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# Form 990-PF

### **Return of Private Foundation**

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

OMB No 1545-0052

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.irs.gov/form990pf.

Open to Public Inspection

		lendar year 2016 or tax year beginning	0	7/01 , <b>2016</b> , and	ending	,	06/30, <b>20</b> 17
Ī		of foundation				A Employer identific	
_		KER FAMILY FOUNDATION				48-118180	<del></del>
i	Numb	er and street (or P O box number if mail is not delivered	to street address)	Room	n/suite	B Telephone number	r (see instructions)
_		BOX 856	<del> </del>			(785) 82	5-2221
,	Jity or	town, state or province, country, and ZIP or foreign pos	tal code			C If avamption applicat	
	ראד	TND WG 67400 0056				C If exemption applicat pending check here.	<b>▶</b>
_		INA, KS 67402-0856	1	-6 - 6	- L 1		. 🗀
G	Che	eck all that apply Initial return	<del> </del>	of a former public	cnarity	D 1 Foreign organizati	
		Final return Address change	Amended re			2. Foreign organizati 85% test check he	ere and attach
H	Che	eck type of organization X Section 501(	Name chang			computation	▶ □
ï	$\neg$			ivate foundation		E If private foundation	<b>L</b>
+		Section 4947(a)(1) nonexempt charitable trust market value of all assets at J Acco	unting method   X C			under section 507(b)	
•		<del></del>	ther (specify)	ash Accidar		F If the foundation is i	n a 60-month termination (1)(B) check here
			column (d) must be on ca	ch hacie l	<del></del>	under section 507(b)	(1)(B) Check here . >
		Analysis of Revenue and Expenses (The		l basis /		<u> </u>	(d) Disbursements
	ui t	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net investmer	nt (	(c) Adjusted net	for charitable
		may not necessarily equal the amounts in column (a) (see instructions))	books	income	1	ıncome	purposes (cash basis only)
_	1	Contributions gifts grants, etc., received (attach schedule) .	161,144				(000,,,
	2	Check I If the foundation is not required to			<del></del>		<del></del>
	3	attach Sch B	141	1.	41.	141.	ATCH 1
	4	Dividends and interest from securities	<del></del>				
		Gross rents	<del></del>				
	ì	Net rental income or (loss)					
<u>e</u>	_	Net gain or (loss) from sale of assets not on line 10					
ŭ		Gross sales price for all		DECEN/EI	`		
Revenue	7	Capital gain net income (from Part IV) 1025.	MARK	KECEIVE	0.		
œ	8	Net short-term capital gain					
	9	Important modifications		1 1 1 7 2017			
	10 a	Gross sales less returns and allowances	1 1 3 2017				
	b	Less Cost of goods sold .		- 1			
	С	Gross profit or (loss) (attach schedule)	U9 OGDI				
•	11	Other income (attach schedule)	SERVICE CH	NIER			
_	12	Total. Add lines 1 through 11	101,203.	1.	41.	141.	
,,	13	Compensation of officers, directors, trustees, etc	0.				
ses	14	Other employee salaries and wages					
e	15	Pension plans, employee benefits					
×	16 a	Legal fees (attach schedule) ATCH 2	40.				40
e) Lu	p	Accounting fees (attach schedule)					
.≧	С	Other professional fees (attach schedule)					
اير	17	Interest					<del></del>
꾈	15 16 a b c 17 18 19 20 21	Taxes (attach schedule) (see instructions)					<del></del>
Ē	19	Depreciation (attach schedule) and depletion.					<del></del>
Ad	20	Occupancy					
밀	21	Travel, conferences, and meetings			-		<del></del>
		Printing and publications	25.	-			25
<u>Ĕ</u> 1	23	Other expenses (attach schedule) ATCH . 3 .		<del></del>	<del></del>		23
ä	24	Total operating and administrative expenses.	65.				65
Operating	25	Add lines 13 through 23	155,060.	<del></del>			155,060
- 1	25 26	Total expenses and disbursements Add lines 24 and 25	155,125.	<del> </del>	0.	0.	155,125
$\neg$	27	Subtract line 26 from line 12		<del> </del>	-		
-		Excess of revenue over expenses and disbursements	6,160.				
		Net investment income (if negative, enter -0-)		1	41.		
-		Adjusted net income (if negative, enter -0-).		<del>-</del>		141.	
Fo	r Pap	perwork Reduction Act Notice, see instructions		<u> </u>		~	Form <b>990-PF</b> (2016)
10	1 000					P 21	
						$\sim$	1

