b Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X,					
line 6 for each year listed		_			
c 'Support' alternative test — enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income				<u> </u>	<u> </u>
Part XV Supplementary Information	(Complete thi	s part only if the	e organization l	nad \$5,000 or m	ore in
assets at any time during th  Information Regarding Foundation Manage a List any managers of the foundation who h close of any tax year (but only if they have NONE	ers: ave contributed m	ore than 2% of the t	otal contributions re section 507(d)(2).)	ceived by the found	ation before the
<b>b</b> List any managers of the foundation who o a partnership or other entity) of which the f NONE	wn 10% or more of oundation has a 1	of the stock of a corp 0% or greater intere	oration (or an equa st	lly large portion of the	ne ownership of
2 Information Regarding Contribution, Grant Check here ▶ X if the foundation only m requests for funds. If the foundation makes complete items 2a, b, c, and d	akes contributions gifts, grants, etc,	to preselected char (see instructions) to	ritable organizations o individuals or orga	nizations under othe	
<b>a</b> The name, address, and telephone numbe	r of the person to	whom applications s	hould be addressed	ł:	
<b>b</b> The form in which applications should be s	ubmitted and infor	mation and material	s they should includ	de:	
c Any submission deadlines:					<del>-</del>
d Any restrictions or limitations on awards, s	uch as by geograp	phical areas, charitat	ble fields, kinds of in	nstitutions, or other f	actors:
BAA		EEA0310L 07/06/09			Form <b>990-PF</b> (2009)

3 Grants and Contributions Paid During the	ear or Approved for Futu	re Payment		
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	Amount
Name and address (home or business)	substantial contributor	recipient	Correlación	
a Paid during the year SEE STATEMENT 5	Substantial Contributor			
Total		1	► 3a	76,736.
b Approved for future payment  Total			► 3b	

Page 12

inter gross	s amounts unless otherwise indicated.		ed business income		d by section 512, 513, or 514	
		(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	(e) Related or exempt function income
_	ram service revenue.			code		(see the instructions)
. —	-			<del></del>		
e		<del> </del>				
f	<del></del>	<del></del>	<u> </u>			
-	and contracts from government agencies					
	bership dues and assessments st on savings and temporary cash investments			14	84.	
	ends and interest from securities					
	ental income or (loss) from real estate:					<b>*</b> ***********************************
a Debt-	-financed property					
<b>b</b> Not d	debt-financed property			_		
6 Net re	ntal income or (loss) from personal property					
7 Other	r investment income		- · <del>-</del> ·			
	r (loss) from sales of assets other than inventory			ļ		
	ncome or (loss) from special events					
	s profit or (loss) from sales of inventory					
	r revenue.	, .,,,			· · · · · · · · · · · · · · · · · · ·	<u> </u>
а b		<del>                                     </del>				
		6				
е			,			
12 Subto	otal. Add columns (b), (d), and (e)				84.	-
13 Total	I. Add line 12, columns (b), (d), and (e)			<u> </u>	13	84
		(culations)			13	84
See works	I. Add line 12, columns (b), (d), and (e)		ishment of Exem	pt Purpo		84
art XVI	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  Relationship of Activities to the	e Accompl			oses	
art XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	e Accomplicome is report purposes (other	ted in column (e) of Pa er than by providing fu	art XVI-A ounds for su	oses	
art XVI	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  Relationship of Activities to the	e Accomplicome is report purposes (other	ted in column (e) of Pa er than by providing fu	art XVI-A ounds for su	oses	
art XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	e Accomplicome is report purposes (other	ted in column (e) of Pa er than by providing fu	art XVI-A ounds for su	oses	
art XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	e Accomplicome is report purposes (other	ted in column (e) of Pa er than by providing fu	art XVI-A ounds for su	oses	
art XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	e Accomplicome is report purposes (other	ted in column (e) of Pa er than by providing fu	art XVI-A ounds for su	oses	
art XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	e Accomplicome is report purposes (other	ted in column (e) of Pa er than by providing fu	art XVI-A ounds for su	oses	
art XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	e Accomplicome is report purposes (other	ted in column (e) of Pa er than by providing fu	art XVI-A ounds for su	oses	
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art XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	e Accompl come is repor purposes (oth	ted in column (e) of Pa er than by providing fu	art XVI-A outlinds for su	oses	
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art XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	e Accompl come is repor purposes (oth	ted in column (e) of Pa er than by providing fu	art XVI-A outlinds for su	oses	
art XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	e Accompl come is repor purposes (oth	ted in column (e) of Pa er than by providing fu	art XVI-A outlinds for su	oses	
art XVI	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	e Accompl come is repor purposes (oth	ted in column (e) of Pa er than by providing fu	art XVI-A ounds for su	oses	
art XVI Line No.	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	e Accompl come is repor purposes (oth	ted in column (e) of Pa er than by providing fu	art XVI-A ounds for su	oses	
Part XVI	I. Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca  Relationship of Activities to the Explain below how each activity for which in accomplishment of the foundation's exempt	e Accompl come is repor purposes (oth	ted in column (e) of Pa er than by providing fu	art XVI-A ounds for su	oses	

