Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990PF for Instructions and the latest information.

Open to Public Inspection

F	or ca	lendar year 2017 or tax year beginning	0	7/01 , 2017, and end	ling	06/30, <b>20</b> 18
	Name	of foundation			A Employer identi	fication number
	WAL	KER FAMILY FOUNDATION			48-118180	)5
_	Numb	er and street (or P O box number if mail is not delivered	I to street address)	Room/sui	te B Telephone numb	per (see instructions)
	PO	BOX 856			(785) 8:	25-2221
_		town, state or province, country, and ZIP or foreign pos	stal code			
	,	,			C If exemption applic	ation is
	SAT.	INA, KS 67402-0856		4	pending, check her	·
_			Initial return	of a former public cha		, —
G	Che		<b>├</b> ──		2 I Torongii Grigarine.	
		Final return	Amended re		2 Foreign organiz 85% test, check	
-		Address change	Name chang		computation .	▶ □
H		eck type of organization $X$ Section 501(		i IQ	E If private foundation	on status was terminated
Ţ		section 4947(a)(1) nonexempt charitable trust	Other taxable pr		under section 507(	o)(1)(A), check here . 🕨 🔛
ı		market value of all assets at J Acco		ash Accrual	F If the foundation is	s in a 60-month termination
		· · · · · · · · · · · · · · · · · · ·	ther (specify)		under section 507(b	o)(1)(B), check here .
_			column (d) must be on ca	sh basis )		
		Analysis of Revenue and Expenses (The	(a) Revenue and	(h) Not investment	(a) Advisted not	(d) Disbursements for charitable
19		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	(b) Net investment income	(c) Adjusted net income	purposes
2019		column (a) (see instructions) )	books			(cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach schedule) .			进入近隔离场形器基础	
<u>~</u>	2	Check If the foundation is not required to attach Sch B	学校 法 11 11 11 11 11 11 11 11 11 11 11 11 1	作。消傷, 经运动工作。 建物	大型型(A) 10 10 10 10 10 10 10 10 10 10 10 10 10	PARTICIPATION AT
	3	Interest on savings and temporary cash investments.	674.	674.	674	
EB	4	Dividends and interest from securities				<b>学是 经经验的产业</b>
		Gross rents				CHEST WHEN THE THE
$\Box$	".		<b>本版广东沿州的北京市</b> (1)	S ARE SPECIMENTED IN	STEEL SHEET AND STEEL SECTION	
۲		Net rental income or (loss)	dians with a sufficient of Table.		STATE OF THE STATE	WARRION BROWN
₹ĕ	ьа b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	SACRATULA LA	· 李· · · · · · · · · · · · · · · · · ·		TEST TO THE STATE OF THE STATE
₹₹	_	assets on line 6a	CASE THE SE	0.	ALL PARK TANDANGS	CHARACTER AND THE
Revenue Revenue	7	Capital gain net income (from Part IV, line 2) .		Laking Table 14th 14	Sells stimmt plumestands	THUS WALLEST THE LESS OF THE SECOND S
	8	Net short-term capital gain		PARKARETER'S ATE		THE SEA CHAIN
	9 10 a	Income modifications			EPHOLOGICA CONTRACTOR	
	'•	and allowances	BY THE PROPERTY PROPERTY			<del></del>
	1	Less Cost of goods sold .			生。12月6日日本中的大学	PARTITION OF THE PARTY OF THE P
	C	Gross profit or (loss) (attach schedule)		<b>企业标题和实行。1982</b> 。		WASHING NAMED I
	11	Other income (attach schedule)	222 227		- 674	THE PROPERTY OF THE PARTY OF TH
_	12	Total. Add lines 1 through 11	333,997.	674.	674	FOR STANSANTAN
S	13	Compensation of officers, directors, trustees, etc	. 0.			ļ <u></u>
<b>₽</b>	114	Other employee salaries and wages $\dots$				
ű	15	Pension plans, employee benefits		•		
Expens	16a	Legal fees (attach schedule) ATCH 2	40.			
		Accounting fees (attach schedule)			<u></u>	
Administrative	С	Other professional fees (attach schedule)				
rat	17	Interest				
ist	18	Taxes (attach schedule) (spe instructions).	701			
Ë	19		IRS OSC			<b>高。四周時間發於第3</b> 日
μþ	20	Depreciation (attach schedule) and depletion Occupancy	100			
		Travel, conferences, momeetings.	<u> £ </u>			
and	22		7 1			
		Printing and publications Other expenses (attach schedule)				<u> </u>
Operating	24	Total operating and administrative expenses.				
ŗa	-		40.			
ğ	١,,	Add lines 13 through 23		WHERE THE TRANSPORTS	THE WALL BY	191,670
J		Contributions, gifts, grants paid	191,710.	O.	0	191,670
	26	Total expenses and disbursements Add lines 24 and 25		NATURAL RESERVACIONAL	MINE WEST	MENENTARENTARENTARENTA BENE
	27	Subtract line 26 from line 12	142,287		<b>国际</b>	能是不是数型
		Excess of revenue over expenses and disbursements		674.		CHARLEST OF COLUMN TO THE STATE OF THE STATE
			<b>经验证的证明</b>			
. =	_	Adjusted net income (if negative, enter -0-).	HAVIOUR NETWORKS	none and the second second	0/4	Form 990-PF (2017),
A P	or Pat	perwork Reduction Act Notice, see instructions				Form 330-FF (2017).