JSA For Paperwork Reduction Act Notice, see instructions. 6E1410 1 000

SCAND - , OFC D 7 2017

Р	art II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		End of year	
	3.5	amounts only (See instructions)	(a) Book Value	(b) Book Value		Fair Market Value
	1	Cash - non-interest-bearing	1,342.	·	61.	4,361.
l	2	Savings and temporary cash investments	41,469.	44,6	10.	44,610.
ľ	3	Accounts receivable				<b>√.</b> 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		Less allowance for doubtful accounts ▶				
		Pledges receivable ▶				7. 4. 4.
		Less allowance for doubtful accounts ▶				
		Grants receivable				
ı		disqualified persons (attach schedule) (see instructions)				
-	7	Receivables due from officers, directors, trustees, and othe disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (attach schedule)				
	•	Less allowance for doubtful accounts ▶				
ssets		Inventories for sale or use				
SSE		Prepaid expenses and deferred charges				
Ä		Investments - U S and state government obligations (attach schedule).				
		Investments - corporate stock (attach schedule)				
	С	Investments - corporate bonds (attach schedule)				
ŀ	11	Investments - land, buildings, and equipment basis	The second of th	EVEN DE PROPERTY		
		Less accumulated depreciation (attach schedule)				
	12					
•	13	Investments - mortgage loans				
	14	Land, buildings, and equipment hasis				
ŀ		Less accumulated depreciation (attach schedule)				
		Other assets (describe	)			
		Total assets (to be completed by all filers - see the	e l			
ı		instructions Also, see page 1, item I)		48,9	71.	48,971.
$\Box$		Accounts payable and accrued expenses			325	
		Grants payable				
S		Deferred revenue				
Liabilities		Loans from officers, directors, trustees, and other disqualified persons.				
a B		Mortgages and other notes payable (attach schedule)				AND THE PARTY OF T
		Other liabilities (describe				
$\perp$	23	Total liabilities (add lines 17 through 22)	0.		0.	
T		Foundations that follow SFAS 117, check here . ▶				
es		and complete lines 24 through 26 and lines 30 and 31	ī.			
2	24	Unrestricted				
<u></u>	25	Temporarily restricted			200	
뛰		Permanently restricted				
Ĕĺ		Foundations that do not follow SFAS 117,		· · · -		
띳		check here and complete lines 27 through 31.				· · · · · · · · · · · · · · · · · · ·
Net Assets or Fund Balances		Capital stock, trust principal, or current funds				
es		Paid-in or capital surplus, or land, bldg, and equipment fund	· ·			A Section of the second
SS		Retained earnings, accumulated income, endowment, or other funds.		48,9	71.	
ţ,		Total net assets or fund balances (see instructions)		48,9	71.	
2		Total liabilities and net assets/fund balances (see				
		instructions)		48,9	71.	
Pa	art III	Analysis of Changes in Net Assets or Fund Ba				
		I net assets or fund balances at beginning of year - Pai		must agree with		
		of-year figure reported on prior year's return)			1	42,811.
2	Ente	r amount from Part I, line 27a	• • • • • • • • • • • • • • • • • • • •		2	6,160.
3	Othe	an annuar annuar ann an air			3	
		lines 1, 2, and 3			4	48,971.
		eases not included in line 2 (itemize) ▶		Ī	5	
6	Tota	I net assets or fund balances at end of year (line 4 mini	us line 5) - Part II, column (	b), line 30	6	48,971.

_	4
Page	•

Pa		and Losses for Tax on Inv				
		d describe the kind(s) of property sold ( rick warehouse, or common stock, 200	. • .	(b) How acquired P - Purchase		( <b>d)</b> Date sold (mo , day, yr )
1 8		· · · · · · · · · · · · · · · · · · ·	· · · · · ·	D - Donation		
	1					
_	1		***			· · · · · · · · · · · · · · · · · · ·
						-
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
8						
t	)					
				ļ		
		A				-
	Complete only for assets s	howing gain in column (h) and owned	T		Gains (Col (h) ga	
	(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	COI	(k), but not less t Losses (from co	
<u>a</u>	·					
t						
						<del></del>
e		z 16 a.	Down the contract Down to the 7	1		···
2	Capital gain net income	or iner cantal lose)	ain, also enter in Part I, line 7	2		
3	Net short-term capital d	ain or (loss) as defined in sections	oss), enter -0- in Part I, line 7	-	•	
•		· · · · · · · · · · · · · · · · · · ·	tructions) If (loss), enter -0- in			
Pa			duced Tax on Net Investment I	ncome		
Wa		the section 4942 tax on the distrib	outable amount of any year in the ba	ase perio	d?	Yes X No
		not qualify under section 4940(e)				
1_	Enter the appropriate ar	mount in each column for each ye	ar, see the instructions before maki	ng any er		
	Base period years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra	tio
Cal	endar year (or tax year beginning in) 2015	142,100.	50, 534.		(col (b) divided by	
	2015	140,774.	41,118.	_		2.811968 3.423659
	2013	166,860.	38,564.			4.326833
	2012	91,270.	28,192.	,		3.237443
	2011	84,269.	21,663.			3.889997
_			1		<del></del>	
2	Total of line 1, column (	d)		2	1	7.689900
3	Average distribution rate	o for the 5-year base period - divi	de the total on line 2 by 5, or by the			
			ess than 5 years	3	<u> </u>	3.537980
4	Enter the net value of no	oncharitable-use assets for 2016 f	from Part X, line 5	4		46,689.
5	Multiply line 4 by line 3.			5		165,185.
6				6		1.
7				7		165,186.
						155,125.
8	If line 8 is equal to or g Part VI instructions	ions from Part XII, line 4 ireater than line 7, check the box	on Part VI, line 1b, and complete	that par		

