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### Form **990-PF**

## **Return of Private Foundation**

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

**2009** 

For	caier	dar year 2009, or tax year beginning		<u>, and ending</u>			
G	Check	all that apply: Initial return	Initial return of a fo	· · · —	Final retu	ırn	
		Name of foundation	Address chang	ge	Name change	on number	
Use the IRS Name of foundation    A Employer identification number   A Employer identi							
	ierwi		NDATION		20-095951	9	
	print		elivered to street address)	Room/suite	<b>B</b> Telephone number		
	r type Spe	TOTO N. WEDD KOAD		100	316-634-1	800	
	ructio	one   City or town, state, and ZIP code			C if exemption application is		
	No 1	WICHITA, KS 67206-40			D 1. Foreign organizations	ns, check here	
н (	_	type of organization: X Section 501(c)(3) exterior 4947(a)(1) nonexempt charitable trust	xempt private toundation Other taxable private founda	tion	Foreign organizations is check here and attach	computation	
l F		rket value of all assets at end of year   J   Account		Accrual	E If private foundation s under section 507(b)(		
		·   —	ther (specify)		1	a 60-month termination	
-	-\$	37,355. (Part I, colu		pasis.)	under section 507(b)(		
Pa	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received		* , ,	N/A	(cash basis only)	
	2	Check X if the foundation is not required to attach Sch. B		-			
	3	Interest on savings and temporary cash investments	389.	389.		STATEMENT 1	
	4	Dividends and interest from securities	2.	2.		STATEMENT 2	
	5a	Gross rents					
	b	Net rental income or (loss)	*			3 "	
ne	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	***		7, 1		
Revenue	7	assets on line 6a Capital gain net income (from Part IV, line 2)		0.		\(\frac{1}{2}\)	
Re	8	Net short-term capital gain		4	** *	4.	
	9	Income modifications	7.146	<u> </u>		1	
	10a	Gross sales less returns and allowances	(1) 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· // &	ù .	* å.	
	b	Less Cost of goods sold	Contract to the second	1 11- 1	Y <sub>×</sub>	1 8	
	l	Gross profit or (loss)		1 1 1 3		4	
	l	Other income	1.	1.		STATEMENT 3	
.—	12	Total. Add lines 1 through 1	392.	392.		1	
	13 14	. [0]	0.	0.		0.	
4	15	Pension plans, emproyee gerigints 2010 Legal fees Accounting fee Contact STMT					
enses	16a	Legal fees		<del>-</del> .		-	
Sen Se	١.	Accounting feeOGDEN, STMT CA	1,170.	0.		0.	
Ä	C	Other professional fees					
tive	l	Interest					
and Administrative	ı	Taxes STMT 5	1,800.	0.		0.	
ij		Depreciation and depletion		_			
Adn		Occupancy Travel, conferences, and meetings		<del></del> -			
ď		Printing and publications					
	23	Other expenses STMT 6	40.	0.		0.	
atir	24	Total operating and administrative		<u> </u>			
Operating		expenses. Add lines 13 through 23	3,010.	0.		0.	
J		Contributions, gifts, grants paid	158,930.			158,930.	
	26	Total expenses and disbursements.	161 040	•		150 030	
	27	Add lines 24 and 25 Subtract line 26 from line 12:	161,940.	0.	-	158,930.	
	l	Excess of revenue over expenses and disbursements	-161,548.				
	Ι.	Net investment income (if negative, enter -0-)	101,030.	392.			
	С	Adjusted net income (if negative, enter -0-)			N/A		
0235	^ -						

