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Department of the Treasury Internal Revenue Service

### **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Note. The foundation may be able to use a copy or this return to satisfy state reporting requirements

OMB No 1545-0052

Open to Public Inspection

F	or ca	lendar year 2012 or tax year beginning	0.	7/01, <b>2012</b>	, and ending		06/30, 2013
		of foundation				A Employer identifi	cation number
_	WAL	KER FAMILY FOUNDATION				48-118180	5
	Numb	er and street (or P O box number if mail is not delivered	ed to street address)		Room/suite	B Telephone number	er (see instructions)
						(78	5) 825-2221
	PO	BOX 856			,		
	City o	r town, state, and ZIP code					
						C If exemption applica pending, check here	tion is
_	SAL	INA, KS 67402-0856				pending, check here	
G	Che	eck all that apply: Initial return	Initial return	of a former p	oublic charity	D 1 Foreign organizat	ions check here
		Final return	Amended re	turn		2 Foreign organizat	
_		Address change	Name chang			85% test, check h	
H	Che	eck type of organization: X Section 501	(c)(3) exempt private	foundation		E If private foundation	
1	s	ection 4947(a)(1) nonexempt charitable trust	Other taxable pr		tion	under section 507(b	
İ	Fair	market value of all assets at end	ounting method:  X C	ash Acc	crual		in a 60-month termination
			Other (specify)			i e	(1)(B), check here . ►
			, column (d) must be or	cash basis )			
L	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) Revenue and	(b) Net invi	estment	(a) Adjusted not	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	(b) Net invi		(c) Adjusted net income	purposes
_		column (a) (see instructions) )	books				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule) if the foundation is <b>not</b> required to	97,983	` /	<u> </u>		
	2	Check Little foundation is not required to attach Sch B	* /			×	4
	3	Interest on savings and temporary cash investments	170		170.	170.	<
	4	Dividends and interest from securities					
	5 a	Gross rents					
	þ	Net rental income or (loss)	*	^	8		
ne	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all		. * ,	**	· · / ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
/en	b	assets on line 6a		1.		<u> </u>	, ,
Revenue	7	Capital gain net income (from Part IV, line 2) .			_		
	8	Net short-term capital gain	*		_ ×		
	9	Income modifications · · · · · · · · · · · · · · · · · · ·	***				*
		and allowances • • • •	,	* /			
		Less Cost of goods sold .	<u> </u>	*			
		Gross profit or (loss) (attach schedule)		,	· · · ·		
	11	Other income (attach schedule)	98,153.		170	170	
$\dashv$	12	Total. Add lines 1 through 11	98,153.		170.	170.	<del>, , , , , , , , , , , , , , , , , , , </del>
	13	Compensation of officers, directors, trustees, etc					
ŝ	14	Other employee salaries and wages	<u> </u>				
Operating and Administrative Expenses	15	Pension plans, employee benefits	40.				
힞		Legal fees (attach schedule) ATCH 1	40.				40
		Accounting fees (attach schedule)		<del></del>			
냚		Other professional fees (attach schedule)	RECEIVED				
str	17	Interest				<del>-</del> ·-	
اةِ	18	Taxes (attach schedule) (see instructions)	NOV 1 8 2013				
튕	19	Depreciation (attach schedule) and depletion	1404	8			
٥	20 21	Occupancy		<del></del>			
a	21	Travel, conferences, and meetings	OSDEN, UT				
ᄗ	23	Other expenses (attach schedule)					
ati	24	Total operating and administrative expenses.			_		
þe		Add lines 13 through 23	40.				40
	25	Contributions, gifts, grants paid	91,230.		<del></del>		91,230
- 1	25 26	Total expenses and disbursements Add lines 24 and 25	91,270.		0	<u></u>	91,270
┪	27	Subtract line 26 from line 12	,		<del>-                                    </del>		31,210
		Excess of revenue over expenses and disbursements	6,883.				
		Net investment income (if negative, enter -0-)			170.		
		Adjusted net income (if negative, enter -0-)		<del></del>		170.	

JSA For Paperwork Reduction Act Notice, see instructions. 2E1410 1 000

Form **990-PF** (2012)

