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990-PF

Return of Private Foundation

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

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20**13**

Department of the Treasury Internal Revenue Service ➤ Do not enter Social Security numbers on this form as it may be made public.

➤ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

Open to Public Inspection

06/30, 2014 07/01 , 2013, and ending For calendar year 2013 or tax year beginning A Employer identification number Name of foundation 48-1181805 WALKER FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see instructions) Room/suite (785) 825-2221PO BOX 856 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here SALINA, KS 67402-0856 G Check all that apply: Initial return Initial return of a former public charity 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation H Check type of organization: X Section 501(c)(3) exempt private foundation If private foundation status was terminated Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here . J Accounting method: X Cash Fair market value of all assets at If the foundation is in a 60-month termination Other (specify) end of year (from Part II, col. (c), line under section 507(b)(1)(B), check here . 15,461. (Part I, column (d) must be on cash basis.) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) expenses per purposes income income may not necessarily equal the amounts in books column (a) (see instructions)) (cash basis only) 168,348 Contributions, gifts, grants, etc., received (attach schedule) . if the foundation is **not** required to attach Sch B Check 2 190. 190. 190 3 Interest on savings and temporary cash investments Dividends and interest from securities Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Revenue Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . 7 Net short-term capital gain Income modifications Gross sales less returns 10 a and allowances · · Less Cost of goods sold Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 190. 168,538. 190. Total, Add lines 1 through 11 . . . -13 Compensation of officers, directors, trustees, etc Other employee salaries and wages Pension plans, employee benefits 40. 40 Legal fees (attach schedule) ATCH 1 Accounting fees (attach schedule) c Other professional rees (a) Interest . . . Taxes (attach sche-(see instructions) Depreciation (att Occupancy. ሳሀሀሪ Operating and 21 Travel, conferen Printing and publications 22 23 Other expenses (attach schedule) Total operating and administrative expenses 24 40 40 Add lines 13 through 23 166,820 166,820 Contributions, gifts, grants paid 25 166,860 166,860 Total expenses and disbursements Add lines 24 and 25 26 27 Subtract line 26 from line 12 1,678 a Excess of revenue over expenses and disbursements 190 b Net investment income (if negative, enter -0-) 190. c Adjusted net income (if negative, enter -0-).

	art II	Balance Sheets description column should be for end-of-year	Beginning of year	End (of year
_		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 .	Cash - non-interest-bearing	2,357.	4,844.	
	2	Savings and temporary cash investments		10,617.	10,617
	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)			
	-	Less allowance for doubtful accounts	entron to the second to the se		
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	_	Investments - U.S. and state government obligations (attach schedule)			
		Investments - corporate stock (attach schedule)			
	11	Investments - corporate bonds (attach schedule) Investments - land, buildings,	n/		
		and equipment basis Less accumulated depreciation			لم ما ما ما
		and equipment basis Less accumulated depreciation (attach schedule)			
	12				
	13 14	Investments - other (attach schedule) Land, buildings, and			
		equipment basis Less accumulated depreciation (attach schedule) Other assets (describe		MD	- · - ·
		(attach schedule)			
Ì	15	//			
	16	Total assets (to be completed by all filers - see the			
_		ınstructions Also, see page 1, item I)	13,783.	15,461.	15,461
	17	Accounts payable and accrued expenses			* ,
	18	Grants payable			,
es	19	Deferred revenue			, ***
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			{
_	22	Other liabilities (describe			-4
					1
_	23	Total liabilities (add lines 17 through 22)	0	0	,
		Foundations that follow SFAS 117, check here . ▶			
es		and complete lines 24 through 26 and lines 30 and 31.			•
읻	24	Unrestricted			
ᇛ	25	Temporarily restricted			t.
밁	26	Permanently restricted			ĺ
Ē		Foundations that do not follow SFAS 117, $\triangleright X$			1
or Fund Balan		check here and complete lines 27 through 31.			i
S	27	Capital stock, trust principal, or current funds			†
Assets		Paid-in or capital surplus, or land, bldg , and equipment fund			
As		Retained earnings, accumulated income, endowment, or other funds	13,783.	15,461.	•
Set N		Total net assets or fund balances (see instructions)	13,783.	15,461.	
z		Total liabilities and net assets/fund balances (see		· ·	^
		instructions)	13,783.	15,461.	t
Ρ	art III	Analysis of Changes in Net Assets or Fund E			
		I net assets or fund balances at beginning of year - Part I		ust agree with	
	end-	of-year figure reported on prior year's return)	, (w _j) (iiii	1	13,783
2	Ente	r amaunt from Dart Line 07-		1 1	1,678
		as personne net meloded in the O. (its access).	· · · · · · · 		
		lines 1, 2, and 3		15,461	
5	Dec	reases not included in line 2 (itemize) ▶		5	10,101
		I net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b)		15,461.
÷		The state of the s	3/ 1 are 11, column (D),		10, 101