Б	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	f year
<u> </u>	aπ	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	Ť	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	198,903.	37,355.	37,355
	3	Accounts receivable >			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			- · · · · · · · · · · · · · · · · · · ·
	11	Investments - land, buildings, and equipment: basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			<del></del> -
	13	Investments - other			
	14	Land, buildings, and equipment; basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe			
_		Total assets (to be completed by all filers)	198,903.	37,355.	37,355.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ies	19	Deferred revenue			~
iit	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable			
_	22	Other liabilities (describe >)		<del></del>	
		<b>7</b>			
	23	Total liabilities (add lines 17 through 22)	0.	0.	,
		Foundations that follow SFAS 117, check here			
Š		and complete lines 24 through 26 and lines 30 and 31. Unrestricted			
ü			<del>-</del>		
ala	25	Temporarily restricted			
D E	26	Permanently restricted  Foundations that do not follow SFAS 117, check here			
Ę		·			
ō	27	and complete lines 27 through 31.	0.	0.	
ets	27	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ASS	28 29	Retained earnings, accumulated income, endowment, or other funds	198,903.	37,355.	
Net Assets or Fund Balances	30	Total net assets or fund balances	198,903.	37,355.	
Z	50	Total liet assets of fully balances	100,000	31,333.	
	31	Total liabilities and net assets/fund balances	198,903.	37,3 <u>55</u> .	
_			<u>-</u>	37,3334	*****
LP	<u>art</u>	Analysis of Changes in Net Assets or Fund E	aiances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	198,903
	•	r amount from Part I, line 27a		2	-161,548
		er increases not included in line 2 (itemize)		3	0,
		lines 1, 2, and 3		4	37,355
		reases not included in line 2 (itemize)		5	0
		I net assets or fund halances at end of year (line 4 minus line 5) - Part II o	olumn (h) line 30		37, 355,

THE DEVLIN FAMILY FOUNDATION

20-0959519

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<u>159,9</u>59.

158,930.

7

8

7 Add lines 5 and 6

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

	m 990-PF (2009) THE DEVLIN FAMILY FOUNDATION		20-0				Page 4
	art VI . Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 49	940(e), or 4	948 -	see II	nstru	ctio	ns)
1a	a Exempt operating foundations described in section 4940(d)(2), check here \( \bigcup \) and enter "N/A" on line 1.	)					ı
	Date of ruling or determination letter: (attach copy of letter if necessary-see instruction	ns)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	þ	1				8.
	of Part I, line 27b						:
	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col.	(b) J				~-	;
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2				<u>0.</u>
3	Add lines 1 and 2		3				<u>8.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5				8.
6	Credits/Payments:		1 1				i
а	a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 6a	4,153.	]				İ
b	Exempt foreign organizations - tax withheld at source 6b		]				
C	Tax paid with application for extension of time to file (Form 8868)		]				
d	Backup withholding erroneously withheld 6d 6d		]].	~~			
7	Total credits and payments. Add lines 6a through 6d		7			4,1	<u>53.</u>
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	<b>&gt;</b>	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>&gt;</b>	10			4,1	45.
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax > 145.	Refunded >	11				00.
Pa	art VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participates	ate or intervene	ın			Yes	No
	any political campaign?				1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for	or definition)?			1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mate	erials publishe	d or				1
	distributed by the foundation in connection with the activities.						أنست أ
C	Did the foundation file Form 1120-POL for this year?				1c		Х
d	f Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	0.			\$ \$*		İ
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on fo	oundation			4		,
	managers. ▶ \$ 0 .						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		<u> </u>
	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	incorporation, o	or		an Province		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		<u> </u>
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		Х
b	o If "Yes," has it filed a tax return on Form 990-T for this year?		N/	'A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
	If "Yes," attach the statement required by General Instruction T.				*		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						'.
	By language in the governing instrument, or						1
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that confli	ct with the state	a law			~	زا
	remain in the governing instrument?				6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?				7	Х	
	If "Yes," complete Part II, col. (c), and Part XV.						-
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	KS						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or de	signate)	· <u></u> -	_			
	of each state as required by General Instruction G? If "No," attach explanation				8b	X	<u> </u>
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 49	42(j)(5) for cale	ndar				
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV				9		X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and	addresses			10		X
				Forr	n <b>990</b>	-PF(	(2009)

_	n 990-PF (2009) THE DEVLIN FAMILY FOUNDATION 20-095 art VII-A Statements Regarding Activities (continued)	<u>9519</u>		Page 5
• •	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)	,,		v
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	11		<u> </u>
12	August 17, 2008?	40		v
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	12	Х	<u> </u>
10	Website address NONE			
14	The books are in care of ► THOMAS M. MACK  Telephone no. ► 316 – 6	34-1	800	
17	Located at ► 1313 N. WEBB ROAD, SUITE 100, WICHITA, KS  ZIP+4 ►6			70
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	7200		
10	and enter the amount of tax-exempt interest received or accrued during the year	· N	/A	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		/ 43	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
12	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?			i
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
•	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(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.)			-
h	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
٠	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?  N/A	1b		ز ـــــ ن
	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 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	'		<del></del> ,
_	defined in section 4942(j)(3) or 4942(j)(5)):			,
а	a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			1
_	before 2009?		•	
	If "Yes," list the years ▶ , , ,			:
ь	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			i
	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.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
	<b>&gt;</b>			1
3a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			E .
ь	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after			Ţ
	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 2009.)  N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			Li malama
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X

