# 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

OMB No 1545-0047

Department of the Treasury

2019

	Internal F	Revenue Service	- Go to www.irs.	gov/Formssope forms	tructions and the lates	op	en to Public Inspection
	For cal	lendar year 2019 o	r tax year beginning	7/01 , 2019	, and ending 6/3	30 , 2020	
			VIII D D TT ON		A		mber
-		ER FAMILY FO	DUNDATION		В	48-1181805 Telephone number (see ins	I1
		OX 856 NA, KS 67401				7858252221	tructions)
	SHLI	NA, NO 0/401	•		<u> </u>	7030232221	
				_	c	If exemption application is	. pending, check here 🕨 📗
	<b>G</b> Ch	eck all that apply	Initial return	Initial return of a form	mer public charity D	1 Foreign organizations, che	ck hara
			Final return	Amended return		i i oreign organizations, the	TW Hele
			Address change	Name change		2 Foreign organizations mee	
•	<b>H</b> Ch	eck type of organiz	ation X Section 50	1(c)(3) exempt private	foundation 01	here and attach computati	on _
		Section 4947(a)	(1) nonexempt charitable		private foundation   E		
		market value of all asse		counting method X C	ash Accrual	under section 507(b)(1)(A	), check here
	•	m Part II, column (c), lu	· · · · · · · · · · · · · · · · · · ·	Other (specify)	F	If the foundation is in a 60	)-month termination
,	<b>▶</b> \$			column (d), must be on	cash basis )	under section 507(b)(1)(B	), check here.
(	Part			(a) Davianus and	(h) Not investment	(a) Advisated net	(d) Disbursements
1		Expenses (T	he total of amounts in ), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable
7		necessarily equ	al the amounts in				purposes (cash basis only)
		column (a) (see				<u> </u>	(00011 00010 0111)
			grants, etc., received (attach schedule)	257,029.			<u> </u>
		2 Check ► ☐ If the	e foundation is not required to attach Sch. B			-	
		3 Interest on savings a	nd temporary cash investments.	147.	147	. 147.	
		4 Dividends and in	iterest from securities				ŀ
		5 a Gross rents				Chamal Day savey	'anina
		<b>b</b> Net rental incom or (foss)		in was system in	Ometallian (g) (1 )	Application of the wife little	promise to the state of
3	a)	6 a Net gain or (foss) fro b Gross sales price	m sale of assets not on line 10.		ee value in	* 200	1
₹	Revenue	assets on line 6a	·				
~	ρ	7 Capital gain net 8 Net short-term ca	income (from Part IV, line 2)			1 NOV 14 2	hon
~	ğ	9 Income modifica	•			NUV I L L	ואַנע
2707 8 2 MAG	12	10 Gross sales less		# 1½ ½,		Onder	
Ĩ		returns and allowances		communication is report	Traff (Labinetoteddor)	- Ogden, U	mi · 1111000111111
- 1		<b>b</b> Less Cost of goods sold					]
		C Gross profit or (loss)	(attach schedule)			4.	i
7		11 Other income (al	ttach schedule)				
ş							
SCANNED		12 Total Add lines		257,176.	147.	. 147.	I
J	S	1	f officers, directors, trustees, etc salaries and wages	0.			
S	Expenses	15 Pension plans, e	<del>-</del>			<del>                                     </del>	
	2	16a Legal fees (attac	CDD CD 1	60.		+	
	묫	<b>b</b> Accounting fees	•	00.			<del></del>
		C Other professional fe	•				······································
	Š	17 Interest					
	豆	18 Taxes (attach schedu	lexsee instrs) SEE STM 2	17.	<del>-</del>		
	<u>s</u>	19 Depreciation (att				<u> </u>	
	<u>-</u>	schedule) and de	epletion				
	투	20 Occupancy. 21 Travel, conference	ces, and meetings				
	ĕ	22 Printing and pub	-				<u> </u>
	됟	23 Other expenses			<del></del>		<del></del>
	ā		SEE STATEMENT 3	31.			
	Operating and Administrative		and administrative				
	桓		ines 13 through 23.	108.			
	<u>8</u>	25 Contributions, gifts, g	, <b>,</b>	229,030.	<u> </u>		229,030.
	Ō	26 Total expenses a Add lines 24 and	and disbursements 25	229,138.	0.	.] 0.	229,030.
-		27 Subtract line 26		223,200.		- 0.	225,000.
		a Excess of reven	· ·	00 000			
		and disburseme		28,038.	1 47		
			ncome (if negative, enter 0).		147.	147.	
_		C Aujustea net inc	ome (if negative, enter 0)			<u> </u>	<u>                                     </u>

**BAA** For Paperwork Reduction Act Notice, see instructions.

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Form **990-PF** (2019)