Fo	rm 990	-PF (2012) WALKER FAMILY FOUNDA	TION	41	8-1181805 Page <b>2</b>
	artʻil	Attached schedules and amounts in the	Beginning of year	End	of year
L	artii	Balance Sheets description 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-bearing	4,644.	2,357.	2,357
	2	Savings and temporary cash investments	2,256.	11,426.	11,426
	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 schedule)	_	· <del>-</del> · · · ·	
		Less allowance for doubtful accounts ▶		-	-
S	8	Inventories for sale or use			<del></del>
ssets	9	Prepaid expenses and deferred charges			<del></del>
As		Investments - U S and state government obligations (attach schedule)			
		Investments - corporate stock (attach schedule)			· <del>-</del>
		Investments - corporate bonds (attach schedule)			<del></del>
	11	Investments - land huildings - I	1	<del> </del>	
	1	and equipment basis Less accumulated depreciation			
		(attach schedule)			<del></del>
	12 13	Investments - mortgage loans			<del></del>
	14	Investments - other (attach schedule) Land, buildings, and			
		equipment basis Less accumulated depreciation		-	
	4.5	(attach schedule)			
	15 16	Other assets (describe			
	'8	Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)	6,900.	13,783	12 702
_	4-		0,900.	13,703.	13,783
	17	Accounts payable and accrued expenses			_
~	18	Grants payable			4 .
Liabilities	19	Deferred revenue			4
Ē	20	Loans from officers, directors, trustees, and other disqualified persons	<del></del>		
Гa	21	Mortgages and other notes payable (attach schedule)		<del></del> -	4
	22	Other liabilities (describe		<del>_</del> .	· ;
	23	Total liabilities (add lines 17 through 00)		,	
_	23	Total liabilities (add lines 17 through 22)	<u> </u>		<u>,</u>
		Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31.			· ·
Ses		_			
aŭ	24	Unrestricted			
Ba	25	Temporarily restricted			Ì
Net Assets or Fund Balances	26	Permanently restricted			-
Ē		Foundations that do not follow SFAS 117,			
ò		check here and complete lines 27 through 31. ▶ X			
ste	27	Capital stock, trust principal, or current funds			
SS	28	Paid-in or capital surplus, or land, bldg , and equipment fund	6,900.	12 702	<u> </u>
t A	29	Retained earnings, accumulated income, endowment, or other funds	6,900.	13,783.	
Š	30	Total net assets or fund balances (see instructions)	6,900.	13,783.	4
	31	Total liabilities and net assets/fund balances (see	6 000	12 702	Į.
		Instructions)	6,900.	13,783.	,
		Analysis of Changes in Net Assets or Fund I		· · ·	1
1		net assets or fund balances at beginning of year - Part			
_	end-	of-year figure reported on prior year's return)			6,900
		r amount from Part I, line 27a			6,883
		r increases not included in line 2 (itemize)	<b></b>		
		lines 1, 2, and 3			13,783
5	Decr	eases not included in line 2 (itemize)  net assets or fund balances at end of year (line 4 minus l			
<u>5</u>	rota	net assets or fund balances at end of year (line 4 minus l	ine 5) - Part II, column (b),	line 30 6	13,783.