-	art II	Ralance Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	En:	d of year
_		Dalatice Glicets	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ng	4,361.	9,974	
			cash investments	44,610.	181,284	4. 181,28
	ĺ	Accounts receivable	ſ			y
		Less allowance for dou	hater of management in the			
				77. 1		on at their and a Box
			btful accounts ▶			
			officers, directors, trustees, and other			
			tach schedule) (see instructions)			
			eceivable (attach schedule)			/ / / / / / / / / / / / / / / / / / /
			btful accounts ▶			
ş			e			
Assets			eferred charges			
AS		• •	e government obligations (attach schedule).			-
			stock (attach schedule)		····	
			bonds (attach schedule)			
	11	Investments - land, buildings	5, <b>•</b>			10. 10.
		and equipment basis Less accumulated deprecia	ution >		· · · · · · · · · · · · · · · · · · ·	
	12	(attach schedule)	loans	·		
	13	Investments - mongage	nch schedule)			
	14	Land, buildings, and	<b>&gt;</b>	* 'j- ''		, • <del>4</del> ; "
		equipment basis Less accumulated deprecia		<del></del>	<del></del>	
		(attach schedule)	)			
			completed by all filers - see the			-
		•	age 1, item l)	48,971.	191,258	3. 191,25
٦						
		• •	ccrued expenses			
s						<b>-</b>
E				_ · <del> </del>		
匵			rs, trustees, and other disqualified persons	<del></del>	<del></del>	$\dashv$ , $\vdots$
Liabilities		• •	tes payable (attach schedule)			
_	22	Other liabilities (describe	:▶)			⊢ to the green's
	23	Total liabilities (add less	s 17 through 22)	0.	(	o
_			s 17 through 22)	<del></del>		
S			v SFAS 117, check here ▶			
ည						
ā	24					<b>⊣</b> ", ; ;
B	25				<del></del>	
٦	26	•	······································			
딍			ot follow SFAS 117, check here ► X			.,
5		and complete lines 27 t	-			i se ,
S	27	•	cipal, or current funds			
Se	28	•	land, bldg and equipment fund	48,971.	191,258	<del>a</del>
AS	29		ulated income, endowment, or other funds	48,971.	191,258	1 1
e	30		balances (see instructions)	40,3/1.	191,230	<u>'</u>
Z			net assets/fund balances (see	48,971.	191,258	
Ę					191,230	
			nges in Net Assets or Fund Balan			<del></del>
1			palances at beginning of year - Part l		- 1	40 07
			d on prior year's return)			240.00
2			line 27a			<del></del>
				· · · · · · · · · · · · · · · · · · ·		4.04.05
4						
5		reases not included in		<del></del>		
6	Tota	I net assets or fund b	alances at end of year (line 4 minus	line 5) - Part II column (t	o) line 30 <b>  6</b>	191,25