Page 2

Dair	L 11	Balance Sheets	column should be for end of-year amounts only	Beginning of year	· · ·	ina o	r year
Par	t II	Dalalice Silects	(See instructions )	(a) Book Value	(b) Book Valu	е	(c) Fair Market Value
	1	Cash - non-interest	t-bearing	-358.	97,2	97.	97,297.
	2	Savings and tempor	ary cash investments	72,121.	2,5		2,504.
	3	Accounts receivable	•				
		Less allowance for	doubtful accounts >		-		
	4	Pledges receivable	·	-			
		Less allowance for	doubtful accounts ►				
	5	Grants receivable					
	6	Receivables due from offic	cers, directors, trustees, and other				
			ch schedule) (see instructions)				
	7	Other notes and loans rec	`		<u></u>		
		Less allowance for					
	8	Inventories for sale					
	9	Prepaid expenses a	, and the second				
Assets	10:	a Investments – U S obligations (attach s	and state government schedule)				
ğ	1	b Investments — corporate	stock (attach schedule)				
~	•	c Investments — corporate	bonds (attach schedule)				
	11	Investments – land, equipment basis	, buildings, and				
		Less. accumulated deprec (attach schedule)	eration ►				
	12	Investments - mort	gage loans				
	13	Investments - other	r (attach schedule)				
	14		· ·				
		Less accumulated deprec (attach schedule)	elation •				_
		Other assets (descri					
		see the instructions	completed by all filers — Also, see page 1, item I)	71,763.	99,8	01.	99,801.
	l .	Accounts payable ar	nd accrued expenses		•		1
	18	• •					
<u>8</u>	19	Deferred revenue					1
Ħ	20	•	tors, trustees, & other disqualified persons				<u> </u>
Liabilities	21		s payable (attach schedule)				<u> </u>
	22	Other liabilities (des	)				<u> </u>
	23	Total liabilities (add	lines 17 through 22)	0.		0.	1
ances		Foundations that fo and complete lines	llow FASB ASC 958, check here ► 24, 25, 29, and 30.				
	24	Net assets without d	lonor restrictions				
D D	25	Net assets with done	or restrictions			ļ	,
Net Assets or Fund Ba		Foundations that do and complete lines	not follow FASB ASC 958, check here ►X				
ō	26	•	principal, or current funds				
용	27		or land, bldg , and equipment fund		· · ·		1
SS	28		ulated income, endowment, or other funds	71,763.	99,8	01	i
₹.	29	7271001		99,8		i	
Ž	30	Total liabilities and (see instructions)	net assets/fund balances	71,763.	99,8		
Par		<b>Analysis of Chan</b>	ges in Net Assets or Fund Balance				
1			alances at beginning of year - Part II, colu	mn (a), line 29 (must ag	ree with		
_		, , ,	d on prior year's return)	_	]	1	71,763.
		r amount from Part I,				2	28,038.
		increases not included in hi	ne z (itemize) 💆		- <b>-</b>	3	
		lines 1, 2, and 3	(damina) >			4	99,801.
		ases not included in line 2 (	`			5	00 001
_6_	iota	HEL ASSELS OF TUNG DA	alances at end of year (line 4 minus line 5)	— Fart II, column (b), lir	IC 23	6	99,801.

<u> </u>	(a) List and describe 2-story brick w	(b) How acquir P — Purchase D — Donation	(mo , day, yr )	(d) Date sold (mo , day, yr )		
1	a N/A					
	b					
	c					
	d					
	e					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal		(h) Gain or ((e) plus (f) m	
	a					
	<u> </u>					
	c d					
	<u>u                                    </u>					
		g gain in column (h) and owned by the	toundation on 12/31/69		(I) Corne (Col	/b)
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any		(I) Gains (Col gain minus col (k), t than -0-) or Losses (fi	out not less
	a					
	b					
	c					
	<u>d</u>				<del>, .</del>	
	Capital gain net income or (ne	ot capital loss) If gain, also	enter in Part I, line 7			
3		(loss) as defined in sections 1222(5	ter -0- in Part I, line 7 i) and (6)	4	!	
	, <del>-</del>	e 8, column (c) See instructions If	· · · · · ·		,	
Pai		r Section 4940(e) for Reduce	nd Tay on Net Investm			
Was	es,' the foundation doesn't quali	ction 4942 tax on the distributable a figure for the distributable and figure for the distributable and the distributable as for the distributable and figure for the distributable and figure for the distributable as for the distributable and figure for the distributable and figure for the distributable as for the distri	mplete this part	·	Yes	X No
		each column for each year, see the in		entries	(4)	
	(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets	( <b>d)</b> Distribution (col. (b) divided	
	2018	261,030.	113	3,897.		2.291808
	2017	191,670.	141	,658.		1.353047
	2016	155,125.		689.		3.322517
	2015	142,100.		),534.		2.811968
	2014	140,774.	41	,118.	- <del></del>	3.423659
2	Total of line 1, column (d)			2		13.202999
3	Average distribution ratio for the number of years the foundation	5-year base period — divide the total on has been in existence if less than	on line 2 by 5 0, or by the 5 years	3		2.640600
4	Enter the net value of nonchar	ritable-use assets for 2019 from Par	t X, line 5	4		40,323.
5	Multiply line 4 by line 3			_ 5		106,477.
c	Enter 1% of net investment inc					1.
0		come (1% of Part I, line 27b)		<u> </u>		<u>+.</u>
7	Add lines 5 and 6	come (1% of Part I, line 27b)		7		106,478.
7						<del>-</del>