Page 3

Part IV Capital Gains and Losses for Tax on Investment Income

ta b c d e (e) Gross sales price a b c d e Complete only for assets showin (i) F M V as of 12/31/69 a b c d e Capital gain net income or (net of the complete only solve enter in Port III)	(j) Adjusted basis as of 12/31/69  capital loss)  [If If I	(k) Excess of col (i) over col (j), if any  gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 222(5) and (6)		(h) Gain or (lo (e) plus (f) mini Gains (Col (h) g (k), but not less Losses (from co	gain minus than -0-) or
c d e (e) Gross sales price  a b c d e Complete only for assets showin (i) F M V as of 12/31/69  a b c d e 2 Capital gain net income or (net of a second or control or co	(or allowable)  ng gain in column (h) and owne (j) Adjusted basis as of 12/31/69  capital loss)  (if If oss) as defined in sections 12	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 222(5) and (6)	col	(e) plus (f) mini	gain minus than -0-) or
d e (e) Gross sales price  a b c d e Complete only for assets showin (i) F M V as of 12/31/69  a b c d e 2 Capital gain net income or (net complete only for applications)  3 Net short-term capital gain or (local complete)	(or allowable)  ng gain in column (h) and owne (j) Adjusted basis as of 12/31/69  capital loss)  (if If oss) as defined in sections 12	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 222(5) and (6)	col	(e) plus (f) mini	gain minus than -0-) or
e  (e) Gross sales price  a b c d e  Complete only for assets showin (i) F M V as of 12/31/69  a b c d e  2 Capital gain net income or (net of 3) Net short-term capital gain or (lot of 3)	(or allowable)  ng gain in column (h) and owne (j) Adjusted basis as of 12/31/69  capital loss)  (if If oss) as defined in sections 12	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 222(5) and (6)	col	(e) plus (f) mini	gain minus than -0-) or
(e) Gross sales price  a b c d e Complete only for assets showin (i) F M V as of 12/31/69  a b c d e 2 Capital gain net income or (net of a second or complete only for assets showin or (locally for a second or complete only for assets showin  or complete only for assets and complete only for assets showing or complete only	(or allowable)  ng gain in column (h) and owne (j) Adjusted basis as of 12/31/69  capital loss)  (if If oss) as defined in sections 12	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 222(5) and (6)	col	(e) plus (f) mini	gain minus than -0-) or
a b c d e Complete only for assets showin (i) F M V as of 12/31/69 a b c d e Capital gain net income or (net of a short-term capital gain or (local)	(or allowable)  ng gain in column (h) and owne (j) Adjusted basis as of 12/31/69  capital loss)  (if If oss) as defined in sections 12	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 222(5) and (6)	col	(e) plus (f) mini	gain minus than -0-) or
c d e Complete only for assets showin (i) F M V as of 12/31/69 a b c d e Capital gain net income or (net of a short-term capital gain or (local)	(j) Adjusted basis as of 12/31/69  capital loss)  (if If open in sections 12 in the capital loss)	(k) Excess of col (i) over col (j), if any  gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 222(5) and (6)	col	(k), but not less	than -0-) <b>or</b>
c d e Complete only for assets showin (i) F M V as of 12/31/69 a b c d e Capital gain net income or (net come) Net short-term capital gain or (local)	(j) Adjusted basis as of 12/31/69  capital loss)  (if If open in sections 12 in the capital loss)	(k) Excess of col (i) over col (j), if any  gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 222(5) and (6)	col	(k), but not less	than -0-) <b>or</b>
Complete only for assets showing (i) F M V as of 12/31/69  a	(j) Adjusted basis as of 12/31/69  capital loss)  (if If open in sections 12 in the capital loss)	(k) Excess of col (i) over col (j), if any  gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 222(5) and (6)	col	(k), but not less	than -0-) <b>or</b>
Complete only for assets showing  (i) F M V as of 12/31/69  a b c d e  Capital gain net income or (net of 3)  Net short-term capital gain or (local decay)	(j) Adjusted basis as of 12/31/69  capital loss)  (if If open in sections 12 in the capital loss)	(k) Excess of col (i) over col (j), if any  gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 222(5) and (6)	col	(k), but not less	than -0-) <b>or</b>
Complete only for assets showing (i) F M V as of 12/31/69  a b c d e  Capital gain net income or (net of 3) Net short-term capital gain or (local decay).	(j) Adjusted basis as of 12/31/69  capital loss)  (if If open in sections 12 in the capital loss)	(k) Excess of col (i) over col (j), if any  gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 222(5) and (6)	col	(k), but not less	than -0-) <b>or</b>
(i) F M V as of 12/31/69  a b c d e  Capital gain net income or (net construction)  Net short-term capital gain or (local)	(j) Adjusted basis as of 12/31/69  capital loss)  (if If open in sections 12 in the capital loss)	(k) Excess of col (i) over col (j), if any  gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 222(5) and (6)	col	(k), but not less	than -0-) <b>or</b>
a b c d e Capital gain net income or (net c Net short-term capital gain or (lo	capital loss)  Soss) as defined in sections 12	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 222(5) and (6)	col	(k), but not less	than -0-) <b>or</b>
b c d e Capital gain net income or (net c Net short-term capital gain or (lo	capital loss) { If oss) as defined in sections 12	(loss), enter -0- in Part I, line 7 }	2		
b c d e Capital gain net income or (net of a short-term capital gain or (lo	capital loss) { If oss) as defined in sections 12	(loss), enter -0- in Part I, line 7 }	2		
c d e 2 Capital gain net income or (net of a Net short-term capital gain or (lo	capital loss) { If oss) as defined in sections 12	(loss), enter -0- in Part I, line 7 }	2		
d e  2 Capital gain net income or (net of a Net short-term capital gain or (lo	capital loss) { If oss) as defined in sections 12	(loss), enter -0- in Part I, line 7 }	2		
e  2 Capital gain net income or (net o  3 Net short-term capital gain or (lo	capital loss) { If oss) as defined in sections 12	(loss), enter -0- in Part I, line 7 }	2		
2 Capital gain net income or (net o	capital loss) { If oss) as defined in sections 12	(loss), enter -0- in Part I, line 7 }	2		
· -	oss) as defined in sections 12	222(5) and (6)			
· -			i i		
ii daili, also elilei ili falt i, il					
Part I, line 8			2		
Part V Qualification Unde	r Section 4940(e) for Red	duced Tax on Net Investment In	ncome		
Was the foundation liable for the se f "Yes," the foundation does not qu	ection 4942 tax on the distribualify under section 4940(e).	outable amount of any year in the back.  Do not complete this part	ase perio	d?	Yes X No
		; see the instructions before making	any entr	ries.	
(a) Base period years	(b) djusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution r (col (b) divided by	
2011	84,269.	21,663.			3.889997
2010	71,031.	16,370.			4.339096
2009	76,854.	9,611.	1	<del></del>	7.996462
2008	107,008.	26,696.	1		4.008391
2007	98,960.	45,647.			2.167941
		·		<del></del>	
2 Total of line 1, column (d)			2	2	22.401887
	e 5-vear base period - divide	e the total on line 2 by 5, or by the	<del>-</del> +	<del>-</del>	
		s than 5 years	3		4.480377
names of your and realisation		s man o years			
4 Enter the net value of noncharit	table-use assets for 2012 fro	om Part X, line 5	4		28,192.
5 Multiply line 4 by line 3			5		126,311.
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)		6		2.
7 Add lines 5 and 6			7		126,313.
8 Enter qualifying distributions fro	om Part XII, line 4	in Part VI, line 1b, and complete t	8	using a 1% to	91,270.