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	struc	tions	)
1a	'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			3.
	here ▶ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of $\mathcal J$ Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			3.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			3.
6	Credits/Payments			
а	2016 estimated tax payments and 2015 overpayment credited to 2016   6a			
b	Exempt foreign organizations - tax withheld at source			
Ç	Tax paid with application for extension of time to file (Form 8868).			
ď	Backup withholding erroneously withheld			0
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			3.
9 10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
11	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 2017 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
-	participate or intervene in any political campaign?	1a	163	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	1b		Х
	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			
С	Did the foundation file Form 1120-POL for this year?	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ► \$ (2) On foundation managers ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			v
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a L	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		
ь 5	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
3	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-		<del></del>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
•	By language in the governing instrument, or			
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>			
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	KS,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			1
	(or designate) of each state as required by General Instruction G? If "No," attach explanation ATCH 4	8 b		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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			,,
	names and addresses	10		X

Pa	rt VII-A <sup>2</sup> Statements Regarding Activities (continued)			
11	'At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13		13	X	
	Website address ▶ N/A			
14	The books are in care of ▶ TRACE WALKER Telephone no ▶ 785-825	-222	21	
	Located at ▶ PO BOX 856 SALINA, KS ZIP+4 ▶ 67402-0	1856		
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 2016, 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		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶			
Pa	rt 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
1a	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? Yes X No			
	(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? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		E	
	the benefit or use of a disqualified person)?	4	i.	
	(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 )			
D	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	10		
_	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 2016?	1c		X
2				
-	operating foundation defined in section 4942(i)(3) or 4942(i)(5))			ļ
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			
-	6e, Part XIII) for tax year(s) beginning before 2016?	,		
	If "Yes," list the years		,	
ь	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			
	<b>&gt;</b>			ì
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2016)	3b	L	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	]	X

Pa	rt VII-B Statements Regarding Activities	s for Which Form	4720 May Be Req	uired (continued)		
5a	' During the year did the foundation pay or incur any am	ount to				
	(1) Carry on propaganda, or otherwise attempt to infli	uence legislation (section	1 4945(e))?	Yes X No	,	
	(2) Influence the outcome of any specific public e	lection (see section 4	955), or to carry on	, <u> </u>		
	directly or indirectly, any voter registration drive?			Yes X No	<b>,</b>   .	
	(3) Provide a grant to an individual for travel, study, or			37	,	
	(4) Provide a grant to an organization other than	• •				
	section 4945(d)(4)(A)? (see instructions)				,	
	(5) Provide for any purpose other than religious,					
	purposes, or for the prevention of cruelty to childre		• •		,	
b	If any answer is "Yes" to 5a(1)-(5), did any of th	e transactions fail to	qualify under the ex	ceptions described in	n	
	Regulations section 53 4945 or in a current notice rega		• •	•	. 5b	
	Organizations relying on a current notice regarding dis	aster assistance check h	nere			
С	If the answer is "Yes" to question 5a(4), does the					
	because it maintained expenditure responsibility for the		•		,	
	If "Yes," attach the statement required by Regulations s	•				
6a	Did the foundation, during the year, receive any fu	• •	ectly to pay premiun	ns		
	on a personal benefit contract?	•			,	
b	Did the foundation, during the year, pay premiums, di				6ь	X
	If "Yes" to 6b, file Form 8870	out, or manoony, or a	porositar sometime			
7a	At any time during the tax year, was the foundation a	party to a prohibited tax	shelter transaction?	Yes X No	,	
	If "Yes," did the foundation receive any proceeds or h	• •		· ——		ļ.
_	rt VIII Information About Officers, Direct					<del></del>
1	and Contractors  List all officers, directors, trustees, foundation			inataustiana)		
	List all officers, directors, trustees, foundation	(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Evans	
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expens other all	
ATC	H 5	-	0.	0.		0.
		- )	•			
		-				
						<del></del>
		-				
2	Compensation of five highest-paid employees	s (other than thos	e included on line	1 - see instructi	ons). If n	one, enter
_	"NONE."					
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	<ul><li>(d) Contributions to employee benefit</li></ul>		se account,
(4)	Trains and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	plans and deferred compensation	other all	owances
	NONE	-				
		-				
		-				
		<del>                                     </del>				
		-				
	18 <u> </u>					
		-				
		1	··			
		-				
Otal	number of other employees paid over \$50,000.	<u></u>				