Page 3

	(a) List and 2-story b	(b) How acquired P - Purchase D - Donation		(d) Date sold (mo , day, yr)			
b							
<u> </u>							
d			-				
е							
(e) G	ross sales price	(f) Depreciation allowed (or allowable)		(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	*
b		-					
С	·						
_d					L		
<u>e</u> _							
Com	plete only for assets	showing gain in column (h) and o	owned t	by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
(i) F M	V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
_a							
_d							
2 Capital	gain net income or	(net capital loss)		ain, also enter in Part I, line 7 sss), enter -0- in Part I, line 7	2		
3 Net sho	ort-term capital gair	n or (loss) as defined in section					
If gaın, Part I, İ	0			ctions). If (loss), enter -0- in			
Part V		Inder Section 4940(e) for		iced Tax on Net Investment I	ncome		
Was the fo	oundation liable for	leave this part blank. the section 4942 tax on the dinot qualify under section 4940		able amount of any year in the b	ase perio	d?	Yes X No
				ee the instructions before making	any entr	ies	
	(a)	(b)	your, o	(c)	any chi	(d)	
	se period years or (or tax year beginning in)	Adjusted qualifying distributions	- 1	Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
	2012	91,270	0.	28,192.		100. (0) 0000 0)	3.237443
	2011	84,269	9.	21,663.			3.889997
	2010	71,033	1.	16,370.		 	4.339096
	2009	76,854	4.	9,611.			7.996462
	2008	107,008	8.	26,696.			4.008391
							
	of line 1, column (d)				2	2	3.471389
				ne total on line 2 by 5, or by the land 5 years	3		4.694278
4 Enter t	he net value of non	charitable-use assets for 201	3 from	Part X, line 5	4		38,564.
5 Multıpl	y line 4 by line 3				5		181,030.
6 Enter 1	1% of net investme	nt income (1% of Part I, line 27	'b)		6		2.
7 Add lin	es 5 and 6				7		181,032.
8 Enter of	qualifying distributio B is equal to or gre	ons from Part XII, line 4	 oox in l	Part VI, line 1b, and complete t	8 hat part		166,860. rate. See the
Part VI	instructions			•			

Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instr	action	15)
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)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	-	•	4
	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-)			
3	Add lines 1 and 2			4
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			(
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			4 .
6	Credits/Payments.			
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a			,
b	Exempt foreign organizations - tax withheld at source 6b	×8. '	•	, 8
¢		1	, w	, w = e = v
d		×.		
7	Total credits and payments Add lines 6a through 6d	*** *	without	~ (
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			4.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			-
11	Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ Refunded ▶ 11		-	
Pa	rt 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	100	Yes	No
	or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the			
	definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	7.3	Z*	
	distributed by the foundation in connection with the activities.		300,	100
c	Did the foundation file Form 1120-POL for this year?	1c	**	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	72.00	5°	
	(1) On the foundation \$ (2) On foundation managers \$,, %,	**	4
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	mile.	**84.	39
	foundation managers > \$	2/2	2	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		χ
	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,		7,	3
	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
þ	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		X
	If "Yes," attach the statement required by General Instruction T	17		1 4
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			r, Kit
	By language in the governing instrument, or		ŕ	*
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	* % # * * * * * * * * * * * * * * * * * * *	.X	*** *
	with the state law remain in the governing instrument?	6	Х	
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	The second of th			
	KS,		, ,	, \$ · · ·
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
_	of each state as required by General Instruction G? If "No," attach explanation. ATCH 2	8b		Х
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			· Na. ·
	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete			
	Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and		,	
	addresses ATCH 3	10	X	