Pâ	rt IV Capital Gains	and Losses for Tax on Inve	estment Income			<u> </u>		
		scribe the kind(s) of property sold (for e		(b) How acquired	(c) Date acquired	(d) Date sold		
	2-story b	rick warehouse, or common stock, 200 s	shs MLC Co)	P - Purchase D - Donation	(mo , day, yr )	(mo, day, yr)		
		_						
t	)							
e	·							
	(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis	(h) Gain or (loss)				
	(0) 0.000 0.000 p00	(or allowable)	plus expense of sale		((e) plus (f) mini	ns (g))		
a								
<u>b</u>	<u> </u>					<del></del>		
						· · · · · · · · · · · · · · · · · · ·		
<u>d</u>		<u> </u>				<del></del>		
<u>e</u>		house gos in column (h) and award	by the foundation on 12/21/60		<del></del>			
	Complete only for assets s	howing gain in column (h) and owned		(1)	Gains (Col (h) ga (k), but not less t	ain minus		
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Losses (from col			
	<del></del>			· · · ·				
<u>a</u>			<del></del>			<del></del>		
c								
d	<del></del>					<del></del>		
e						_ <del></del>		
		( If ga	ain, also enter in Part I, line 7		<del></del>			
2	Capital gain net income	Or (net cantal loss)	oss), enter -0- in Part I, line 7	2				
3	Net short-term capital g	ain or (loss) as defined in sections	· · · · · · · · · · · · · · · · · · ·	Ì				
		Part I, line 8, column (c) See ins						
	Part I, line 8	<u> <u></u> <u></u> <u></u> .</u>	<u></u> J	3				
Pa	rt V Qualification l	Jnder Section 4940(e) for Rec	luced Tax on Net Investment In	ncome				
(Fo	r optional use by domestic	c private foundations subject to the	e section 4940(a) tax on net investi	ment incoi	me)			
If se	ection 4940(d)(2) applies,	leave this part blank						
						ly [v].		
		the section 4942 tax on the distributed as the section 4942 tax on the distributed as the section 4942(a).	• •	ase period	1 <sup>7</sup> /	Yes X No		
		n't qualify under section 4940(e) D		00 001 00	trios			
	(a)	mount in each column for each yea		ng any en I	(d)			
C-1	Base period years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	tio		
Cai	endar year (or tax year beginning in) 2016	155,125.	46,689.			3.322517		
	2015	142,100.	50,534.			2.811968		
_	2013	140,774.	41,118.			3.423659		
	2013	166,860.	38,564.			4.326833		
_	2012	91,270.	28,192.			3.237443		
_		<u> </u>						
2	Total of line 1, column (	d)		2	1	7.122420		
3	Average distribution rati	o for the 5-year base period - divide	e the total on line 2 by 5 0, or by					
	_	foundation has been in existence in		3		3.424484		
	the number of yours the	Todination had been in balateries .						
4	Enter the net value of ne	oncharitable-use assets for 2017 fr	rom Part X. line 5	4		141,658.		
5	Multiply line 4 by line 3			5		485,106.		
•								
6	Enter 1% of net investm	ent income (1% of Part I, line 27b).		6		7.		
-								
7	Add lines 5 and 6			7		485,113.		
8	Enter qualifying distribut	tions from Part XII, line 4		8		191,670.		
	If line 8 is equal to or g	greater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta	x rate See the		
	Part VI instructions							

Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instruc	tions)
1ą	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)		الحدد
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check		13.
	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 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-)		13.
3	Add lines 1 and 2		0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		13.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		1
6	2017 estimated tax payments and 2016 overpayment credited to 2017 6a		!
b	Exempt foreign organizations - tax withheld at source		ł
c	Tax paid with application for extension of time to file (Form 8868).		
d	Backup withholding erroneously withheld		]
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 8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		13.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		<u> </u>
<u>1</u> 1	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 11		
	t VII-A Statements Regarding Activities		<del></del>
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	——————————————————————————————————————	res No
	participate 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 the		l x
	instructions for the definition	1b	<del>-   ^</del> -
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1 1	1 1
_	published or distributed by the foundation in connection with the activities  Did the foundation file Form 1120-POL for this year?	1c	_ X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		
u	(1) On the foundation \$\\$		
θ	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		ليباء.
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	^_
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	
•	If "Yes," attach the statement required by General Instruction T  Are the requirements of costing 50%(a) (relative to costing 4041) through 4945) satisfied either		
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>	1 1	
	conflict 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	X
	Enter the states to which the foundation reports or with which it is registered. See instructions.		1
	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	8b	X
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 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes,"		•
	complete Part XIV	9	<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	40	x
	names and addresses	10	

orm	990-PF (2017) WALKER FAMILY FOUNDATION 48-118	1805	1	Page (
Pai	rt VII-A Statements Regarding Activities (continued)			
	1		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			$\Box$
	person had advisory privileges? If "Yes," attach statement See instructions	12		X
13		13	Х	
	Website address ▶N/A			
14	The books are in care of ▶ TRACE WALKER Telephone no ▶ 785-825	-222	1	
	Located at ▶PO BOX 856 SALINA, KS ZIP+4 ▶ 67402-08	356		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	ـــا ٠
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	
	over a bank, secunties, 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 ▶	·		
Par	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			
	the benefit or use of a disqualified person)?			
	(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, it terminating within 30 days /			
Þ	off 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	מו		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1c		Х
•	were not corrected before the first day of the tax year beginning in 2017?	10		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
•	operating foundation defined in section 4942(j)(3) or 4942(j)(5))  At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
a	6e, Part XIII) for tax year(s) beginning before 2017?			
	If "Yes," list the years			
h	Are there any years listed in 2a for which the foundation is <b>not</b> 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			
·	▶			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
þ	of "Yes," did it have excess business holdings in 2017 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 2017 )	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X