Page	1

Par	t X	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions.)	gn founda	ations,
1	Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purp	oses		
а	Aver	age monthly fair market value of securities	1a	
b		age of monthly cash balances	1b	47,400.
С	Fair	market value of all other assets (see nstructions)	1c	
d	Tota	I (add lines 1a, b, and c)	1d	47,400.
6	Redu	uction claimed for blockage or other factors reported on lines 1a and	Ì	
		attach detailed explanation)		
2	Acqu	usition indebtedness applicable to line 1 assets	2	
3	Subt	ract line 2 from line 1d	3	47,400.
4	Cash	n deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	ınstr	uctions)	4	711.
5		value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	46,689.
6	Mini	mum investment return. Enter 5% of line 5	6	2,334.
Par	: XI	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part)	dations	
1	Mınır	num investment return from Part X, line 6	1	2,334.
2a		on investment income for 2016 from Part VI, line 5		
b	Incor	me tax for 2016 (This does not include the tax from Part VI). 2b		
C		lines 2a and 2b	2c	3.
3	Distr	ibutable amount before adjustments Subtract line 2c from line 1	3	2,331.
4		overies of amounts treated as qualifying distributions	4	
5		lines 3 and 4	5	2,331.
6	Dedu	uction from distributable amount (see instructions)	6	
7		ributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
		1	7	2,331.
	i XII	Qualifying Distributions (see instructions)	· · · · · · · · · · · · · · · · · · ·	
1		unts paid (including administrative expenses) to accomplish charitable, etc., purposes		155 105
a		enses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	155,125.
b		ram-related investments - total from Part IX-B	1b	
2		unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
		oses	2	
3		unts set aside for specific charitable projects that satisfy the		
а		ibility test (prior IRS approval required)	3a	
b		n distribution test (attach the required schedule)	3b	
4		fying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	155,125.
5		idations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Ente	r 1% of Part I, line 27b (see instructions)	5	0.
6		sted qualifying distributions. Subtract line 5 from line 4	6	155,125.
	Note	: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculating	whether the foundation
		qualifies for the section 4940(e) reduction of tax in those years		

Part XIII Undistributed In	come (see instruct	ions)			
1 Distributable amount for 201	6 from Part VI	(a) Corpus	(b) Years prior to 2015	(c) 2015	( <b>d)</b> 2016
line 7		·	<del></del>		2,331.
2 Undistributed income, if any, as o					<del></del>
a Enter amount for 2015 only.					
b Total for prior years 20 14 ,20	13 20 12		<del></del>		
3 Excess distributions carryover,					<del></del>
a From 2011	2,				
. 5 0040				i	
E 2010					
d From 2014					
e From 2015					
f Total of lines 3a through e					
4 Qualifying distributions for 20					
line 4 ▶ \$1	55,125.				
a Applied to 2015, but not more t					
b Applied to undistributed incor (Election required - see instruction)					
c Treated as distributions out of	corpus (Election				
required - see instructions)			<del></del>		2,331.
d Applied to 2016 distributable at		152,794.			2,331.
e Remaining amount distributed	· —	132,794.	<del>-</del>	<del></del>	
5 Excess distributions carryover a (If an amount appears in column					
amount must be shown in colum	1 //				
6 Enter the net total of ea	ich column as				
indicated below:		152,794.			
a Corpus Add lines 3f, 4c, and 4		102//04	<del></del>		
b Prior years' undistributed ii	1				
line 4b from line 2b c Enter the amount of prior year					
income for which a notice of					
been issued, or on which the tax has been previously assesse					
• •					
d Subtract line 6c from lin amount - see instructions ,					
e Undistributed income for 201	5 Subtract line		<del></del>	<del></del>	
4a from line 2a Taxable instructions					
f Undistributed income for 201					
4d and 5 from line 1 This distributed in 2017					
7 Amounts treated as distributio					
to satisfy requirements impo					
170(b)(1)(F) or 4942(g)(3) (8					
required - see instructions)	-	152,794.			
8 Excess distributions carryover					
applied on line 5 or line 7 (see in					
9 Excess distributions carry					
Subtract lines 7 and 8 from line		0.			
O Analysis of line 9					
a Excess from 2012					
b Excess from 2013		1			
c Excess from 2014					
d Excess from 2015		1	-		
e Excess from 2016					
		·			000 DE (0046