Par	t VII-A Statements Regarding Activities (continued)			
11		T	ľ	
•	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		х
12		 ''-	\vdash	1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	1		l x
40	person had advisory privileges? If "Yes," attach statement (see instructions)		x	 '`
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13		<u> </u>
	Trobotic addices			
14	The books are in care of ► TRACE WALKER Telephone no ► 785-82)-ZZZ		
	Located at FO BOX 636 SABINA, RS ZIP+4 > 67402=	0636		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	• 📖
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority		Yes	
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of		~	2.,
	the foreign country		*	\ \ \
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.		Yes	No
1 a	During the year did the foundation (either directly or indirectly):	<i>i</i> .**		*** X4
	(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	94		
	disqualified person?	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	4.8		j
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		Sand.	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		,× 38	29# U
	the benefit or use of a disqualified person)?	9.54	×	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	\$15		
	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)	Marian.		
h		1198		2 /st.
	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	**	Šežs
	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		v	
•	were not corrected before the first day of the tax year beginning in 2013?	1c	þ	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		1	1
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	55		**
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and	Æ:	i	\$\$ \$\$ \$\$
	6e, Part XIII) for tax year(s) beginning before 2013? Yes X No		****	
	If "Yes," list the years		×.	
D	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		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		*	
		<u>*</u>	200	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	<i>'</i> .	36^) 86	A
	at any time during the year?	-AD	## P	Šawy
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or	'	, \$4,	~~~ <u>.</u>
	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	14.04		
	foundation had excess business holdings in 2013)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	ź., .	. %	_
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?			~ X

	devoted to position		compensation	otner allowances
NONE				
Total number of other employees paid over \$50,000		·		(

Form **990-PF** (2013)

WALKER FAMILY FOUNDATION 48-1181805 Form 990-PF (2013) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) 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 (c) Compensation (b) Type of service NONE 0 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 166,820. 2 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 NONE

Form **990-PF** (2013)

3 NONE

Total. Add lines 1 through 3

All other program-related investments. See instructions

Par	winimum investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn tou	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.	 	
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	39,151.
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	39,151.
е	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	39,151.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	· · · · · · · · · · · · · · · · · · ·	4	587.
5	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	38,564.
6	Minimum investment return. Enter 5% of line 5	6	1,928.
Pari	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	1,928.
2 a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI)	×.	
C	Add lines 2a and 2b	2c	4.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,924.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,924.
6	Add lines 3 and 4 Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	1,924.
Pari	XII Qualifying Distributions (see instructions)		
1		Г	·-
ı a	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc total from Part I, column (d), line 26	x^*	166,860.
b		1a	100,860.
	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	
2			
3	purposes	2	
-	Amounts set aside for specific charitable projects that satisfy the	*`	
a b	Suitability test (prior IRS approval required) Cash distribution test (attach the required schodule)	3a	
4	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	3b	166,860.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	4	100,000.
5		_	0
6	Enter 1% of Part I, line 27b (see instructions) Adjusted qualifying distributions. Subtract line 5 from line 4	5 6	166,860.
0			
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years	aiculati	ng whether the foundation

Form **990-PF** (2013)

Form 990-PF (2013)

Page 9

Pá	art XIII Undistributed Income (see instr	uctions)			
	-	(a)	(b)	(c)	(d)
1	Distributable amount for 2013 from Part XI,	Corpus	Years prior to 2012	2012	2013
	line 7				1,924.
2	Undistributed income, if any, as of the end of 2013				
а	Enter amount for 2012 only				
b	Total for prior years 20 11 ,20 10 ,20 09				
3	Excess distributions carryover, if any, to 2013:				
а	From 2008				
	From 2009				
C	From 2010				
d	From 2011				
	From 2012				
	Total of lines 3a through e				
4	Qualifying distributions for 2013 from Part XII, line 4 > \$ 166,860.				
а	Applied to 2012, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2013 distributable amount				1,924.
	Remaining amount distributed out of corpus	164,936.			
5					
6	(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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	164,936.			
	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	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				
е	Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount - see instructions				
f	Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section			· · · · · · · · · · · · · · · · · · ·	
	170(b)(1)(F) or 4942(g)(3) (see instructions)	164,936.			
8	Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9.				
	Excess from 2009				
	Excess from 2010				
C	Excess from 2011				
	Excess from 2012				
е	Excess from 2013				