JSA 2E1430 1 000

orm 9	90-PF (2512) WALKER FAMILY FOUNDATION 48-118	1805	F	Page 4
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	nstruc	tions	<u>;)                                    </u>
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 instructions)			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check			3.
	here 🕨 🔛 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-)			
	Add lines 1 and 2			3.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			3.
	Credits/Payments			
	2012 estimated tax payments and 2011 overpayment credited to 2012			
	Exempt foreign organizations - tax withheld at source 6b			
	Tax paid with application for extension of time to file (Form 8868) 6c			
	Backup withholding erroneously withheld 6d			
	Total credits and payments Add lines 6a through 6d			0
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			3.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10	_		
	Enter the amount of line 10 to be Credited to 2013 estimated tax			
	VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
	or intervene in any political campaign?	1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the			
-	definition)?	16		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?	1c		X X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			† ·
_	(1) On the foundation $\blacktriangleright$ \$			
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	<u> </u>		
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?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
-	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	Х	Ī
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	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	KS,			
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	1		
_	of each state as required by General Instruction G? If "No," attach explanation	8b		Х
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 2012 or the taxable year beginning in 2012 (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			
	ordered second second substantial contributors during the tax year. If res, attach a schedule listing their halles and	1		Ιx

Pa	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		Х
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)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address N/A			
14	The books are in care of ► TRACE WALKER  Telephone no ► 785-825	-222	1	
	Located at ▶PO BOX 856 SALINA, KS ZIP+4 ▶ 67402-0	856		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	$\Box$
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of			
	the foreign country	1		·
Рa	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.		Yes	No
1 8	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			, 5,7
	(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.)		,	
ı	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		2	
	section 53 4941 (d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
(	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 2012?	1c		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))			,
á	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and			٠
	6e, Part XIII) for tax year(s) beginning before 2012? Yes X No			
	If "Yes," list the years			1
ı	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 )	_2b		
(	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_				:
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
	If "Yes," did it have excess business holdings in 2012 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 2012)	3b		x
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		^
•	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			$\bar{\mathbf{x}}$
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4h		ι Λ

Par	t VII-B	Statements Regarding Activities fo	r Which Form 47	720 May Be Requir	ed (continued)		
5 a	During t	ne year did the foundation pay or incur any amour	nt to				
	(1) Carr	y on propaganda, or otherwise attempt to influen	ce legislation (section	4945(e))?	Yes X No	i	
	(2) Influ	ence the outcome of any specific public elec	tion (see section 4	955), or to carry on,			
		etly or indirectly, any voter registration drive?	•	•			
		ide a grant to an individual for travel, study, or oth			—		
		nde a grant to an organization other than a			<del>_</del> _		
	` '	on 509(a)(1), (2), or (3), or section 4940(d)(2)? (s			Yes X No		
		ide for any purpose other than religious, cha					
	` '	oses, or for the prevention of cruelty to children of		•	Yes X No		
<b>.</b>		Inswer is "Yes" to 5a(1)-(5), did any of the				1	
•	,	ons section 53 4945 or in a current notice regard			•	i	-
	_	ations relying on a current notice regarding disasti	-			<u> </u>	
_						느ㅣ	
C		nswer is "Yes" to question 5a(4), does the f		•			
		it maintained expenditure responsibility for the gr			Yes No	'	
_		attach the statement required by Regulations secti	• •				
6a		foundation, during the year, receive any fund	•				
_		sonal benefit contract?			Yes X No		x
b		foundation, during the year, pay premiums, direc	tly or indirectly, on a p	personal benefit contract	?	· ·   6b	^_
_		to 6b, file Form 8870			□ □		
	•	me during the tax year, was the foundation a par		• •			
		Information About Officers, Directors				7b	<u></u>
Par	t VIII	and Contractors	, Trustees, Four	uation managers,	riigiliy Palu Eliipit	Jyees,	
1	List all	officers, directors, trustees, foundation m					
		(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans		se account, lowances
			devoted to position	enter -0-)	and deferred compensation	011101 01	
AΠC	н 3			d	d		۵
	·11 J				<del></del>		
-							<del></del>
					•		
							<del></del>
2	Compe	nsation of five highest-paid employees	(other than thos	e included on line	1 - see instruction	ons). If n	one, enter
	"NONE		(0.000				
l.	Nome ==	d address of each employee and many than \$52.222	(b) Title, and average	(a) Cama	(d) Contributions to employee benefit	(e) Expens	se account,
(a	) Ivallie all	d address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	`óther al	lowances
					55p564		
	NONE						
Γota	i numbe	r of other employees paid over \$50,000 .					
						Form 99	<b>0-PF</b> (2012)