Pa	rt XIV Private Op	erating Foundations	(see instructions at	nd Part VII-A, queste	on 9)	NOT APPLICABL
	If the foundation has					
	foundation, and the ruling				. ▶	
b	Check box to indicate v				section 4942	(J)(3) or 4942(J)(5)
-		Tax year	is a pivace operating	Prior 3 years		<u> </u>
2 a	Enter the lesser of the ad-	·	(b) 2015	<del>`</del>	(d) 2013	(e) Total
	justed net income from Part I or the minimum investment	(a) 2016	(0) 2015	(c) 2014	(0) 2013	<del></del>
	return from Part X for each					
	year listed					<del></del>
b	85% of line 2a					<del></del>
C	Qualifying distributions from Part					
	XII line 4 for each year listed .					<del></del>
a	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					
3	2d from line 2c					
	alternative test relied upon					
а	'Assets' alternative test - enter					
	(1) Value of all assets	<u> </u>			<del></del>	
	(2) Value of assets qualifying under section					1
	4942(j)(3)(B)(i)		<del></del>			<del></del>
b	Endowment" alternative test-					1
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed				<u></u>	
C	"Support alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends rents					
	payments on secunties		,			
	loans (section 512(a)(5)), or royalties)					
	(2) Support from general				<del> </del>	<del></del>
	public and 5 or more exempt organizations as					
	provided in section 4942				l	į.
	(j)(3)(B)(iii)					
	port from an exempt		•	•		
	organization					
D۵	(4) Gross investment income.  rt XV Supplemen	1 	Pamanlata this mant	ambi if the founds	4: bad \$5 000	
	any time di	uring the year - see	instructions.)	only if the founda	tion nad \$5,000	or more in assets at
	Information Regarding					
а	List any managers of	the foundation who h	nave contributed more	e than 2% of the tota	al contributions rece	eived by the foundation
	before the close of any	tax year (but only if th	iey have contributed n	nore than \$5,000) (Se	ee section 507(d)(2)	)
	ATTACHME	NT 6				
b						lly large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	has a 10% or greater	interest	
	N/A					
2	Information Regarding	Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:	<del></del>	
	Check here ► X if the	he foundation only	makee contributions	to proselected char	itable organizations	and does not accept
	unsolicited requests for	or funds If the found	ation makes difts, dra	ints etc (see instruc	tions) to individuals	or organizations under
	other conditions, comp	olete items 2a, b, c, an	d d		tionio, to marriadaio	or organizations arrest
	The name, address, a			he person to whom an	plications should be a	ddressed
-	namo, address, al	tolopholic humber	o. e man address of t	no person to whom ap	productions should be e	.uuruuuu
b	The form in which appl	ications should be sul	omitted and information	on and materials they	should include	
	Any submission deadlii	nes				
•	y sabimssion deadiii					
	·					
	Any restrictions or lif factors	mitations on awards	, such as by geogra	aphical areas, charita	able fields, kinds o	f institutions, or other

JSA 6E1491 1 000

Grants and Contributions Raid Duri	ng the Year or Anni	oved for E	uture Payment	
Recipient Name and address (home or business)	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
			•	
ATCH 7				
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		}		
		]		
		1		
	•	1		
		] [		
		]		
		]		
Total	<u> </u>	<del></del>	▶ 3a	155,00
Approved for future payment				
			1	
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		[		
		1 1		
		1		
ı				
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		1		
		]		
	1	1	1	