	990-PF (2019) WALKER FAMILY FOUNDATION 48-118180			۲	age 4
art		ions)			
	exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter: (attach copy of letter if necessary – see instructions)				
	Domestic foundations that meet the section 4940(e) requirements in Part V,				1.
	check here. ► X and enter 1% of Part I, line 27b				
C.	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)	-	-		
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				_
	foundations only, others, enter -0-).				<u>0.</u>
	Add lines 1 and 2				1.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				1.
	Credits/Payments				
	2019 estimated tax pymts and 2018 overpayment credited to 2019				
	Exempt foreign organizations — tax withheld at source  6 b				
	Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld  6 d				
	Total credits and payments Add lines 6a through 6d  7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				-1
	1,100 (3.11)				1.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
	Enter the amount of line 10 to be Credited to 2020 estimated tax				
	VII-A Statements Regarding Activities	- 1	- 1	V	NI-
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1 a	Yes	No X
)	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		1 b		Х
	f the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities				
	Did the foundation file Form 1120-POL for this year?		1 c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	<u>,</u> [			
ا م	1) On the foundation ►\$ 0. (2) On foundation managers ►\$  Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	<u>0.</u>			
	foundation managers $\blacktriangleright$ \$				
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-	2		Х
	f 'Yes,' attach a detailed description of the activities	F			
	·				
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3		Х
9	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a		Х
9	f 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b	N	/A
,	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	f 'Yes,' attach the statement required by General Instruction T				
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
•	By language in the governing instrument, or				
•	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		6	Х	
	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	-	<del>-</del> +	Λ	
	N/A	-			
b	f the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General for designate) of each state as required by <i>General Instruction G</i> ? If 'No,' attach explanation  SEE STATEMENT 4	-	8ь		х
	s the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(6) or calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If 'Yes,' complete Part XIV	<b>⊢</b>	9		
		` ├-	-		<u>X</u>
	Old any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names	.	۱		v
<u> </u>	and addresses		0	-PF (2	<u>X</u>

Form	990-PF (2019) WALKER FAMILY FOUNDATION	48-1	18180	5	F	age <b>5</b>
Par	t VII-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule See instructions			11	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified persoadvisory privileges? If 'Yes,' attach statement See instructions	on had		12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption	applicati	on?	13	Х	
14		no. ▶		025		 ) 1
14		-	<u>(785)</u>		_222	; <u>+</u>
	TO DOX 030 DIDITION RD	0/40	<u>2-085</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here		_ 1	N/A	` -	Ц.
	and enter the amount of tax-exempt interest received or accrued during the year	► <u>1</u>	5			N/A
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority obank, securities, or other financial account in a foreign country?	ver a		16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country.					
Par	t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required					•
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a	During the year, did the foundation (either directly or indirectly)					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	XNo			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	□Yes	XNo			
	·	⊢ ` ` ` `	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	ΧNο			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )	Yes	X No			
t	o If any answer is 'Yes' to 1a(1)—(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions.		_	1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance, check here	•				
c	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 2019?		_	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?	Yes	XNo			
	If 'Yes,' list the years ► 20 _ , 20 _ , 20 _ , 20		<u></u> 1			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942 (a	a)(2) ı)(2) to				
	all years listed, answer 'No' and attach statement – see instructions )			2 b	N	/A
C	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h  20 , 20 , 20 , 20	ere				
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business	Yes	X No			
ь	tf 'Yes,' did it have excess business holdings in 2019 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 Form 4720, Schedule C, to	I				1
	determine if the foundation had excess business holdings in 2019 )			3 b	N.	/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4 a		х
			ŀ			
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			A L		
	the tax year beginning in 2019?			4 b		<u> X</u>