Form 990-PF (2012) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (c) Compensation (a) Name and address of each person paid more than \$50,000 (b) Type of service NONE Total number of others receiving over \$50,000 for professional services 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 Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc. PROVIDE FOR THE UNDER-PRIVILEGED IN THE SALINE COUNTY AREA 91,230. Summary of Program-Related Investments (see instructions) Part IX-B Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 NONE All other program-related investments. See instructions 3 NONE Total. Add lines 1 through 3.

Form **990-PF** (2012)

WALKER FAMILY FOUNDATION 48-1181805 Form 990-PF (2012) Page 8 'Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see instructions.) 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 1a **b** Average of monthly cash balances 28,621. 1b c Fair market value of all other assets (see instructions) 1c d Total (add lines 1a, b, and c) 28,621. 1d Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) \_\_\_\_\_\_\_1e Acquisition indebtedness applicable to line 1 assets 28,621. Subtract line 2 from line 1d 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see 4 429. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4 5 28,192. Minimum investment return. Enter 5% of line 5 1,410. Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations check here > and do not complete this part) Minimum investment return from Part X, line 6 . . . . . . . . . 1,410. 3. Distributable amount before adjustments Subtract line 2c from line 1 1,407. 3 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 1,407. 5 Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 1,407. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a 91,270. Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 2 3 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) . . . . За

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Cash distribution test (attach the required schedule)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2012)

4

5

6

91,270.

Form 990-PF (2012) Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (d) (c) Corpus Years prior to 2011 2011 2012 Distributable amount for 2012 from Part XI. 1,407. Undistributed income, if any, as of the end of 2012 Enter amount for 2011 only . . . . . . . Total for prior years 20 10 20 09 20 08 b Excess distributions carryover, if any, to 2012 a From 2007 . . . . . . From 2008 . . . . . . From 2009 . . . . . . From 2010 . . . . . . From 2011 . . . . . . Total of lines 3a through e . . . . . . . . . . . . Qualifying distributions for 2012 from Part XII, 91,270. line 4 ▶ \$ Applied to 2011, but not more than line 2a . . . Applied to undistributed income of prior years (Election required - see instructions) Treated as distributions out of corpus (Election 1,407. d Applied to 2012 distributable amount .... 89,863. Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a) ) Enter the net total of each column as indicated below: 89,863 Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . . . . . . . . . . d Subtract line 6c from line 6b Taxable amount - see instructions
Undistributed income for 2011 Subtract line
4a from line 2a Taxable amount - see
instructions f Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013 ......... Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) 89,863 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a . . . . . . . Analysis of line 9 Excess from 2008 Excess from 2009 . . . Excess from 2010 . . . d Excess from 2011 . . . e Excess from 2012 . . .

Рε	Private Oper	ating Foundations	(see instructions ar	iu Pari VII-A, questi	011 9)		NO1 F	TELLICABL
1 a	If the foundation has	received a ruling or	determination letter th	at it is a private ope	erating			
	foundation, and the ruling	g is effective for 2012,	enter the date of the ruling	g	▶∟			,
b	Check box to indicate wh		a private operating foun	dation described in section	on	4942(j)(	3) or	4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years			(6	e) Total
	justed net income from Part	(a) 2012	<b>(b)</b> 2011	(c) 2010	(d) 200	9		·
	For the minimum investment return from Part X for each year listed							
ь	85% of line 2a							
С	Qualifying distributions from Part							
	XII, line 4 for each year listed .							
d	Amounts included in line 2c not used directly for active conduct of exempt activities							
е	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  "Assets" alternative test - enter						-	
•	(1) Value of all assets							
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)							
b	"Endowment" alternative test-			-				
	enter 2/3 of minimum invest- ment return shown in Part X.							
	line 6 for each year listed							
С	"Support" alternative test - enter							
	(1) Total support other than gross investment income (interest, dwdends, rents, payments on securities loans (section 512(a)(5)),			ļ				
	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		<del> </del>	<del></del>				
Pa		ary Information (	Complete this par	t only if the foun	dation had \$	55.000	or mor	e in assets
_	at any time of	during the year - s	ee instructions.)					
1	Information Regardin	_						
а	List any managers of before the close of any	tax year (but only if	they have contributed mo	re than 2% of the to more than \$5,000).	ital contribution (See section 50	s receive 7(d)(2).)	d by the	e foundation
_	ATTACHME		400/					<del></del>
D	List any managers of ownership of a partner					n equally	large po	ortion of the
	N/A							
2	Information Regardin	•		• • • •				
	Check here ► X If t unsolicited requests for	or funds. If the foun	dation makes gifts, gi	to preselected cha rants, etc. (see instru	aritable organiz ictions) to indiv	ations an	id does organiz	not accept ations under
	other conditions, comp			<del></del>	<del></del>			
	The name, address, a		·					
b	The form in which app	lications should be s	ubmitted and informa	tion and materials the	ey should includ	e:		
C	Any submission deadl	ines:						
	Any restrictions or li	mitations on award	e euch as hy goos	ranhinal aross short	itable fields le	unde of :	netiti iti o	ne or other
a	Any restrictions or li factors	mmanons on award	o, such as by geog	rapilicai aleas, char	itable lielūs, K	iiius UI II	เอเเนแปร	is, or other