Page	1	2

rt XVI			<del></del>	T= · · ·		101
er gross	amounts unless otherwise indicated		ated business income		y section 512, 513, or 514	Related or exemp
Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
a						
<u> </u>			<u> </u>	<del></del>		
					<u> </u>	
· —						<del> </del>
	and contracts from government agencies			<del></del>		<del> </del>
	ship dues and assessments					<del></del>
	n savings and temporary cash investments		1	14	141.	
	ds and interest from securities					
	al income or (loss) from real estate					
Debt-	-financed property					ļ
	debt-financed property		<u> </u>			<del> </del>
et renta	I income or (loss) from personal property					
	vestment income			<del></del>		·
	oss) from sales of assets other than inventory	ļ		<del></del>		<del>                                     </del>
	me or (loss) from special events				<u> </u>	
	rofit or (loss) from sales of inventory venue a			<del></del>		
	venue a			_		
				<del>                                     </del>		
						<del></del>
		<del></del>				
' ——						
·					141.	
Subtotal	Add columns (b), (d), and (e)				<u> </u>	<u> </u>
Subtotal otal. Ac worksh	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci	ulations)			13	
ubtotal otal. Ac worksh	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci	ulations)			13	
ubtotal otal. Ac worksh	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci	ulations) s to the A	ccomplishment of	Exempt Pur	, 13	1
ubtotal otal. Ac worksh t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci	ulations) s to the A y for which	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contrib	1 outed importantly to
ubtotal otal. Ac worksh t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calcined in line 14 in line 15 instructions to verify calcined in line 15 instructions and line 15 instructions are complished in line 15 instructions and line 15 instructions are complished in line 15 instructions are considered in lin	s to the A y for which	ccomplishment of land income is reported to purposes (other than	Exempt Pur	poses e) of Part XVI-A contrib g funds for such purpose	1 outed importantly to
ubtotal otal. Ac worksh t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calcing Relationship of Activities  Explain below how each activities	s to the A y for which	ccomplishment of land income is reported to purposes (other than	Exempt Pur	poses e) of Part XVI-A contrib g funds for such purpose	1 outed importantly to
ubtotal otal. Ac worksh t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calcined in line 14 in line 15 instructions to verify calcined in line 15 instructions and line 15 instructions are complished in line 15 instructions and line 15 instructions are complished in line 15 instructions are considered in lin	s to the A y for which	ccomplishment of land income is reported to purposes (other than	Exempt Pur	poses e) of Part XVI-A contrib g funds for such purpose	1 outed importantly to
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ubtotal otal. Ac worksh t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calcined in line 14 in line 15 instructions to verify calcined in line 15 instructions and line 15 instructions are complished in line 15 instructions and line 15 instructions are complished in line 15 instructions are considered in lin	s to the A y for which	ccomplishment of land income is reported to purposes (other than	Exempt Pur	poses e) of Part XVI-A contrib g funds for such purpose	1 outed importantly to
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otal. Ac worksh t XVI-	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calcined in line 14 in line 15 instructions to verify calcined in line 15 instructions and line 15 instructions are complished in line 15 instructions and line 15 instructions are complished in line 15 instructions are considered in lin	s to the A y for which	ccomplishment of land income is reported to purposes (other than	Exempt Pur	poses e) of Part XVI-A contrib g funds for such purpose	nuted importantly to
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Part	XVII	Exempt Organ		nsfers To and Tr	ansaction	s and	Relationshi	ips With None	chari	table	)
1 [	Old the			engage in any of the	following w	ith any	other organiza	ation described		Yes	No
		ion 501(c) of the Co zations?	ode (other than s	section 501(c)(3) org	anizations) o	r in sec	ction 527, rela	ting to political			
a T	ransf	ers from the reportin	ig foundation to	a noncharitable exen	npt organizat	ion of					
(	1) Cas	sh							1a(1)		X
•	•	ner assets transactions		• • • • • • • • • • • • • • • • • • • •				• • • • • • • •	1a(2)		
(	1) Sal	les of assets to a no	ncharitable exem	npt organization					1b(1)		Х
				ble exempt organization					1 1		X
				assets					1b(3)		X
		_		• • • • • • • • • • • • • • • • • • • •						-	X
				p or fundraising solic							X
-	-			s, other assets, or pa							Х
				s," complete the foll						fair m	ıarket
V	alue d	of the goods, other	assets, or service	es given by the rep	orting found	ation If	the foundation	on received less	than	faır m	narket
				ement, show in colu		value of	the goods, o	ther assets, or s	ervice	s rec	eived
(a) Line	e no	(b) Amount involved	(c) Name of no	oncharitable exempt organi			ption of transfers,	transactions, and sha	anng arra	ngeme	nts
		N/A	<del> </del>			N/A					
	-+	<del></del>		· <del>-</del>				<del></del>			
	_		<del>                                     </del>								
							<del></del>				
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			<del> </del>	<del>-</del>				_	_		
đ	escrib		) of the Code (ot	iliated with, or relate her than section 501					Y	es X	No
		(a) Name of organization	n	(b) Type of org	anization		(c) [	Description of relation	ship		
			<del></del>					_,=	_		
						-+					
		<del>-</del>					_				
	-	<del>-</del>		<del></del>							
				ed this return, including acc				e best of my knowled	ige and b	elief, it	is true
Sign		RACE E WALKER	r preparer (other than ta	expayer) is based on all informa	<b>.</b>	arer nas any PRESIC			S discus		
Here	1 -	nature of officer or trustee	2000	Date	Titl			with the p	` _	shown Yes [	X No
	<u> </u>	Print/Type preparer's na	- Walk	Preparer's signature	17		Date		PTIN		
Paid		Typo preparers lid		Freparer a alguardie			Jale	Check if self-employed			
Prepa	arer	Firm's name	_ <del></del>				L	m's EIN			
Use C			<del>-</del>		<u>-</u>		<u> </u>				