Form 990-PF	(2009)	WALKER	FAMILY	FOUNDTION	48-1181805	Page <b>13</b>
Part XVII	Infor	mation Re	egarding	Transfers To and	Transactions and Relationships With Noncharitable	;
	Exen	npt Organ	izations			

								H-1 4 14	Yes	No
	1 Did th	e organization directly	or indirectly en	ngage in any of the f	ollowing with any	other organization	17			
	relatin	ibed in section 501(c) ong to political organizati	or the Code (otr ions?	ner than section 501	(c)(3) organizatio	ons) or in section 52	.,		1	:
		fers from the reporting		a noncharitable ever	nnt organization	of				
		· -	iouriuation to a	a nonchantable exer	npt organization	OI.		10(1)		X
	(1) C							1a (1) 1a (2)		X
	` '	ther assets						18 (2)		<u> </u>
		transactions:							. :	v
	• •	ales of assets to a non-						1b(1)		X
	<b>(2)</b> P	urchases of assets from	n a noncharita	ble exempt organiza	tion.			1b(2)		Х
	<b>(3)</b> R	ental of facilities, equip	ment, or other	assets.				1b (3)		X
	<b>(4)</b> R	eimbursement arrangei	ments					1b (4)		X
	<b>(5)</b> Lo	oans or loan guarantee	s					1b (5)		X .
		erformance of services		p or fundraising soli	citations			1b (6)		Х
	• •	ng of facilities, equipme						1c		Х
		.g	,	,						
	d If the the go any tr	answer to any of the all bods, other assets, or s ansaction or sharing ar	bove is 'Yes,' o services given l rangement, sh	complete the following the reporting four in column (d) the	ng schedule. Colo ndation If the fou e value of the go	umn <b>(b)</b> should alwa undation received le ods, other assets, c	ays show the fair mass ss than fair market or services received	arket value value in i.	e of	
(8	) Line no	(b) Amount involved		f noncharitable exempt or			sfers, transactions, and		gement	 s
	/A	<del></del>	1	F-0_ <u></u>	-					
_							<del></del> -			
_	_					_ · <del>_</del>				
_				· <del>- , -</del>		,	<del></del>			
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_		<u> </u>	<u> </u>				<del></del>			
	descr	foundation directly or in the street of the section 501(c) or section 501(c) or s,' complete the following the section of the	of the Code (ot	ted with, or related the than section 501	to, one or more t (c)(3)) or in secti	ax-exempt organization 527?	ations	Yes	X	No
_		(a) Name of organizati		(b) Type of	organization	10	) Description of rela	ationship		
N	/A	Car i car or or garazata	<del></del>	(3) 1) 50 01			, = 000 p no. 1 0 n			
	, ••									_
_		<del>-</del>								
_		_	-							
_										
_										
	complete (	ltes of penury, I declare that I had Declaration of preparer (other	than taxpayer or fic	turn, including accompanying ductary) is based on all info	g schedules and statem ormation of which prep	parer has any knowledge			rio.	
S	<b>-</b>	- pron	_ ( <i>U</i> CL	K		8/11/2010	► PRESIDENT	<u>.                                    </u>		
S G N	Signa	ature of officer or trustee				Date	Title			
		Proposos's				Date	Prep Check if (See	arer's Identify Signature in	ing num	iber (S)
H E R E	Paid	Preparer's SFI.F	-PREPARED				self SSSI access	2.5		
R	Pre-		LVELVED				employed			inininina mmining
-	parer's Use	Firm's name (or yours if self-					EIN •		ennittiii	innining_
	Only	employed), address, and							000000000	00000000
_		ZIP code					Phone no	_		
B/	<b>4</b> A							Form <b>99</b>	10-PF	(2009)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