Page **11** 

Part XV Supplementary Information (	continued)			
3 Grants and Contributions Paid Durin	ng the Year or Appr	oved for F	uture Payment	
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
A MOU.				
ATCH 5				
		,		
Total	<u> </u>		<b>.</b>	91,230.
b Approved for future payment	<u> </u>	· · · · · ·		91,230.
b Approved for fatale payment				
	}			
	<u> </u>	<u> </u>	<u> </u>	
Total			<u>.</u> 3b	<u> </u>

Page **12** 

Part XVI	<ul> <li>Analysis of Income-Produ</li> </ul>	cing Activ	<i>i</i> ities			
Enter gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e)
1 Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
_				-		(Oce mandenons)
			<u>-</u>	+		
						<u> </u>
				<del>                                     </del>		
e f						<del></del>
	and contracts from government agencies			·		
=	rship dues and assessments					
	on savings and temporary cash investments			14	170.	
	ds and interest from securities					
	tal income or (loss) from real estate					
	t-financed property					
<b>b</b> Not	debt-financed property					
	al income or (loss) from personal property					
	nvestment income			-		
	(loss) from sales of assets other than inventory					
	ome or (loss) from special events		· · · · · · · · · · · · · · · · · · ·			
	profit or (loss) from sales of inventory.			<u> </u>		
	evenue a			<del></del>		
			-	1		
 e						
	Add columns (b), (d), and (e)				170.	
	dd line 12, columns (b), (d), and (e)			<u> </u>	13	170.
(See works	heet in line 13 instructions to verify calci	ulations)				
Part XVI			complishment of Ex	empt Purc	oses	
Line No.		-				
	Explain below how each activit					
	accomplishment of the foundation	on s exemp	t purposes (other than	by providing	j lulius for such purpose	s). (See instructions.)
3	PROVIDE ADDITIONAL FU	JNDS TO	SUPPORT NEEDY C	HARITIES	5	
						-
				•		
			-			
						· ·
			-	•		
				<del></del> -		
						<del> </del>

Par	XVII	Information Re Exempt Organ		sfers To and Tran	sactions a	nd Relation	ships With Non	charit	able	•
1	ın section organiza	on 501(c) of the Co ations?	de (other than se	ngage in any of the fol ection 501(c)(3) organi	zations) or in	section 527, r			Yes	No
а		· · · · · · · · · · · · · · · · · · ·	-	noncharitable exempt	_			10(1)	i	X
								1a(1) 1a(2)		X
b		ansactions			• • • • • •					
	(1) Sale	es of assets to a no	ncharitable exemi	pt organization				1b(1)		Х
	(2) Pure	chases of assets fro	om a noncharitabl	le exempt organization .				1b(2)		Х
	(3) Ren	tal of facilities, equi	pment, or other a	ssets				1b(3)		X
	(4) Rei	nbursement arrange	ements					1b(4)		X
	(5) Loa	ns or loan guarantee	S			· · · · · · · · ·	• • • • • • • • • •	1b(5)		X
				o or fundraising solicitati s, other assets, or paid e				1b(6)		X
				," complete the follow				1c the f	air m	
u				es given by the reporti						
		•		ement, show in column	•					
(a) L	пе по	(b) Amount involved	(c) Name of no	ncharitable exempt organization	n <b>(d)</b> D	escription of transf	fers, transactions, and sha	rıng arrai	ngeme	nts
		N/A			N/A	<u> </u>				
						_·				
		<del></del>								
						<del>_</del>				
		<del></del>	ļ <u> </u>	<u> </u>						
_		<del></del> -		<del></del>		<del></del>	<del></del>			
		<del></del>								
						<del></del>				
2a	Is the 1	oundation directly	or indirectly affil	ated with, or related	o, one or m	ore tax-exemp	t organizations			
		, ,	•	er than section 501(c)(	3)) or in sect	ion 527?		Ye	es LX	No.
b	If "Yes,	" complete the follo				<del> </del>				
		(a) Name of organization	<u>a</u>	(b) Type of organize	ation		(c) Description of relation	ship		
	<del></del> -	<del></del>				<del> </del>				
	Loorroot	penalties of perjury, I declar	are that I have examine	ed this return, including accompa	anying schedules a	and statements, and as any knowledge	to the best of my knowled	ge and b	elief, it	ıs true,
Sig	¹   📈	100	16				May the IR	S discus	s this	return
Her		unt (	sales-	11-4-13		SIDENT	with the p	reparer	shown	below
	Sign	ature of officer or trustee		Date	Title		(see instruction	ns)?	Yes	X N₀
_		Print/Type preparer's	name	Preparer's signature		Date	Check If	PTIN		
Paid	i			, , , , , , , , , , , , , , , , , , , ,			self-employed	· · · •		
Pre	parer	Firm's name				I	Firm's EIN			
Use	Only	Firm's address						_		
	-						Phone no			
	_								<u> </u>	