Phone no

# Schedule B

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

#### **Schedule of Contributors**

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

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part I, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 Land II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed					
(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	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	DENISE WHITE  411 W 46TH TERR #702  KANSAS CITY, MO 64112	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	SANDY WALKER  4001 N LINK RD  BROOKVILLE, KS 67425	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	BLUE BEACON INTERNATIONAL, INC.  PO BOX 856  SALINA, KS 67402-0856	\$\$	Person X 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 It 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)			

Employer identification number

Part	Noncash Property (See instructions) Use duplicate copies	of Part II if additional space is no	eded
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\ \ \ \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\ \\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<del></del>			
		1	1

Employer identification number

Part III	Exclusively religious, charitable, etc., o						
	(10) that total more than \$1,000 for th						
	the following line entry For organization						
	contributions of \$1,000 or less for the		n once Se	ee instructions ) ► \$			
(a) No	Use duplicate copies of Part III if addition	nal 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		<del></del>			
		, ,					
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee			
(a) No.							
from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I							
<del></del>							
		(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relation	iship of transferor to transferee			
	ļ ————————————————————————————————————						
(a) No.	1						
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer of gift					
	Tenneformalia name adduces and	710 . 4	D-1-4:				
	Transferee's name, address, and	ZIP + 4	Relation	nship of transferor to transferee			
				•			
(a) No. from	(h) Durance of sife	(2) 112 2 25 215		(d) Description of how gift is held			
Part I	(b) Purpose of gift	(c) Use of gift		(u) bescription of now girl is neigh			
	<del></del>		<u>,                                    </u>				
		(e) Transfer of gift					
	Transferee's name, address, and	7IP + 4	Relation	nship of transferor to transferee			
		<del></del>		or manoral to number 100			

ATTACHMENT 1

48-1181805

- INTEREST ON TEMPORARY CASH INVESTMENTS PART I FORM 990PF,

NET INVESTMENT INCOME REVENUE AND EXPENSES PER BOOKS DESCRIPTION

TOTAL

BENNINGTON STATE BANK

AND NET ADJUSTED EXPENSES INVESTMENT NET NET INCOME INCOME INCOME INCOME IA1.

141.

48-1181805	2		CHARITABI,E	PURPOSES	40.	40.
	ATTACHMENT 2		ADJUSTED NET	INCOME		
Fr.			NET	INCOME		
2016 FORM 990-PF			REVENUE AND EXPENSES	PER BOOKS	40.	40.
WALKER FAMILY FOUNDATION		FORM 990PF, PART I - LEGAL FEES		DESCRIPTION	ANNUAL REPORT - SEC OF STATE	TOTALS

2016 FORM 990-PF

1

48-1181805

ATTACHMENT 3

- OTHER EXPENSES

PART I

FORM 990PF,

DESCRIPTION BANK SERVICEE CHARGES

REVENUE AND EXPENSES PER BOOKS

25. CHARITABLE PURPOSES

TOTALS

25.

ATTACHMENT 4

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

NOT REQUIRED

ATTACHMENT

STEES
AND TRU
ANI
S, DIRECTORS
PFICER
T OF (
LIST
VII
PART
990PF,
FORM

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION NAME AND ADDRESS

PRESIDENT

BROOKVILLE, KS 67425-9715

1608 S REESE RD

TRACE E WALKER

SECRETARY

BROOKVILLE, KS 67425-9723

8902 W STATE STREET RD

KAREN GORRELL

TREASURER

DIRECTOR

BROOKVILLE, .KS 67425-9723

8902 W STATE STREET RD

DAVID GORRELL

SALINA, KS 67401-3428

MICHAEL B WALKER

1905 E IRON AVE

DIRECTOR

BROOKVILLE, KS 67425-9793

4001 N LINK RD

SANDY WALKER

DIRECTOR

KANSAS CITY, MO 64112-1476

411 W 46TH TER APT 702

DENISE R WHITE

TO EMPLOYEE

AND OTHER

COMPENSATION

BENEFIT PLANS

CONTRIBUTIONS

EXPENSE ACCT ALLOWANCES ATTACHMENT 5

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

WALKER FAMILY FOUNDATION

ATTACHMENT 5 (CONT'D)