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 2017? Form **990-PF** (2017)

4b

Pai	t VII-B	Statements Regarding Activities	for Which Form	4720 May Be Req	uired (contin	ued)		_	
5a	During th	e year, did the foundation pay or incur any amo	ount to					Yes	No
•	(1) Carry	on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	. Yes	X No			
	(2) Influe	nce the outcome of any specific public ele	ction (see section 4	1955), or to carry or	n,				
	direct	ly or indirectly, any voter registration drive?	·		Yes	X No		A	g
		de a grant to an individual for travel, study, or o				X No		1	
	-	de a grant to an organization other than a				<b></b>			سا
		on 4945(d)(4)(A)? See instructions	•			X No	}. ·	**	•
		de for any purpose other than religious, ch			. — -			35	
	-	ses, or for the prevention of cruelty to children				X No	1 -	"	
_							1,	'	
b	-	nswer is "Yes" to 5a(1)-(5), did any of the ns section 53 4945 or in a current notice regar							
	-						5b		
	=	ions relying on a current notice regarding disas				▶∟	1 .		
С		swer is "Yes" to question 5a(4), does the				<b>¬</b>		,	
		t maintained expenditure responsibility for the g			Yes _	No	i		
		ittach the statement required by Regulations se						•	
6a		oundation, during the year, receive any fun				⊽			
		onal benefit contract?				X No			<del></del>
· b		undation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contra	nct?		6b		X
		6b, file Form 8870			г г				
7a	-	ne during the tax year, was the foundation a pa	•			X No			
		lid the foundation receive any proceeds or have					7b		
Pai	t VIII	Information About Officers, Director and Contractors	rs, Trustees, Fou	indation Managers	s, Highly Paid	Employ	ees,		
1	List all of	ficers, directors, trustees, foundation n	nanagers and their	compensation. See	instructions.				
		(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	1000   10	) Expens	e accou	ınt,
		(a) Name and address	devoted to position	enter -0-)	and deferred compe	nsation	other all	owance	s 
									_
ATC.	H 3			0.		0.			0.
		····							
					-				
		. <u></u>							
2	Compens "NONE."	ation of five highest-paid employees	(other than thos	e included on line			. If n	one,	enter
(a)	Name and a	ddress of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contribution employee ben plans and defe	efit (e	) Expens	e accou	ınt, s
			devoted to position	<del> </del>	compensatio	n _			
	NONE								
				<del></del>					
				•					
Total	number o	of other employees paid over \$50,000	<u></u>	. <u> </u>	<u></u>	<u>.</u> ▶			

Form 990-PF (2017)

Pai	VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued)	/ Paid Employees,
3	Five highest-paid independent contractors for professional services. See instructions. If nor	e, enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type	
	NONE	
	<del></del>	<del></del>
Tota	number of others receiving over \$50,000 for professional services	
	IX-A Summary of Direct Charitable Activities	
1 61	- Summary of Direct Charitable Activities	
Lis	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such a anizations and other beneficianes served, conferences convened, research papers produced, etc.	s the number of Expenses
1_	PROVIDE FOR THE UNDER-PRIVILEGED IN THE SALINE COUNTY AREA	
_		
_	~	191,670
2_	<del></del>	
_		
	<del>-</del>	
۔ د	<del>-</del>	
-	<del></del>	<del></del>
4	<del></del>	
• -	<del></del>	
_		
Par	IX-B Summary of Program-Related Investments (see instructions)	
De	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 _	NONE	
_		
	<del></del>	
2 _	<del>-</del>	<del></del>
-		
All	Other program-related investments. See instructions	
	NONE	
-		
Tota	Add lines 1 through 3	

Form **990-PF** (2017)