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

**2012** 

Name of the organization		Employer identification number
WALKER FAMILY FOUN	DATION	
		48-1181805
Organization type (check or	ne):	
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 prival	vate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	foundation
	501(c)(3) taxable private foundation	
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule See
mon donono.		
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, so	\$5,000 or more (in money or
Special Rules		
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % si 9(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, di \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (and II.	uring the year, a contribution of
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receive stal contributions of more than \$1,000 for use <i>exclusively</i> for religious, poses, or the prevention of cruelty to children or animals. Complete Pa	charitable, scientific, literary,
during the year, control of total to more to year for an <i>exclusr</i>	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receive ontributions for use <i>exclusively</i> for religious, charitable, etc., purposes, han \$1,000. If this box is checked, enter here the total contributions to vely religious, charitable, etc., purpose. Do not complete any of the paranization because it received nonexclusively religious, charitable, etc.	, but these contributions did hat were received during the irts unless the <b>General Rule</b> , contributions of \$5,000 or
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules does nust answer "No" on Part IV, line 2 of its Form 990; or check the box of PF, to certify that it does not meet the filing requirements of Schedule	on line H of its Form 990-EZ or on

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

SALINA, KS

67402-0856

Employer identification number 48-1181805

(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 1 _	KAREN GORRELL  8902 W STATE ST  BROOKVILLE, KS 67425	\$7,113.	Person Payroll Noncash  (Complete Part II if there a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<sup>2</sup> <b>_</b>	SANDY WALKER  4001 N LINK RD  BROOKVILLE, KS 67425	\$8,333.	Person X Payroll Noncash (Complete Part II if there a noncash contribution.)
(a)	(b)	(c) Total contributions	(d)
No	Name, address, and ZIP + 4		Type of contribution
3_	BLUE BEACON INTERNATIONAL, INC.  PO BOX 856  SALINA KS 67402-0856	\$	Person X Payroll Noncash (Complete Part II if there

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b) Name, address, and ZIP + 4	(c)	(d)
No	Mame, address, and zir + 4	Total contributions	Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash

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

a noncash contribution.)

Name of organization WALKER FAMILY FOUNDATION

Employer identification number 48-1181805

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (d) (b) from FMV (or estimate) **Date received** Description of noncash property given Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions)

Name of organization WALKER FAMILY FOUNDATION

Employer identification number 48-1181805

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$

Iuplicate copies of Part III if additional	space is needed.		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Transferee's name, address, and Zi	P + 4	Relationship of transferor to transferee	
	<b></b>		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gift		
Transferee's name, address, and Z	P+4	Relationship of transferor to transferee	
(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held	
	(e) Transfer of gift		
Transferee's name, address, and Z	P + 4	Relationship of transferor to transferee	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gift		
Transferee's name, address, and Z		Relationship of transferor to transferee	
•	(b) Purpose of gift  Transferee's name, address, and Zi  (b) Purpose of gift  Transferee's name, address, and Zi  (b) Purpose of gift  Transferee's name, address, and Zi	(b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4	

TION
FOUNDA
FAMILY
WALKER

	CHARITABLE	PURPOSES	40.	40.
	ADJUSTED NET	INCOME		
	NET INVESTMENT	INCOME		
	REVENUE AND EXPENSES	PER BOOKS	40.	40.
FORM 990PF, PART I - LEGAL FEES		DESCRIPTION	ANNUAL REPORT - SEC OF STATE	TOTALS