Part VII-B	Statements Regarding Activit	ies for Which Fo <u>rm</u>	n 4720 May Be Req	uired (continued	a)			
	the year, did the foundation pay or incur a rry on propaganda, or otherwise attemi	•	n (section 4945(e))?	☐Yes	X No		Yes	No
` '			, , , , , , , , , , , , , , , , , , , ,					
	uence the outcome of any specific pub directly or indirectly, any voter registra ovide a grant to an individual for travel,			Yes Yes	X No X No			
(4) Pro in :	ovide a grant to an organization other than section 4945(d)(4)(A)? See instructions	a charitable, etc , organ	ization described	Yes	X No			
<b>(5)</b> Pro edi	ovide for any purpose other than religioucational purposes, or for the prevention	us, charitable, scientific on of cruelty to children	c, literary, or or animals?	Yes	X No			
<b>b</b> If any a describ	answer is 'Yes' to 5a(1)–(5), did <b>any</b> o ed in Regulations section 53 4945 or in a	f the transactions fail to current notice regarding o	qualify under the exce	ptions				
	structions zations relying on a current notice rega	ırdıng disaster assistanı	ce, check here	•	П	5 b	N.	/A
tax bed	nswer is 'Yes' to question 5a(4), does ause it maintained expenditure respon	sibility for the grant?		N/A Yes	□ No			
	attach the statement required by Reg		• •					
on a pe	foundation, during the year, receive a ersonal benefit contract?			∐Yes	XNo			
	foundation, during the year, pay prem to 6b, file Form 8870	iums, directly or indirec	tly, on a personal bene	fit contract?		6 Ь		Х
7 a At any	time during the tax year, was the found				XNo			
	' did the foundation receive any proceed oundation subject to the section 4960 tax of	•			N/A	7 b		
	ess parachute payment(s) during the ye	, , , , ,		Yes	XNo			
Part VIII	Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Highly Pai	d Empl	oyees	5,	
1 List all	and Contractors officers, directors, trustees, and foun	dation managers and th	neir compensation. See	instructions.				
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee bene- plans and deferr compensation	fit   (e) b	xpens other a		
SEE STAT	EMENT 5							
			0.	,	).			0.
			0.		,			<u> </u>
- <i></i>								
2 Compe	nsation of five highest-paid employees (o		on line 1 — see instructio	ns). If none, enter 'NC (d)Contributions to	NE,			
<b>(a)</b> Nar	ne and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benef plans and deferre compensation	it  (e)∟	xpens ther al		
NONE								
			-					
		·		·-				
<b>-</b> -								
F-A-1 :					•			
otal numbe	r of other employees paid over \$50,000	J		-	<u>- </u>	000	DE (0)	0

Form 990-PF (2019) WALKER FAMILY FOUNDATION

48-1181805

Page 6

and Contractors (continued)  3 Five highest-paid independent contractors for professional services. See in	estmustions If none enter 'NONE'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(a) Componentian
	(b) Type of service	(c) Compensation
NONE		
		1
		1
		<del></del>
		1
		1
		1
		1
Total number of others receiving over \$50,000 for professional services	<b>-</b>	0
Part IX-A Summary of Direct Charitable Activities	· · · · · · · · · · · · · · · · · · ·	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica organizations and other beneficiaries served, conferences convened, research papers produced, etc.	I information such as the number of	Expenses
1 PROVIDE FOR THE UNDER-PRIVILEGED IN THE SALINE O	COUNTY AREA	
		229,030.
2		
3		
4		
Part IX-B   Summary of Program-Related Investments (see instruc		
Describe the two largest program-related investments made by the foundation during the	tax year on lines 1 and 2	Amount
1 <u>N/A</u>		
2	<b></b>	
	<b></b> _	
All other program-related investments See instructions		
3		
Total Add least 1 through 2		
Total. Add lines 1 through 3		<u>0.</u>
BAA		Form <b>990-PF</b> (2019)

Page 8

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part X see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities 1 a **b** Average of monthly cash balances 1 b 40. 937 c Fair market value of all other assets (see instructions) 1 c d Total (add lines 1a, b, and c) 1 d 40.937. e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1 e 0 2 Acquisition indebtedness applicable to line 1 assets 2 Subtract line 2 from line 1d 3 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 614. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 40,323. 6 Minimum investment return. Enter 5% of line 5. 6 2,016. Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations 1 Minimum investment return from Part X, line 6 2.016. 2a Tax on investment income for 2019 from Part VI, line 5 2 a 1 b Income tax for 2019 (This does not include the tax from Part VI) 2 b c Add lines 2a and 2b 2 c 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 2.015 4 Recoveries of amounts treated as qualifying distributions 4  $2, \overline{015}$ . Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 7 2,015. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 229,030. **b** Program-related investments - total from Part IX-B. 1 b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3 a **b** Cash distribution test (attach the required schedule). 3 b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 229,030 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b See instructions 5 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 calculating whether the foundation

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

BAA

Form 990-PF (2019)