Pai	rt XIV Private Op	erating Foundations	s (see instructions a	nd Part VII-A, quest	ion <u>9)</u>	NOT APPLICABL
1 a	If the foundation has	_			ating	
	foundation, and the ruling					() (0) 1 1040() (5)
D	Check box to indicate wh		a private operating found		1 4942	(j) (3) or 4942(j) (5)
2 a	Enter the lesser of the ad-	Tax year	(b) 2012	Prior 3 years	(d) 2010	(e) Total
	justed net income from Part I or the minimum investment	(a) 2013	(b) 2012	(c) 2011	(a) 2010	
	return from Part X for each year listed					
_						
	85% of line 2a					
C	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					
а	"Assets" alternative test - enter					
	(1) Value of all assets					<u> </u>
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)				ļ	
D	"Endowment" alternative test- enter 2/3 of minimum invest-		:			
	ment return shown in Part X,					
_	line 6 for each year listed "Support" alternative test - enter	<u> </u>			 	
·	(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)					1
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income					<u> </u>
Ра		ntary Information (e during the year - s		t only if the found	dation had \$5,000	or more in assets
1	Information Regarding					
а	List any managers of	•		e than 2% of the tot	al contributions rece	ived by the foundation
	before the close of any					
	ATTACHME	NT 5				
b	List any managers of	the foundation who				lly large portion of the
	ownership of a partner	ship or other entity) o	f which the foundation	n has a 10% or greate	r interest	
	/-					
2	N/A Information Regarding	a Contribution Crant	Cift Loon Coholorel	oin eta Dragona		
2	_ <u></u>	•	•	• • •		
	Check here ► X if t unsolicited requests for	ne toundation only or funds if the found	makes contributions	to preselected char ants etc (see instruc	ritable organizations	and does not accept
	other conditions, comp			anto, etc. (see motrue	dons, to marriadas	or organizations under
	The name, address, a			the person to whom ar	polications should be a	ddressed.
				p		
b	The form in which app	lıcations should be su	bmitted and informati	on and materials they	should include:	
	Any submission deadli	nec.				
C	Any submission deadi	1100.				
d	Any restrictions or li	mitations on awards	, such as by geogra	aphical areas, charita	able fields, kinds of	institutions, or other
	factors:					

Page 11

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for F	Future 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)	or substantial contributor	recipient	Contribution	
a Paid during the year				
			1	
ATCH 6			1	
	•	•		
				in the second se
		1		,
				,
	<u></u>			
Total	<u> </u>	<u> </u>	▶ 3a	166,820.
b Approved for future payment				
				1
Total			▶ 3b	

Page **12**

Form 990-PF (2013)

Part XVI-	A Analysis of Income-Produ	cing Activ	/ities			
Enter.gross amounts unless otherwise indicated		Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e)
_		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
•	service revenue.					(Oce mandenons)
						
				1		
	and contracts from government agencies					
	ship dues and assessments					
	n savings and temporary cash investments			14	190.	
4 Dividend	is and interest from securities					
5 Net renta	al income or (loss) from real estate					
a Debt-	-financed property			<u> </u>		
b Not d	debt-financed property					
6 Net renta	I income or (loss) from personal property					
7 Other in	vestment income					
8 Gain or (I	oss) from sales of assets other than inventory					
9 Net inco	me or (loss) from special events			ļ <u> </u>		
10 Gross pr	rofit or (loss) from sales of inventory			-		
	venue. a	ļ		 		
ь						
c				 		
d				ļ		
e		*		<u> </u>	100	
	Add columns (b), (d), and (e)		<u> </u>	<u> </u>	190.	
	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc		• • • • • • • • • • • • • •	• • • • •	¹³	
	B Relationship of Activities		complishment of Ev	empt Burn	0000	
Line No.	Explain below how each activit			-	•	
▼	accomplishment of the foundation	on's exemp	t purposes (other than I	by providing	tunds for such purposes	s) (See instructions.)
3	PROVIDE ADDITIONAL FU	JNDS TO	SUPPORT NEEDY C	HARITIES	3	_
						