Pai	Minimum Investment Return (All domestic foundations must complete this part. For see instructions)	oreign foundat	ions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc	<b>,</b>	
	purposes		
а	Average monthly fair market value of securities		
b	Average of monthly cash balances		143,815.
С	Fair market value of all other assets (see nstructions)	1c	
d	i Total (add lines 1a, b, and c)	. 1d	143,815.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets		
3	Subtract line 2 from line 1d	3	143,815.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, se	ee	
	instructions)	. 4	2,157.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line	4 5	141,658.
6	Minimum investment return. Enter 5% of line 5	6	7,083.
Pai	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations, check here ▶ and do not complete this part )	foundations	
1	Minimum investment return from Part X, line 6	. 1	7,083.
2 a		.3.	
b	Income tax for 2017 (This does not include the tax from Part VI) 2b		
	Add lines 2a and 2b	2c	13.
3	Distributable amount before adjustments Subtract line 2c from line 1		7,070.
4	Recoveries of amounts treated as qualifying distributions	I L	
5	Add lines 3 and 4		7,070.
6	Deduction from distributable amount (see instructions)		
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XI		<del></del>
•	line 1		7,070.
Pai	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
-	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	191,670.
	b Program-related investments - total from Part IX-B		
2			
2	, , , , , , , , , , , , , , , , , , , ,		
•	purposes	·   <del>-   -  </del>	
3	Amounts set aside for specific charitable projects that satisfy the	3a	
a	, , , , , , , , , , , , , , , , , , , ,		
	Cash distribution test (attach the required schedule)		191,670.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line		191,070.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment incom		0.
	Enter 1% of Part I, line 27b See instructions		191,670.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	• •	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when qualifies for the section 4940(e) reduction of tax in those years	calculating wi	ether the foundation

Form **990-PF** (2017)

Ρá	rt XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7				7,070.
2	Undistributed income, if any, as of the end of 2017				
а	Enter amount for 2016 only	*3 * ** **	* *		
b	Total for pnor years 20 15 ,20 14 ,20 13	· (計) 新春		,	
3	Excess distributions carryover, if any, to 2017	The last		·	
а	From 2012		) · · ·		
b	From 2013				
C	From 2014	*			
d	From 2015				
	From 2016				
	Total of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII, line 4 > \$ 191,670.	: * *	,		
а	Applied to 2016, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see instructions)	, 2 *			(
_	Treated as distributions out of corpus (Election		•		
•	required - see instructions)				
d	Applied to 2017 distributable amount				7,070.
0	Remaining amount distributed out of corpus	184,600.			}
5	Excess distributions carryover applied to 2017				
	(If an amount appears in column (d), the same amount must be shown in column (a))	•			
6	Enter the net total of each column as		<u>;</u> ,		
	indicated below:				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	184,600.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b			<u> </u>	
Ç	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				,
_	·	- 1 st			
q	Subtract line 6c from line 6b. Taxable amount - see instructions				
9	Undistributed income for 2016 Subtract line	2 mm g n#	1. 250		
	4a from line 2a Taxable amount - see instructions	, * 4			
		-			
T	Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be		,		
	distributed in 2018		,		
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section		*1		
	170(b)(1)(F) or 4942(g)(3) (Election may be	184,600.	1		!
	required - see instructions)	184,600.	( tea year	1	
8	Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)		<b>柳湖</b>		
9	Excess distributions carryover to 2018.		· ·		
	Subtract lines 7 and 8 from line 6a	0.	ļ		
	Analysis of line 9	7	1 *		
	Excess from 2013				
	Excess from 2014				
	Excess from 2015		*	,	
	Excess from 2016		ار در از		
9	Excess from 2017	ay is but Marie	121 124	<u></u>	<u> </u>

Part XV Supplementary Information (c)  3 Grants and Contributions Paid During	continued)	oved for F	Future Payment	
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	If recipient is an individual,	Foundation	Business of another	1
Name and address (home or husiness)	any foundation manager	status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	Todiploit		
a raid during the year				
ATCH 5				
		1		
		}	1	1
			}	]
_				Į
			ļ	ļ
		1		
		ł		1
<b>—</b>	<u> </u>	<u>L.                                    </u>	<b>&gt;</b> 3a	191,670.
Total	<u> </u>		► <u>3a</u>	191,070.
<b>b</b> Approved for future payment				}
		j		J
			•	
	:			
			1	
			1	
		1		
{				
Total	·	<del></del>	▶ 3b	