# Part XIII Undistributed Income (see instructions)

		<b>(a)</b> Corpus	(b) Years prior to 2018	<b>(c)</b> 2018	<b>(d)</b> 2019
1	Distributable amount for 2019 from Part XI, line 7				2 015
2	Undistributed income, if any, as of the end of 2019				2,015.
	Enter amount for 2018 only			0.	-
	Total for prior years 20 , 20 , 20		0.	<del>-</del>	
	Excess distributions carryover, if any, to 2019				
a	From 2014				
Ł	From 2015	1			
c	: From 2016	1			
c	From 2017	1			
e	From 2018				
f	Total of lines 3a through e.	0.			
4	Qualifying distributions for 2019 from Part				
	XII, line 4 ► \$ 229,030.				
а	Applied to 2018, but not more than line 2a			0.	
t	Applied to undistributed income of prior years (Election required – see instructions)		0.		
c	: Treated as distributions out of corpus (Election required — see instructions)	0.			
c	Applied to 2019 distributable amount	· · · · · · · · · · · · · · · · · · ·			2,015.
	Remaining amount distributed out of corpus	227,015.			2,010.
5	Excess distributions carryover applied to 2019	22.70207			
	(If an amount appears in column (d), the same amount must be shown in column (a) )	0.			0.
6	Enter the net total of each column as	-			
	indicated below:		t ithinks him Aste	(A) (1)	III ii i
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	227,015.		5 T PAIN	a minimalika alice d
t	Prior years' undistributed income Subtract line 4b from line 2b		0.		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed		0.		
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions.		0.		
e	Undistributed income for 2018 Subtract line 4a from				
	line 2a Taxable amount — see instructions.			0.	
ī	Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2020				0.
7	Amounts treated as distributions out of				i
	corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				i
	may be required — see instructions).	227,015.			
8	Excess distributions carryover from 2014 not				I
5	applied on line 5 or line 7 (see instructions)	0.			
9	Excess distributions carryover to 2020.				
_	Subtract lines 7 and 8 from line 6a	0.			
0	Analysis of line 9				
а	Excess from 2015				
b	Excess from 2016				
c	Excess from 2017		nonnouge of still (1715) at the first	1 1 Little College-Mann Co	<b>4</b> - 12m
d	Excess from 2018.	**************************************	*x *ttttt:// *** •	* ** , \$6655 **5 **	
е	Excess from 2019				
_					5 000 PE (0010)

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Form 990-PF (2019) WALKER FAMILY FOL		<del> </del>		48-118180	
Part XIV Private Operating Foundat					/N/A
1 a If the foundation has received a ruling or dete is effective for 2019, enter the date of the	rmination letter that it ruling	is a private operatir	ng foundation, and th	/•[	
<b>b</b> Check box to indicate whether the foundat	ion is a private oper	ating foundation de	escribed in section	4942(j)(3) or	4942(J)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
investment return from Part X for each year listed	(a) 2019	<b>(b)</b> 2018	(c) 2017	(d) 2016	· · · · · · · · · · · · · · · · · · ·
b 85% of line 2a					
<ul> <li>Qualifying distributions from Part XII, line 4, for each year listed</li> </ul>					
d Amounts included in line 2c not used directly for active conduct of exempt activities.					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c 'Support' alternative test — enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income	1.				
Part XV Supplementary Information assets at any time during the	(Complete this pe year — see ins	oart only if the t tructions.)	foundation had	\$5,000 or more	in
1 Information Regarding Foundation Manag a List any managers of the foundation who have		in 2% of the total co	ntributions received t	ov the foundation hefe	ore the
close of any tax year (but only if they have	contributed more the	nan \$5,000) (See s	section 507(d)(2))	by the loandation beit	ore the
SEE STATEMENT 6					
<b>b</b> List any managers of the foundation who own a partnership or other entity) of which the NONE	10% or more of the s foundation has a 10	tock of a corporation % or greater intere	n (or an equally large st	portion of the owners	ship of
2 Information Regarding Contribution, Grant, G					
Check here ► X if the foundation only makes requests for funds. If the foundation makes					
2a, b, c, and d See instructions  a The name, address, and telephone number or	email address of the	person to whom apr	olications should be a	addressed ·	
,		,			
<b>b</b> The form in which applications should be s	submitted and inform	nation and material	s they should includ	de	
c Any submission deadlines	<del>-</del>				
d Any restrictions or limitations on awards, s	uch as by geograph	ical areas, charitab	le fields, kinds of in	nstitutions, or other	factors

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

3 Grants and Contributions raid burning the re	at of Approved for rac	are raymen	·`	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
Name and address (home or business)  a Paid during the year  SEE STATEMENT 7	or substantial contributor	recipient		
Total			► 3a	229,030.
<b>b</b> Approved for future payment				·
Total BAA	TECACON OF	2/22/10	<b>▶</b> 3b	Form <b>990-PF</b> (2019)
DAA	TEEA0501L 08	3/22/19		1 01111 <b>330-FF</b> (2019)