						<u>. </u>
			 			
		<u> </u>	·			
					···	
			·			
						
					<u> </u>	
						

WALKER FAMILY FOUNDATION

Part 2	XVII	Information R Exempt Organ	_	nsfers To and Trans	actions and	I Relationships With No	ncnarıı	able
1 D	ıd the			ngage in any of the follo	wing with any	y other organization describe	d [Yes No
in	secti					ection 527, relating to politica		
			ng foundation to a	a noncharitable exempt o	rganization of:			
(1	i) Cas	h	- 				. 1a(1)	X
								X
b O	ther 1	ransactions:						.
								X
								X
								X_
								X X
(5	5) Loa	ins or loan guarante	es				. 1b(5)	X
								$\frac{\lambda}{x}$
						Column (b) should always sh If the foundation received le		
						of the goods, other assets, or		
(a) Line	$ \tau$	(b) Amount involved		ncharitable exempt organization		cription of transfers, transactions, and s		
_(a) Line		N/A	(c) italie of no	nenantable exempt organization	N/A	inplication of transfers, transactions, and s	maining arrai	igements
	-+		 		1			
								
			 		1			
		<u> </u>						
								
			 					
			 					
			 					
d	escrib) of the Code (oth	nated with, or related to ner than section 501(c)(3)		e tax-exempt organizations	Ye	s X No
		(a) Name of organization	n	(b) Type of organization	on	(c) Description of relati	onship	
								
				- 				
	Under	nenalties of perium I decl	lare that I have examine	of this return, including accompany	ing echedules and	etatements, and to the best of my know	ledge and h	olief it is true
	correct	t, and complete Declaration of	of preparer (other than tax	payer) is based on all information of v	which preparer has a	statements, and to the best of my know ny knowledge		ener, it is true
Sign		- 6.	wads	111-6-14	PRESI	DE'N'T		this return
Here	Sign	ature of officer or trustee	00-60	Date	Title	with the		Yes X No
				•		(See Ill Strace		, , , , , , , , , , , , , , , , , , ,
		Print/Type preparer's na	ame	Preparer's signature		Date Check if	PTIN	
Paid						self-employed		
Prepa	arer	Firm's name				Firm's EIN	· · · · · · · · · · · · · · · · · · ·	
Use C	Only	Firm's address						

Form **990-PF** (2013)

Phone no

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.

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

OMB No 1545-0047

Employer identification number Name of the organization WALKER FAMILY FOUNDATION 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 not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I. II. and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number

			48-1181805
Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _	KAREN GORRELL 8902 W STATE ST BROOKVILLE, KS 67425	\$10,336.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _	SANDY WALKER 4001 N LINK RD BROOKVILLE, KS 67425	\$8,777.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _	BLUE BEACON INTERNATIONAL, INC. PO BOX 856 SALINA, KS 67402-0856	\$45,467.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CWW ENTERPRISES, L.P. PO BOX 856 SALINA, KS 67402-0856	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

3E1253 1 000

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. that total more than \$1,000 for the y	, individual contributions to section to rear. Complete columns (a) through (contributions)	501(c)(7), (8), or (10) organizations e) and the following line entry.
	For organizations completing Part III, contributions of \$1,000 or less for the	enter the total of <i>exclusively</i> religious, e e year. (Enter this information once. S	charitable, etc., ee instructions.) ►\$
	Use duplicate copies of Part III if addit	ional space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
ı	Transferee's name, address, ar	nd ZIP + 4 Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	•	nakin of transferer to transferes
		neiatio	nship of transferor to transferee
_			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4 Relation	nship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990PF, PART I - LEGAL FEES

ATTACHMENT 1

CHARITABLE	40.	40.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	40.	40.
DESCRIPTION	ANNUAL REPORT - SEC OF STATE	TOTALS

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

NOT REQUIRED

FORM 990PF, PART VII-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS

CWW ENTERPRISES, L.P. PO BOX 856 SALINA, KS 67402-0856

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

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

ATTACHMENT 4 (CONT'D)