Part XV	A Analysis of Income-Prod					<del></del>
Enter gross	amounts unless otherwise indicated		ated business income	1	y section 512, 513, or 514	(e) Related or exempt
1 Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
•	T Sel vice revenue			<del> </del>		(See instructions)
d						
θ		ļ				
f						
-	and contracts from government agencies	<del> </del>		-		
	rship dues and assessments	<u> </u>		14	674.	···
	on savings and temporary cash investments of and interest from securities	<b></b>		<u> </u>		
	tal income or (loss) from real estate					
	t-financed property					
	debt-financed property					
6 Net renta	al income or (loss) from personal property					
7 Other in	envestment income					
8 Gain or (	loss) from sales of assets other than inventory			<del> </del>		
	ome or (loss) from special events			<del> </del>		
	profit or (loss) from sales of inventory			<del>                                     </del>		
	evenue a			<del> </del> -		
				<del></del>		
θ						
12 Subtota	Add columns (b), (d), and (e)				674.	
	dd line 12, columns (b), (d), and (e)				13	674.
	heet in line 13 instructions to verify calci				<u></u>	
Part XVI	B Relationship of Activitie	s to the A	ccomplishment of E	xempt Pur	poses	
Line No.	Explain below how each activit					
▼	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	funds for such purpose	s) (See instructions)
3	PROVIDE ADDITIONAL FU	INDS TO	SUPPORT NEEDY C	CHARITIES	<u> </u>	
			•		<del></del>	
	1					
						<u> </u>
			<del></del>			
						<del></del>
		·			<del></del>	<del></del>
					<u>-</u>	
				<del></del>		
				<del></del>		
·				<u> </u>		<u></u>
	I and the second					

Form 990-PF	(2017)	WALKER FA	AMILY	FOUNDATION	48	3-1181802	Pag
Part XV	Information Exempt Orga		nsfers	to and Transactions	and Relationships With	Noncharit	able
1 Did t	he organization dire	ctly or indirectly e	engage ir	n any of the following wit	h any other organization des	cribed	Yes
	•					[	

	•	Excinipt Organ	1124110110							
1				gage in any of the followin					Yes	No
	in sec	ction 501(c) (other	than section 50	01(c)(3) organizations) or	in section	n 527, re	lating to political			
	organi	zations?								
а	Transf	fers from the reportin	g foundation to a	noncharitable exempt orgai	nization of				* -	
	(1) Ca	sh						1a <u>(1)</u>		X
	(2) Ot	her assets						1a(2)		Х
b	Other	transactions								ل ا
	(1) Sa	les of assets to a noi	ncharitable exemp	t organization				1b(1)	ļ	X
	(2) Pu	rchases of assets fro	m a noncharitable	e exempt organization				1b(2)	ļ	Х
				sets				1b(3)		X
	(4) Re	eimbursement arrange	ements					1b(4)		X
	(5) Lo	ans or loan guarantee	es					1b(5)		X
	(6) Pe	rformance of service	s or membership	or fundraising solicitations.				1b(6)		X
				other assets, or pad employ					L	X
d				complete the following se						
	value	of the goods, other a	assets, or service:	s given by the reporting fo	undation I	f the found	lation received less	than	fair m	arket
	value		ı	ment, show in column (d) t						
(a) L	ine no	(b) Amount involved	(c) Name of non	charitable exempt organization		ription of transf	fers, transactions, and shai	nng arra	ingeme	nts
		N/A		<u> </u>	N/A					
					<u>.                                    </u>	<u>.</u>	-			
	+				1					
				<del></del>	<u> </u>					
	+				·					
	+			· · · · · · · · · · · · · · · · · · ·			·		-	
			<del></del>					-		
		,								
2a	Is the	foundation directly of	or indirectly affilia	ated with, or related to, or	e or more	tax-exemp	t organizations			
		-	•	on 501(c)(3)) or in section 5				Y6	es X	No
b		s," complete the follow								
		(a) Name of organization	1	(b) Type of organization			(c) Description of relations	hip		
		<del></del>								
							<u></u>			
						<u> </u>				
	1		- 15-1   barra arranga	the setup reduction assembles	athodulas and si	totomonto and t	to the best of my knowledge	o and h	aluaf it	is tale
	corre	er penaities of perjury, i decia ct, and complete Declaration of	re that i have examined preparer (other then taxpo	this return, including accompanying s ayer) is based on all information of which	preparer has any	y knowledge	to the best of my knowledg	jo anu L	rener, it	15 1100,
Sigr	۱ 🕨		a a b	- 111-9-18	PRESI	DENIT	May the IRS			
Her	e 🖳	/we	Now West			DENI	with the pre	_		X No
	Sig	nature of officer or trustee		Date	Title		See instruction	<u> </u>	Yes	^ NO
		Print/Type preparer's nai	me	Preparer's signature	<del></del>	Date	Check If F	PTIN		
Paic	i		···-				Check if   ' self-employed			
<sup>o</sup> re:	parer	Firm's name		<u> </u>		1	Firm's EIN			
	Only			<u> </u>			ramo en P			
	~···y	Tillis addiess					Phone no			
	-							m 990	)-PF	(2017)