Enter gros	s amounts unless otherwise indicated	Unrelate	ed business income	Excluded	by section 512, 513, or 514	, ,
	ram service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions)
-	ranii service revenue			code		
а b		<del>                                     </del>		+		
				1 1		
d		<del> </del>		1 1		
e				† †		
ĭ—	****			1 1		
a Fees	and contracts from government agencies			<del>  </del>		
•	bership dues and assessments	•		1 1		
	st on savings and temporary cash investments		-	14	147.	
	ends and interest from securities			1 - 1		·
5 Nct r	ental income or (loss) from real estate:		ASSET OF P. LEAS OF T. O. T.	(	Company of the State of the Sta	ercenn, kennes i ernes 177 - Sin konne ussind Julie nega julie nega i de serviciski same
a Debt	-financed property					
<b>b</b> Not o	lebt-financed property					
6 Net re	ntal income or (loss) from personal property			1 1		
7 Othe	r investment income					
8 Gain o	r (loss) from sales of assets other than inventory					
9 Net :	ncome or (loss) from special events		-			
10 Gross	s profit or (loss) from sales of inventory					
11 Othe	r revenue					
a						
b						
С						_
d						
<u> </u>						
e						
е	otal Add columns (b), (d), and (e)				147.	
e Subto	. Add line 12, columns (b), (d), and (e)				147. 13	147.
e Subto	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations				13	147.
e Subto	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	<b>Accompl</b>	<u>_</u>		ses	
e Subto	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculating.  Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is report purposes (o	orted in column (e) of F ther than by providing t	Part XVI-A funds for s	ses	
e 12 Subto 13 Total (See works Part XVI	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	ncome is report purposes (o	orted in column (e) of F ther than by providing t	Part XVI-A funds for s	ses	
e 12 Subte 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculating.  Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is report purposes (o	orted in column (e) of F ther than by providing t	Part XVI-A funds for s	ses	
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e 12 Subte 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculating.  Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is report purposes (o	orted in column (e) of F ther than by providing t	Part XVI-A funds for s	ses	
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e 12 Subte 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculating.     Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is report purposes (o	orted in column (e) of F ther than by providing t	Part XVI-A funds for s	ses	
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e 12 Subte 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculating.     Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is report purposes (o	orted in column (e) of F ther than by providing t	Part XVI-A funds for s	ses	
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e 12 Subte 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculating.     Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is report purposes (o	orted in column (e) of F ther than by providing t	Part XVI-A funds for s	ses	
e 12 Subte 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculating.     Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is report purposes (o	orted in column (e) of F ther than by providing t	Part XVI-A funds for s	ses	

Yes No

# Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the	organization directly ed in section 501(c)	or indirectly en	gage in any of	the following w	ith any ot	her organizatio	n		res	NO Society
relating	to political organizat	tions?	1011 501 (0)(3) (	organizations) or	in section	11 527,				
	rs from the reporting	, foundation to a	a noncharitable	e exempt organia	zation of			<b>300</b> 0	2000	×333
(1) Casi	n er assets							1 a (1)		<u>X</u>
	ansactions							1 a (2)	1998	
	es of assets to a non	icharitable exen	npt organizatio	n				1 b (1)	~50080363	X
• •	chases of assets from							1 b (2)		<u>x</u>
(3) Ren	tal of facilities, equip	pment, or other	assets					1 b (3)		X
<b>(4)</b> Rein	nbursement arrange	ments						1 b (4)		Х
<b>(5)</b> Loar	ns or Ioan guarantee	es.						1 b (5)		X
` '	formance of services	·	•	-				1 b (6)		<u>X</u>
c Sharing	of facilities, equipm	ent, mailing list	s, other assets	i, or paid employ	/ees			1 c		X
	nswer to any of the a is, other assets, or ser isaction or sharing a								ue of	
(a) Line no	(b) Amount involved	(c) Name of	noncharitable exer	npt organization	(d)	Description of tran	sfers, transactions, and	sharing arran	igements	3
N/A										
		ļ			<u> </u>					
					<del>                                     </del>					
		<del></del>			1					
					ļ. <u>.</u>					
				·						
					<del>                                     </del>					<del></del>
describe	undation directly or inc d in section 501(c) ( complete the followi	(other than secti	with, or related ion 501(c)(3))	to, one or more t or in section 527	ax-exempt	organizations		Yes	X	No
	Name of organizati	on	<b>(b)</b> Type	e of organization	1	(c)	Description of rel	ationship		
N/A										
	<del></del>			<del></del>						
		+		-						
Sign Here	penalties of perjury, I declar and complete Declaration	e that I have examine of preparer (other the	ed this return, incluan taxpayer) is bas	ed on all information	of which prepared $\underline{\mathbf{p}}$	RESIDENT	the best of my knowledgedge	May the lifthis return preparer see instru	RS discu	) I
Signa	ture of officer or trustee		[B	Date	Titl		lean I		Yes	No
	Print/Type preparer's nar		Preparer's	•		Date	Check if	PTIN		
Paid	_	Tradition ( 14 color for file	SELF-	PREPARED		<u> </u>	self employed			
Preparer	F						Firms EIN	(18. m.) (18. m.) (19. m.)		<b>366</b>
Use Only							Phone no	mens -	7 222	
BAA	ı F			15.5.14 <b>3</b> 0.000 125		20 36 50 50 50 16 1	Phone no	Form <b>990</b>		
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#### Schedule B