2009

Name of the organization		Employer identification number
WALKER FAMILY FOUNDTION		48-1181805
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a p	orivate foundation
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a priva 501(c)(3) taxable private foundation	ite foundation
Check if your organization is covered by the <b>GeNote:</b> Only a section 501(c)(7), (8), or (10) organization	eneral Rule or a Special Rule.  Anization can check boxes for both the General Rule and a Sp	ecial Rule See instructions.
General Rule —  X For an organization filing Form 990, 990-EZ contributor. (Complete Parts I and II)	, or 990-PF that received, during the year, \$5,000 or more (in	ı money or property) from any one
Special Rules —		
For a section 501(c)(3) organization filing For 509(a)(1)/170(b)(1)(A)(vi) and received from amount on (i) Form 990, Part VIII, line 1h o	orm 990 or 990-EZ, that met the 33-1/3% support test of the r n any one contributor, during the year, a contribution of the gr r (ii) Form 990-EZ, line 1 Complete Parts I and II.	egulations under sections eater of (1) \$5,000 or (2) 2% of the
For a section 501(c)(7), (8), or (10) organizaggregate contributions of more than \$1,00 prevention of cruelty to children or animals.	ation filing Form 990 or 990-EZ, that received from any one co 0 for use <i>exclusively</i> for religious, charitable, scientific, literar Complete Parts I, II, and III.	ontributor, during the year, y, or educational purposes, or the
contributions for use <i>exclusively</i> for religiou this box is checked, enter here the total cor	ation filing Form 990 or 990-EZ, that received from any one co s, charitable, etc, purposes, but these contributions did not a ntributions that were received during the year for an <i>exclusive</i> unless the <b>General Rule</b> applies to this organization because	ggregate to more than \$1,000. If ely religious, charitable, etc,
religious, charitable, etc, contributions of \$5	5,000 or more during the year.	<b>►</b> \$
990-PF) but it <b>must</b> answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file Schee 2 of their Form 990, or check the box on line H of its Form 9 grequirements of Schedule B (Form 990, 990-EZ, or 990-PF).	90-EZ, or on line 2 of its Form
BAA For Privacy Act and Paperwork Reduction for Form 990, 990EZ, or 990-PF.	on Act Notice, see the Instructions Schedule B	(Form 990, 990-EZ, or 990-PF) (2009)

Schedule	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
Name of org	anization	Employe	ldentification number
	R FAMILY FOUNDTION	[48-1.	181805
	Contributors (see instructions )	75	(A)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GREEN_LANTERN,_INC		Person X Payroli
	PO BOX 856 SALINA, KS 67402-0856	\$47,000.	Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	 		Person

(Complete Part II if there is a noncash contribution.)

•							
Schedule <b>E</b>	<b>3</b> (Form 990, 990-EZ, or 990-PF) (2009)		Page	1	of	1	of <b>Part II</b>
lame of organ				Em	ployer ide	ntification n	umber
WALKER	FAMILY FOUNDTION			48	3 <b>-118</b> 1	1805	
Part II	Noncash Property (see instructions.)						
(a) No. from Part I	(b) Description of noncash property given		FMV (o (see in:	(c) r estir struct	nate) ions)	Date	(d) received
	N/A						
		\$_					
(a) No. from Part I	(b)  Description of noncash property given		FMV (o (see ins	(c) r estir structi	nate) ions)	Date	(d) received
		\$_					
(a) No. from Part I	(b)  Description of noncash property given		FMV (o (see ins	(c) r estir struct	nate) ions)	Date	(d) received
		\$_					
(a) No. from Part I	(b)  Description of noncash property given		FMV (o	(c) r estir structi	nate) ons)	Date	(d) received

BAA

(a) No. from Part I

(a) No. from Part I

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

(c) FMV (or estimate) (see instructions)

(c) FMV (or estimate) (see instructions) (d) Date received

(d) Date received

(b)
Description of noncash property given

(b)
Description of noncash property given

2009	FEDERAL STATEMENTS	PAGE 1
CLIENT VVWALKER	WALKER FAMILY FOUNDTION	48-1181805
8/09/10  STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES		03:43PM
FILING FEES	(A)       (B)       NET       (C)         EXPENSES       INVESTMENT       ADJUSTED         PER BOOKS       INCOME       NET INCOME         TOTAL       \$ 44.       \$ 0.       \$ 0.	(D) CHARITABLE PURPOSES \$ 44. \$ 44.
STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
BANK CHARGES SUPPLIES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME  \$ 60. 15.  TOTAL \$ 75. \$ 0. \$ 0.	\$ 60. 15.
STATEMENT 3 FORM 990-PF, PART VII-A, LINE 8 COPIES OF FORM 990-PF TO STA	B TE OFFICIALS	
STATEMENT 4 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS,	TRUSTEES, AND KEY EMPLOYEES  TITLE AND CONTRI	I- EXPENSE
NAME AND ADDRESS	AVERAGE HOURS COMPEN- BUTION PER WEEK DEVOTED SATION EBP &	TO ACCOUNT/
TRACE E. WALKER 1608 REESE RD BROOKVILLE, KS 67425	PRESIDENT \$ 0.\$	0. \$ 0.
KAREN GORRELL 8902 W. STATE STREET BROOKVILLE, KS 67425	SECRETARY 0.	0. 0.
MICHAEL B. WALKER 1905 E. IRON AVE. SALINA, KS 67401	TREASURER 0.	0. 0.
DAVID GORRELL 8902 W. STATE STREET BROOKVILLE, KS 67425	DIRECTOR 0.	0. 0.