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Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	nued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir		[	
any voter registration drive?			es 🗶 No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	37	Y	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	in described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es 🗶 No 📗	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or			
the prevention of cruelty to children or animals?		Y	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described	ın Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	uctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check t	nere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined		
expenditure responsibility for the grant?	Ŋ	I/A 🗀 Y	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 494	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Y	es 🗶 No 📙	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Y	es X No	
b If yes, did the foundation receive any proceeds or have any net income attribut	able to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highl	y	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowances
	1		·	
SEE STATEMENT 7		0.	0.	0.
		<u> </u>		
				<del> </del>
2 Compensation of five highest-paid employees (other than those inc	Y	enter "NONE."	1 4 8 -	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) name and address of each employee paid more than \$600,000	devoted to position	(C) Compensation	and deferred compensation	allowances
N/A - NONE				
	0.00	0.	0.	0.
				1
		_		<u> </u>
			!	
	_			
	<u> </u>		<u> </u>	<u> </u>
Total number of other employees paid over \$50,000			<u> </u>	Λ

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Com	pensation
N/A - NONE			
			0.
		-	
	· <del></del> · · · · · · · · · · · · · · · · · ·	<del></del>	
Total number of others receiving over \$50,000 for professional services		<b>&gt;</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 statistical number of organizations and other beneficiaries served, conferences convened, research papers produce:		Expenses	;
1 N/A	"		
2			
•			
3			
4		•	
Part IX-B Summary of Program-Related Investments			
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			
All other program-related investments. See instructions.			
3	············		
Total. Add lines 1 through 3	<u> </u>		0.

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndatio	ns, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	78,663.
	Fair market value of all other assets	10	0.
d	Total (add lines 1a, b, and c)	1d	78,663.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	78,663.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,180.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	77,483.
6	Minimum investment return. Enter 5% of line 5	6	3,874.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certa	
1	Minimum investment return from Part X, line 6	1	3,874.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	8.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,866.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,866.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,866.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	158,930.
b	Program-related investments - total from Part IX-B	1b	0.
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)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	158,930.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	_ 5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	158,930.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies	s for the section

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4940(e) reduction of tax in those years.

## Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2008	(¢) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,		<u>:</u>		
line 7				3,866.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
_ ,		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004 365,000.				
b From 2005 429,120.				
c From 2006 487,518.				
d From 2007 528,548.				
e From 2008 360,438.				
f Total of lines 3a through e	2,170,624.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ▶ \$ 158,930.				
a Applied to 2008, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior		-		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			!
d Applied to 2009 distributable amount				3,866.
e Remaining amount distributed out of corpus	155,064.			
5 Excess distributions carryover applied to 2009	0.			0.
(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 indicated below:				4
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,325,688.			
<b>b</b> 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	*		ś.	*
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line		^		- · · · · · · · · · · · · · · · · · · ·
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				!
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	365,000.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	1,960,688.			
10 Analysis of line 9:				
a Excess from 2005 429,120.				
<b>b</b> Excess from 2006 487,518.				
c Excess from 2007 528,548.				
d Excess from 2008 360, 438.				
e Excess from 2009 155,064.				F 000 PE (2000)