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

Department of the Treasury Internal Revenue Service Name of the organization **Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

2017

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 I and 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)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number 48-1181805

Part I	Contributors (see instructions) Use duplicate copies of F	Part I if additional space is ne	eeded
(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	\$12,785.	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	\$6,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SANDY WALKER  4001 N LINK RD  BROOKVILLE, KS 67425	\$9,248.	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	\$301,000.	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 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)

Name of organization WALKER FAMILY FOUNDATION

Employer identification number 48-1181805

Part II	Noncash Property (see instructions). Use duplicate copies of	of Part II if additional space is ne	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
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Name of organization WALKER FAMILY FOUNDATION **Employer identification number** 48-1181805 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once See instructions ) ▶\$ Use duplicate copies of Part III if additional space is needed from (b) Purpose of aift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (d) Description of how gift is held from (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

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

ADJUSTED NET INCOME	674.	674.
NET INVESTMENT INCOME	674.	674.
REVENUE AND EXPENSES PER BOOKS	674.	674.
		TOTAL
DESCRIPTION	BENNINGTON STATE BANK	

48-1181805	
2017 FORM 990-PF	
<u>z</u> .	
WALKER FAMILY FOUNDATION	

2	•	CHARITABLE PURPOSES		
ATTACHMENT 2		ADJUSTED NET INCOME		
		NET INVESTMENT INCOME		
		REVENUE AND EXPENSES PER BOOKS	40.	40.
	FORM 990PF, PART I - LEGAL FEES	DESCRIPTION	ANNUAL REPORT - SEC OF STATE	TOTALS

ATTACHMENT

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

EXPENSE ACCT ALLOWANCES AND OTHER CONTRIBUTIONS BENEFIT PLANS TO EMPLOYEE COMPENSATION TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION NAME AND ADDRESS

TRACE E WALKER 1608 S REESE RD BROOKVILLE, KS 67425-9715

KAREN GORRELL 8902 W STATE STREET RD BROOKVILLE, KS 67425-9723 MICHAEL B WALKER
1905 E IRON AVE
SALINA, KS 67401-3428

DAVID GORRELL STREET RD BROOKVILLE, KS 67425-9723

DENISE R WHITE 411 W 46TH TER APT 702 KANSAS CITY, MO 64112-1476

DIRECTOR

SANDY WALKER
4001 N LINK RD
BROOKVILLE, KS 67425-9793

DIRECTOR

•

ATTACHMENT 3 (CONT'D)	EXPENSE ACCT	AND OTHER	ALLOWANCES
ATTACI	CONTRIBUTIONS	TO EMPLOYEE	BENEFIT PLANS
			COMPENSATION
LIST OF OFFICERS, DIRECTORS, AND TRUSTEES		TITLE AND AVERAGE HOURS PER	WEEK DEVOTED TO POSITION
FORM 990PF, PART VIII - LIST OF OFFICERS,			NAME AND ADDRESS

DIRECTOR DIRECTOR DIRECTOR CYNTHIA A WALKER 1608 S REESE RD BROOKVILLE, KS 67425-9715 PENNY A WALKER 1905 E IRON AVE SALINA, KS 67401-3428 CAROLYN L WALKER 7576 W STATE ST SALINA, KS 67401-9567 2

GRAND TOTALS

ATTACHMENT 4

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

KAREN GORRELL SANDY WALKER DENISE WHITE

WALKER FAMILY FOUNDATION

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

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ASHBY HOUSE, LTD PO BOX 3482 SALINA, KS 67402-3482	PC	HOMELESS SHELTER	6,960.
BIRTHRIGHT OF SALINA, INC. 1125 E IRON AVE SALINA, KS 67401	No.	ASSIST UNWED MOTHERS	3,450.
SALINA EMERGENCY AID - FOOD BANK INC 255 S CHICAGO SALINA, KS 67401	PC	FOOD FOR THE HUNGRY	12,600.
GREAT PLAINS CHRISTIAN RADIO INC PO BOX 991 MEADE, KS 67864	24	NON-COMMERCIAL EDUCATIONAL RADIO STATION	3,570.
SALMA REGIONAL HEALTH FOUNDATION PO BOX 618 SALINA, KS 67402-0618		HOSPICE OF SALINA - HOSPICE CARE AND SUPPORT SERVICES FOR TERMINALLY ILL PATIENTS AND THEIR FAMILIES	6,960.
SALINA HEALTH EDUCATION FOUNDATION 651 E PRESCOTT RD SALINA, KS 67401	PC	HEALTHCARE FOR NEEDY	8,700.