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

2019

OMB No 1545 0047

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number 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 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 II, 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 totaling \$5,000 or more during the year

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)

Pane	2
raue	_

Employer identification number

WALKE	R FAMILY FOUNDATION	48-1	181805
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional s	pace is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BLUE BEACON INTERNATIONAL, INC.  BO POX 856  SALINA, KS 67402-0856	\$216,000.	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
2	KAREN GORRELL  8902 W STATE ST  BROOKVILLE, KS 67425	\$ <u>12,711.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DENISE WHITE  411 W 46TH TERR #702  KANSAS CITY, MO 64112	\$ <u>10,413</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SANDY WALKER  4001 N LINK RD  BROOKVILLE, KS 67425	\$6 <u>,</u> 758.	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )

Name of organization

Employer identification number

WALKER	FAMILY FOUNDATION	48-1181	.805
Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional s	pace is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	-	
		1	
	<u></u>	\$	
(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
		is	
		9	
(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
	L		
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
ВАА	Sche	Ledule B (Form 990, 990-E2	<u></u>

WALKER FAMILY FOUNDATION

1 1 Pa 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)    \$					
(a) No. from Part I	(b) Purpose of gift	(c) (d) Use of gift Description of how gift is held				
Faiti	N/A					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(0)				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
			·			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			· <del>   </del>			
		(e)				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
			·			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e)				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
	<b></b>		·			
RΔΔ			Schedule B (Form 990, 990-F7, or 990-PF) (2019)			

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2019	FEDERAL STATEMENTS	PAGE 1
	WALKER FAMILY FOUNDATION	48-1181805
STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES  ANNUAL REPORT - SEC OF STATE	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  E \$ 60. TOTAL \$ 60. \$ 0. \$ 0.	
STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES		
TAX ON NET INVESTMENT INCOM	E TOTAL S 17. (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME  S 17. S 0. S 0.	(D) CHARITABLE PURPOSES  \$ 0.
STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME	(D) CHARITABLE PURPOSES
BANK SERVICE CHARGES	TOTAL $\frac{\$}{\$}$ $\frac{31.}{31.}$ $\frac{\$}{\$}$ $\frac{0.}{\$}$	\$ 0.
STATEMENT 4 FORM 990-PF, PART VII-A, LINE 8E COPIES OF FORM 990-PF TO STAT  NOT REQUIRED	B TE OFFICIALS	
STATEMENT 5 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, 1		
NAME AND ADDRESS  TRACE E WALKER 1608 S REESE RD BROOKVILLE, KS 67425-9715	TITLE AND AVERAGE HOURS COMPEN- PER WEEK DEVOTED SATION  PRESIDENT \$ 0.\$	O ACCOUNT/

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PAGE 2

#### **WALKER FAMILY FOUNDATION**

48-1181805

#### STATEMENT 5 (CONTINUED) FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED		BUTTON TO	EXPENSE ACCOUNT/ OTHER
KAREN GORRELL 8902 W STATE STREET RD BROOKVILLE, KS 67425-9723	SECRETARY 0	\$ 0.	\$ 0.	\$ 0.
MICHAEL B WALKER 1905 E IRON AVE SALINA, KS 67401-3428	TREASURER 0	0.	0.	0.
DAVID GORRELL 8902 W STATE STREET RD BROOKVILLE, KS 67425-9723	DIRECTOR 0	0.	0.	0.
DENISE R WHITE 411 W 46TH TER APT 702 KANSAS CITY, MO 64112-1476	DIRECTOR 0	0.	0.	0.
SANDY WALKER 4001 N LINK RD BROOKVILLE, KS 67425-9793	DIRECTOR 0	0.	0.	0.
PENNY A WALKER 1905 E IRON AVE SALINA, KS 67401-3428	DIRECTOR 0	0.	0.	0.
CYNTHIA A WALKER 1608 S REESE RD BROOKVILLE, KS 67425-9715	DIRECTOR 0	0.	0.	0.
CAROLYN L WALKER 7576 W STATE ST SALINA, KS 67401-9567	DIRECTOR 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 6 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