ATTACHMENT 1

## FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

NOT REQUIRED

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES FORM 990PF, PART VIII

CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	0	0 0	0 0	0 0	0 0	0 0
COMPENSATION						
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT	SECRETARY	TREASURER	DIRECTOR	DIRECTOR	DIRECTOR
NAME AND ADDRESS	TRACE E WALKER 1608 S REESE RD BROOKVILLE, KS 67425-9715	KAREN GORRELL 8902 W STATE STREET RD BROOKVILLE, KS 67425-9723	MICHAEL B WALKER 1905 E IRON AVE SALINA, KS 67401-3428	DAVID GORRELL 8902 W STATE STREET RD BROOKVILLE, KS 67425-9723	DENISE R WHITE 411 W 46TH TER APT 702 KANSAS CITY, MO 64112-1476	SANDY WALKER 4001 N LINK RD BROOKVILLE, KS 67425-9793

ATTACHMENT 3 (CONT'D)

ES
TRUSTE
AND
RS, DIRECTORS,
FFICE
IST OF O
- LIST
PART VIII - LI
PART
ORM 990PF,
FOR

S EXPENSE ACCT AND OTHER S ALLOWANCES	0	0	0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS				
COMPENSATION	0	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR	DIRECTOR	DIRECTOR	GRAND TOTALS
NAME AND ADDRESS	PENNY A WALKER 1905 E IRON AVE SALINA, KS 67401-3428	CYNTHIA A WALKER 1608 S REESE RD BROOKVILLE, KS 67425-9715	CAROLYN L WALKER 7576 W STATE ST SALINA, KS 67401-9567	

### FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

KAREN GORRELL SANDY WALKER

# FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ASHBY HOUSE, LTD PO BOX 3482 SALINA, KS 67402-3482	PUBLIC	HOMELESS SHELTER	6,600.
BIRTHRIGHT OF SALINA, INC. 1045 THE MIDWAY SALINA, KS 67401	PUBLIC	ASSIST UNWED MOTHERS	3,300.
SALINA EMERGENCY AID FOOD BANK INC 255 S CHICAGO SALINA, KS 67401	PUBLIC	FOOD FOR THE HUNGRY	4,950.
GREAT PLAINS CHRISTIAN RADIO INC PO BOX 991 MEADE, KS 67864	PUBLIC	NON-COMMERCIAL EDUCATIONAL RADIO STATION	3,420.
HOSPICE OF SALINA, INC. PO BOX 2238 SSALINA, KS 67402-2238	PUBLIC	HOSPICE CARE AND SUPPORT SERVICES FOR TERMINALLY ILL PATIENTS AND THEIR FAMILIES	6,600.
MARINE TOY BOX 1819 LEWIS AVE SALINA, KS 67401	PUBLIC	CHRISTMAS GIFTS FOR UNDERPRIVILGED CHILDREN	200.

ATTACHMENT 5 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SALINA HEALTH EDUCATION FOUNDATION 651 E PRESCOTT RD SALINA, KS 67401	PUBLIC	MEDICAL CARE FOR NEEDY	8,280.
PREGNANCY SERVICE CENTER INC 104 W ELM SALINA, KS 67401	PUBLIC	PREGNANCY COUNSELING AND ASSISTANCE	5,520.
SALINA RESCUE MISSION INC PO BOX 1667 SALINA, KS 67402-1667	PUBLIC	HOMELESS SHELTER FOR MEN	6,600.
SALINE COUNTY COMMSIION ON AGING 245 N 9TH ST SALINA, KS 67401	PUBLIC	ADULT CAREGIVING DUTIES	2,400.
TEEN TOWN, INC. PO BOX 856 SALINA, KS 67402-0856	PUBLIC	PROVIDE SAFE ENVIRONMENT FOR YOUTH ACTIVITIES	28,740.
SALINA CHRISTMAS FUND 227 N SANTA FE, SUITE 203 SALINA, KS 67401	PUBLIC	CHRISTMAS GIFTS FOR NEEDY	4,000.

ATTACHMENT 5 (CONT'D)

# FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	D ADDRESS FOUNDATION STATUS OF RECIPIENT PURPOSE OF GRANT OR CONTRIBUTION AMOUNT	MARTIN LUTHER KING JR CHILD DEVELOPMENT CENTER INC PUBLIC 1,000.  1215 N SANTA FE SALINA, KS 67401	D PARENTING SERVICES, INC. PUBLIC 3,420.	ES INC PUBLIC 6,000.	HOUSE TEMPORARY HOUSING FOR RELATIVES OF HOSPITAL 200. PATIENTS
	RECIPIENT NAME AND ADDRESS	MARTIN LUTHER KING JR CHILD DEVI 1215 N SANTA FE SALINA, KS 67401	CHILD ADVOCACY AND PARENTING SERVICES, INC. 155 N OAKDALE AVE SALINA, KS 67401	AT STAKE MINISTRIES INC 1301 E IRON AVE SALINA, KS 67401	REBECCA MORRISON HOUSE 513 S. 8TH ST

TOTAL CONTRIBUTIONS PAID 91,230.