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

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

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

KAREN GORRELL SANDY WALKER DENISE WHITE

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ASHBY HOUSE, LTD PO BOX 3482 SALINA, KS 67402-3482	SC .	HOMELESS SHELTER	6,600.
BIRTHRIGHT OF SALINA, INC. 1045 THE MIDWAY SALINA, KS 67401	PC	ASSIST UNWED MOTHERS	3,300.
SALINA EMERGENCY AID - FOOD BANK INC 255 S CHICAGO SALINA, KS 67401	PC	FOOD FOR THE HUNGRY	9,300.
GREAT PLAINS CHRISTIAN RADIO INC PO BOX 991 MEADE, KS 67864	PC	NON-COMMERCIAL EDUCATIONAL RADIO STATION	3,420.
HOSPICE OF SALINA, INCORPORATED PO BOX 2238 SSALINA, KS 67402-2238	PC	HOSPICE CARE AND SUPPORT SERVICES FOR TERMINALLY ILL PATIENTS AND THEIR FAMILIES	6,600.
MARINE CORPS LEAGUE MARINE TOY BOX PO BOX 2175 SALINA, KS 67402	PC	CHRISTMAS GIFTS FOR UNDERPRIVILGED CHILDREN	200.

ATTACHMENT 6 (CONT'D)

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

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		•
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SALINA HEALTH EDUCATION FOUNDATION 651 E PRESCOTT RD SALINA, KS 67401	O _d	HEALTHCARE FOR NEEDY	8,280.
PREGNANCY SERVICE CENTER INC OF SALINA KANSAS 104 W ELM SALINA, KS 67401	PC	PREGNANCY COUNSELING AND ASSISTANCE	34,760.
SALINA RESCUE MISSION INC PO BOX 1667 SALINA, KS 67402-1667	PC	HOMELESS SHELTER FOR MEN	6,600.
SALINE COUNTY COMMISION ON AGING 245 N 9TH ST SALINA, KS 67401	PC	ADULT CAREGIVING DUTIES	2,400.
TEEN TOWN, INC. PO BOX 856 SALINA, KS 67402-0856	PC	PROVIDE SAFE ENVIRONMENT FOR YOUTH ACTIVITIES	28,740.
SALINA SALVATION ARMY CHRISTMAS FUND 1137 N SANTA FE SALINA, KS 67401	PC	CHRISTWAS GIFTS FOR NEEDY	4,000.

ATTACHMENT 6 (CONT'D)

FORM 990PE, 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
MARTIN LUTHER KING JR CHILD DEVELOPMENT CENTER INC 1215 N SANTA FE SALINA, KS 67401	PC	CHILD CARE FOR NEEDY FAMILIES	1,000.
CHILD ADVOCACY AND PARENTING SERVICES, INC. 155 N OAKDALE AVE SALINA, KS 67401		IMPROVING THE QUALITY OF CHILDREN'S LIVES AND STRENGTHENING FAMILIES THROUGH EDUCATION, ADVOCACY AND FAMILY SUPPORT	3,420.
AT STAKE MINISTRIES INC 1301 E IRON AVE SALINA, KS 67401	D _A	RELATIONSHIP MENTORING PROGRAMS	6,000.
REBECCA A. MORRISON HOUSE 513 S. 8TH ST SALINA, KS 67401	PC	TEMPORARY HOUSING FOR RELATIVES OF HOSPITAL PATIENTS	200.
ST JOHNS MISSIONARY BAPTIST CHURCH 215 S CHICAGO ST SALINA, KS 67401	PC	AFTER-SCHOOL CHILD CARE PROGRAM	6,000.
SALINA AREA CATHOLIC SCHOOLS 230 E CLOUD ST SALINA, KS 67401	PC	ADVANCING THE VISION FUNDRAISER - CHRISIAN-VALUE BASED EDUCATION	5,000.

ATTACHMENT 6 (CONT'D)	•		AMOUNT	
			PURPOSE OF GRANT OR CONTRIBUTION	
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	AND	FOUNDATION STATUS OF RECIPIENT	
			RECIPIENT NAME AND ADDRESS	

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
OH4F INC	PC	CARE OF ORPHANS AND ABANDON CHILDREN IN HAITI	30,000.
206 W LINCOLN			
LINCOLN, KS 67455			
		,	
FEKAS CHRISTMAS DINNER FUND	PC	CHRISTMAS DINNER FOR UNDERPRIVILEDGED	1,000.
PO BOX 2173			
67402-2173			
SALINA, KS 67401			

166,820, TOTAL CONTRIBUTIONS PAID

ATTACHMENT 6