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# **FEDERAL STATEMENTS**

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**CLIENT VVWALKER** 

#### **WALKER FAMILY FOUNDTION**

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# STATEMENT 4 (CONTINUED) FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOUR PER WEEK DEVO			ACCOUNT/
DENISE WHITE 411 W. 46TH TERRACE #702 KANSAS CITY, MO 64112	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
SANDY WALKER 4001 LINK ROAD BROOKVILLE, KS 67425	DIRECTOR 0	0.	0.	0.
PENNY WALKER 1905 E. IRON AVE. SALINA, KS 67401	DIRECTOR 0	0.	0.	0.
CYNTHIA A. WALKER 168 S. REESE RD BROOKVILLE, KS 67425	DIRECTOR 0	0.	0.	0.
CHARLES W. WALKER 7576 W. STATE STREET RD SALINA, KS 67401	DIRECTOR 0	0.	0.	0.
CAROLYN L. WALKER 7576 W. STATE STREET RD SALINA, KS 67401	DIRECTOR 0	0.	0.	0.
	ТО	TAL \$ 0.	\$ 0.	\$ 0.

### STATEMENT 5 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS ASHBY HOUSE, LTD PO BOX 3482 SALINA, KS 67401	DONEE RELATIONSHIP	FOUND- ATION STATUS PUBLIC	PURPOSE OF GRANT HOUSE HOMELESS	\$ <u>AMOUNT</u> 5,760.
BIRTHRIGHT OF SALINA, INC. 1045 THE MIDWAY SALINA, KS 67401		PUBLIC	ASSIST UNWED MOTHERS	2,880.
EMERGENCY AID FOOD BANK PO BOX 1482 SALINA, KS 67402		PUBLIC	FOOD FOR THE HUNGRY	2,880.

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# **FEDERAL STATEMENTS**

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**CLIENT VVWALKER** 

#### **WALKER FAMILY FOUNDTION**

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#### STATEMENT 5 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
HOSPICE OF SALINA, INC. PO BOX 2238 SALINA, KS 67402		PUBLIC	MEDICAL ASSISTANCE FOR TERMINALLY ILL	\$ 5,760.
MARINE TOY BOX PO BOX 2175 SALINA, KS 67402		PUBLIC	CHRISTMAS GIFTS FOR UNDERPRIVILEDGED CHILDREN	200.
SALINA CARES HEALTH CLINIC 651 EAST PRESCOTT SALINA, KS 67401		PUBLIC	MEDICAL CARE FOR NEEDY	7,200.
PREGNANCY SERVICE CENTER PO BOX 662 SALINA, KS 67402		PUBLIC	PREGNANCY COUNSELING AND ASSISTANCE	4,800.
SALINA RESCUE MISSION 1716 SUMMERS RD. SALINA, KS 67401		PUBLIC	HOMELESS SHELTER FOR MEN	5,760.
SUNFLOWER ADULT DAY SERVICES 401 W. IRON AVE. SALINA, KS 67401		PUBLIC	ADULT CAREGIVER SERVICES	1,200.
TEEN TOWN, INC. 129 N. 7TH STREET SALINA, KS 67401		PUBLIC	DRUG-FREE SAFE ENVIRONMENT FOR YOUTH ACTIVITIES	24,996.
SALINA CHRISTMAS FUND 227 N. SANTA FE, SUITE 203 SALINA, KS 67401		PUBLIC	CHRISTMAS GIFTS FOR NEEDY	2,000.
ST. JOHN'S MISSIONARY BAPTIST CHURCH 215 S. CHICAGO STREET SALINA, KS 67401		PUBLIC	AFTER-SCHOOL CHILD CARE PROGRAM	4,100.
REBECCA MORRISON HOUSE 513 S. 8TH STREET SALINA, KS 67401		PUBLIC	TEMPORARY HOUSING FOR RELATIVES OF HOSPITAL PATIENTS	200.
MARTIN LUTHER KING CHILD CARE CENTER 1215 N. SANTA FE AVE. SALINA, KS 67401		PUBLIC	CHILD CARE FOR NEEDY FAMILIES	1,000.

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CLIENT VVWALKER	WALKER FAMILY	FOUNDTION		48-1181805
STATEMENT 5 (CONTINUED) FORM 990-PF, PART XV, LINE 3/ RECIPIENT PAID DURING THE Y	A ŒAR			
NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT

PUBLIC

SALINA REGIONAL HEALTH FOUNDATION 400 S. SANTA FE AVE. SALINA, KS 67401 CONSTRUCTION OF DONNA VANIER CHILDREN'S CENTER

TOTAL \$

5,000.

76,736.