ATTACHMENT 5 (CONT'D)

WALKER FAMILY FOUNDATION

YEAR
THE
DURING
PAID
CONTRIBUTIONS
AND
GRANTS
-1
剂
PART
990PF,
FORM

	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	PC	PREGNANCY COUNSELING AND ASSISTANCE	25,200.
104 W ELM			
SALINA, KS 67401			
SALINA RESCUE MISSION INC	PC	HOMELESS SHELTER FOR MEN	16,960.
PO BOX 1667			
SALINA, KS 67402-1667	-		
SUNFLOWER ADULT DAY SERVICES INCORPORATED	PC	ADULT CAREGIVING DUTIES	6,300.
401 W IRON AVE			
SALINA, KS 67401			
			,
TEEN TOWN, INC.	PC	PROVIDE SAFE ENVIRONMENT FOR YOUTH ACTIVITIES	30,150.
PO BOX 856			
SALINA, KS 67402-0856			
SALINA SALVATION ARMY CHRISTMAS FUND	26	CHRISTMAS GIFTS FOR NEEDY	5,000.
1137 N SANTA FE			
SALINA, KS 67401			
	i		
MARTIN LUTHER KING JR CHILD DEVELOPMENT CENTER INC	PC	CHILD CAKE FOR NEED! FAMILIES	1,250.
1215 N SANTA FE			
SALINA, KS 67401			

48-1181805

ATTACHMENT 5 (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
CHILD ADVOCACY AND PARENTING SERVICES, INC.	De C	IMPROVING THE QUALITY OF CHILDREN'S LIVES AND	3,570.
155 N OAKDALE AVE		STRENGTHENING FAMILIES THROUGH EDUCATION,	
SALINA, KS 67401		ADVOCACY AND FAMILY SUPPORT	
AT STAKE MINISTRIES INC	PC	RELATIONSHIP MENTORING PROGRAMS	6,300.
11599 W CRAWFORD ST			
BROOKVILLE, KS 67425			
REBECCA A. MORRISON HOUSE	52	TEMPORARY HOUSING FOR RELATIVES OF HOSPITAL	100.
513 S. 8TH ST		PATIENTS	
SALINA, KS 67401			
ST JOHNS MISSIONARY BAPTIST CHURCH	P.C.	AFTER-SCHOOL CHILD CARE PROGRAM	12,600.
215 S CHICAGO ST			
SALINA, KS 67401			
CORNERSTONE CHRISTIAN ACADEMY INC	PC	CHRIST-CENTERED AND CLASSICAL EDUCATION	6,000.
PO BOX 1247	-		-
SALINA, KS 67402-1247			
K-LIFE OF KANSAS CITY, INC.	PC	GENERAL GIVING - INTERDENOMINATIONAL CHRISTIAN	10,000.
PO BOX 8003		MINISTRY OF DISCIPLESHIP AND FELLOWSHIP FOR YOUTH	
PRAIRIE VILLAGE, KS 66208		AND THEIR FAMILIES	

48-1181805

ATTACHMENT 5 (CONT'D) 5,000. 6,000. 10,000. 5,000. AMOUNT AND HELP PREPARE THEM FOR A PUPOSEFUL LIFE IN THE BE THE CHURCH OUTREACH PROGRAM - TUTORING IN THE POVERTY FOR THE VULNERABLE, REGARDLESS OF THEIR ST MARY'S GRADE SCHOOL ENDOWED FUND - CHRISTIAN PROVIDE AID TO THOSE RECOVERING FROM ADDICTION AID TO FAMILIES IN NEED OF HELP AND REDUCING PURPOSE OF GRANT OR CONTRIBUTION NEIGHBORHOODS AND IN THE SCHOOLS SCANNED FEB 2 7 2019 COMMUNITY RELIGION RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR PC ಜ Ы ž GREATER SALINA COMMUNITY FOUNDATION CATHOLIC CHARITIES OF SALINA, INC. COLONIAL PRESBYTERIAN CHURCH RECIPIENT NAME AND ADDRESS 400 SAINT JOHN AVENUE KANSAS CITY, MO 64123 KANSAS CITY, MO 64114 HEALING HOUSE, INC. SALINA, KS 67402 9500 WORNALL RD 1500 S 9TH ST PO BOX 1366

TOTAL CONTRIBUTIONS PAID

VALUE BASED EDUCATION

SALINA, KS 67402-2876

PO BOX 2876

191, 670.