KAREN GORRELL DENISE R WHITE SANDY WALKER

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PAGE 3

#### **WALKER FAMILY FOUNDATION**

48-1181805

#### STATEMENT 7 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
ASHBY HOUSE, LTD PO BOX 3482 SALINA KS 67402		PC	HOMELESS SHELTER	\$ 7,320.
BIRTHRIGHT OF SALINA, INC. 1125 E IRON AVE SALINA KS 67401		PC	ASSIST UNWED MOTHERS	3,600.
CATHOLIC CHARITIES OF SALINA, INC. 1500 S 9TH ST SALINA KS 67402		PC	AID TO FAMILIES IN NEED OF HELP AND REDUCING POVERTY FOR THE VULNERABLE, REGARDLESS OF THEIR RELIGION.	12,660.
CORNERSTONE CHRISTIAN ACADEMY INC. PO BOX 1247 SALINA KS 67402		PC	CHRIST-CENTERED AND CLASSICAL EDUCATION	12,000.
SALINA EMERGENCY AID - FOOD BANK INC 255 S CHICAGO SALINA KS 67401		PC	FOOD FOR THE HUNGRY	13,200.
GREAT PLAINS CHRISTIAN RADIO INC. PO BOX 991 MEADE KS 67864		PC	NON-COMERCIAL EDUCATIONAL RADIO STATION	3,720.
SALINA REGIONAL HEALTH FOUNDATION PO BOX 618 SALINA KS 67402		PC	HOSPICE OF SALINA - HOSPICE CARE AND SUPPORT SERVICES FOR TERMINALLY ILL PATIENTS AND THEIR FAMILIES.	3,660.
COLONIAL PRESBYTERIAN CHURCH 9500 WORNALL RD KANSAS CITY MO 64114		PC	BE THE CHURCH OUTREACH PROGRAM - TUTORING IN THE NEIGHBORHOODS AND IN THE SCHOOLS.	5,000.
SALINA HEALTH EDUCATION FOUNDATION 651 E PRESCOTT RD SALINA KS 67401		PC	HEALTHCARE FOR NEEDY	9,120.

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PAGE 4

#### **WALKER FAMILY FOUNDATION**

48-1181805

#### STATEMENT 7 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
PREGNANCY SERVICE CENTER INC 104 W ELM SALINA KS 67401		PC	PREGNANCY COUNSELING AND ASSISTANCE	\$ 26,400.
SOUL BLOOM 108 S SANTA FE AVE SALINA KS 67401		PC	NEW HEIGHTS THERAPY - A SPECIAL PLACE WHERE ABILITIES ARE PROMOTED AND CONFIDENCE IS GROWN	7,000.
SALINA RESCUE MISSION INC PO BOX 1667 SALINA KS 67402		PC	HOMELESS SHELTER FOR MEN	17,320.
SUNFLOWER ADULT DAY SERVICES 401 W IRON AVE SALINA KS 67401		PC	ADULT CAREGIVING DUTIES	6,600.
TEEN TOWN, INC. PO BOX 856 SALINA KS 67402		PC	PROVIDE SAFE ENVIRONMENT FOR YOUTH ACTIVITIES	31,560.
SALINA SALVATION ARMY CHRISTMAS FUND 1137 N SANTA FE SALINA KS 67401		PC	CHRISTMAS GIFTS FOR NEEDY	5,000.
DOMESTIC VIOLENCE ASSOCIATION 203 S. SANTA FE AVE SALINA KS 67401		PC	PROVIDE SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ABUSE	12,000.
ST JOHNS MISSIONARY BAPTIST CHURCH 215 S CHICAGO ST SALINA KS 67401		PC	AFTER-SCHOOL CHILD CARE PROGRAM	20,200.
REBECCA A. MORRISON HOUSE 513 S 8TH ST SALINA KS 67401		PC	TEMPORARY HOUSING FOR RELATIVES OF HOSPITAL PATIENTS	100.
MLK JR CHILD DEVELOPMENT CENTER INC. 1215 N SANTA FE SALINA KS 67401		PC	CHILD CARE FOR NEEDY FAMILIES.	1,250.

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PAGE 5

#### **WALKER FAMILY FOUNDATION**

48-1181805

#### STATEMENT 7 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
CHILD ADVOCACY & 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	\$ 3,720.
AT STAKE MINISTRIES INC 11599 W CRAWFORD ST. BROOKVILLE KS 67425		PC	RELATIONSHIP MENTORING PROGRAMS	6,600.
SALINA INNOVATION FOUNDATION 336 S SANTA FE AVE SALINA KS 67401		PC	RAISE THE ROOF - FUND A NEW ROOF FOR A HISTORIC NEAR CENTRY-OLD LANDMARK.	8,000.
HEALING HOUSE, INC. 400 SAINT JOHN AVENUE KANSAS CITY MO 64123		PC	PROVIDE AID TO THOSE RECOVERING FROM ADDICITION AND HELP PREPARE THEM FOR A PURPOSEFUL LIFE IN THE COMMUNITY	10,000.
COMING TOGETHER FOR A CURE, INC. 1200 S SEVILLE AVE WICHITA KS 67209		PC	ADULT STEM CELL RESEARCH AND THERAPY	3,000.
			TOTAL	\$ 229,030.