48-1181805

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION DIRECTOR NAME AND ADDRESS PENNY A WALKER

DIRECTOR

BROOKVILLE, KS 67425-9715

CYNTHIA A WALKER

1608 S REESE RD

SALINA, KS 67401-3428

1905 E IRON AVE

COMPENSATION

AND OTHER ALLOWANCES EXPENSE ACCT CONTRIBUTIONS TO EMPLOYEE

BENEFIT PLANS

GRAND TOTALS

SALINA, KS 67401-9567

CAROLYN L WALKER

7576 W STATE ST

DIRECTOR

ATTACHMENT 6

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

KAREN GORRELL SANDY WALKER DENISE WHITE

2016 FORM 990-PF

48-1181805

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

ATTACHMENT 7

	AMOUNT	9, 600	3,300.	12,000.	3,420.	6,600.	8,280.
	PURPOSE OF GRANT OR CONTRIBUTION	HOMELESS SHELTER	ASSIST UNWED MOTHERS	FOOD FOR THE HUNGRY	NON-COMMERCIAL EDUCATIONAL RADIO STATION	HOSPICE CARE AND SUPPORT SERVICES FOR TERMINALLY ILL PATIENTS AND THEIR FAMILIES	HEALTHCARE FOR NEEDY
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	PC	P.C.	Q <sub>A</sub>	PC	PC	PC
	RECIPIENT NAME AND ADDRESS	ASHBY HOUSE, LTD PO BOX 3482 SALINA, KS 67402-3482	BIRTHRIGHT OF SALINA, INC. 1125 E IRON AVE SALINA, KS 67401	SALINA EMERGENCY AID - FOOD BANK INC 255 S CHICAGO SALINA, KS 67401	GREAT PLAINS CHRISTIAN RADIO INC PO BOX 991 MEADE, KS 67864	HOSPICE OF SALINA, INCORPORATED PO BOX 2238 SALINA, KS 67402-2238	SALINA HEALTH EDUCATION FOUNDATION 651 E PRESCOTT RD SALINA, KS 67401

2016 FORM 990-PF

WALKER FAMILY FOUNDATION

48-1181805

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

	AND
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
ALIACHMENI (CONT. D)	
ATTACHMENT 7 (CONT'D)	

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PREGNANCY SERVICE CENTER INC OF SALINA KANSAS 104 W ELM SALINA, KS 67401	DG	PREGNANCY COUNSELING AND ASSISTANCE	24,000
SALINA RESCUE MISSION INC PO BOX 1667 SALINA, KS 67402-1667	24	HOMELESS SHELTER FOR MEN	6, 600
SUNFLOWER ADULT DAY SERVICES INCORPORATED 401 W IRON AVE SALINA, KS 67401	PC	ADULT CAREGIVING DUTIES	6,000
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	CHRISTMAS GIFTS FOR NEEDY	4,000
MARTIN LUTHER KING JR CHILD DEVELOPMENT CENTER INC 1215 N SANTA FE SALINA, KS 67401	PC	CHILD CARE FOR NEEDY FAMILIES	1,000

ATTACHMENT 7 (CONT'D)

WALKER FAMILY FOUNDATION

YEAR	
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PAID	
CONTRIBUTIONS	
AND	
GRANTS	
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PART	
990PF,	
FORM	

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CHILD ADVOCACY AND PARENTING SERVICES, INC 155 N OAKDALE AVE SALINA, KS 67401	PC	IMPROVING THE QUALITY OF CHILDREN'S LIVES AND STRENGTHENING FAMILIES THROUGH EDUCATION, ADVOCACY AND FAMILY SUPPORT	3,420
AT STAKE MINISTRIES INC 11599 W CRAWFORD ST BROOKVILLE, KS 67425	PC	RELATIONSHIP MENTORING PROGRAMS	6,000
REBECCÅ A MORRISON HOUSE 513 S 8TH ST SALINA, KS 67401	PC	TEMPORARY HOUSING FOR RELATIVES OF HOSPITAL PATIENTS	100.
ST JOHNS MISSIONARY BAPTIST CHURCH 215 S CHICAGO ST SALINA, KS 67401	PC	AFTER-SCHOOL CHILD CARE PROGRAM	12,000
CORNERSTONE CHRISTIAN ACADEMY INC PO BOX 1247 SALINA, KS 67402-1247	PC	CHRIST-CENTERED AND CLASSICAL EDUCATION	10,000
KANSAS CITY KLIFE 2015 W 79TH ST PRAIRIE VILLAGE, KS 66208	PC	GENERAL GIVING - INTERDENOMINATIONAL CHRISTIAN MINISTRY OF DISCIPLESHIP AND FELLOWSHIP FOR YOUTH AND THEIR FAMILIES	10,000

2016 FORM 990-PF

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

ATTACHMENT 7 (CONT'D)

3,000

AMOUNT

COLONIAL PRESBYTERIAN CHURCH

RECIPIENT NAME AND ADDRESS

9500 WORNALL RD KANSAS CITY, MO 64114

PC

BE THE CHURCH OUTREACH PROGRAM - TUTORING IN THE NEIGHBORHOOS AND IN THE SCHOOLS

155,060.

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 7