	LIN FAMILY				59519 Page 10
Part XIV. Private Operating F			II-A, question 9)	N/A	<del></del>
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo			▶ └	<del></del>	<del></del>
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	· 1 ·zzz	_
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
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>b</b> "Endowment" alternative test - enter			<del></del>		
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			1		
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	1			ļ	
(4) Gross investment income	<u> </u>				
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	on had \$5 000 or m	ore in assets
at any time during t					
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh		than 2% of the total con	tributions received by t	the foundation before the clo	se of any tax
year (but only if they have contributed n			,		
THOMAS R. DEVLIN					
b List any managers of the foundation wh	o own 10% or more of the	ne stock of a corporation	(or an equally large po	rtion of the ownership of a r	partnership or
other entity) of which the foundation has			, , , , , , , , , , , , , , , , , , , ,	, ,	•
NONE					
2 Information Regarding Contributi	ion, Grant, Gift, Loan	, Scholarship, etc., P	rograms:		
Check here ▶ 🗓 if the foundation o	only makes contributions	to preselected charitable	organizations and doe	s not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations	under other conditions	, complete items 2a, b, c, an	d d.
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:		
				<del></del>	
b The form in which applications should b	e submitted and informa	ition and materials they s	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	, kınds of ınstitutions,	or other factors:	
			·		

3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Name and address (home or business)	if recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
SEE STATEMENT 8				
Total		<u> </u>	<b>▶</b> 3a	158,930.
b Approved for future payment				
NONE				1
		1		
Total			<b>▶</b> 3b	0.

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.		business income	Excluded I	by section 512, 513, or 514	(e)
1 Program service revenue:	Business code	( <b>b)</b> Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b	_				
<u> </u>	1 1	<del> </del>	- +		
d	1				
e	<del>-   -  </del>				
g Fees and contracts from government agencies			<del></del>		
Membership dues and assessments	-	<u> </u>	+ +-		
3 Interest on savings and temporary cash			<del></del>		
investments			14	389.	
4 Dividends and interest from securities			14	2.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					· <del></del>
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					<u> </u>
7 Other investment income			14	1.	
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events			<del>   -</del>		
O Gross profit or (loss) from sales of inventory  1 Other revenue:			+ + -		
_					
ab	— <del>                                      </del>	<del>-</del>		<del>-</del>	
d					· · · · · · · · · · · · · · · · · · ·
e					· · · · · · · · · · · · · · · · ·
2 Subtotal. Add columns (b), (d), and (e)		(	0.	392.	0.
3 Total. Add line 12, columns (b), (d), and (e)		-			392.
See worksheet in line 13 instructions to verify calculation:	s.)				
Part XVI-B Relationship of Activitie	es to the Accor	nplishment of	Exempt P	urposes	
					alsohment of
Line No. Explain below how each activity for which the foundation's exempt purposes (other to				importantly to the accomp	DIISTIMENT OF
		<del></del>			
					<del></del>
	<u> </u>			- <u>-</u> -	· · · · · · · · · · · · · · · · · · ·
				<del> </del>	<del></del>
				_	
		<del></del>	<del></del>		
	· - · - · -				
		<del></del>		-	
<del></del>					
					<del> </del>

Part XVII	Information Regarding	Transfers To and	Transactions and	<b>Relationships With</b>	Noncharitable
	<b>Exempt Organizations</b>			-	

the	the organization directly or ind	irectly engage in any of the follo	wing with any other organization	described in section 501(c) of		Yes	No
uic	Code (other than section 501(c	;)(3) organizations) or in section	n 527, relating to political organiz	ations?			
a Tra	ansfers from the reporting found	lation to a noncharitable exemp	t organization of:				
(1)	Cash		•		1a(1)		X
(2) Other assets							X
	ner transactions:			•	1a(2)	-	
• • • •	Sales of assets to a noncharita	able exempt organization			16(1)		X
			_		1b(2)		
(2) Purchases of assets from a noncharitable exempt organization							X
	(3) Rental of facilities, equipment, or other assets						
	Reimbursement arrangements	<b>;</b>			1b(4)		X
	Loans or loan guarantees				1b(5)	_	X
(6)	(6) Performance of services or membership or fundraising solicitations						X
c Sha	aring of facilities, equipment, ma	ailing lists, other assets, or paid	employees		10		X
<b>d</b> If the	he answer to any of the above is	"Yes," complete the following s	chedule. Column (b) should alwa	lys show the fair market value of the goo	ds, other asse	ets,	
or:	services given by the reporting t	foundation. If the foundation rec	ceived less than fair market value	in any transaction or sharing arrangeme	nt, show in		
col	lumn (d) the value of the goods,	other assets, or services receive	ed.				
a) Line n	o (b) Amount involved	(c) Name of noncharit	able exempt organization	(d) Description of transfers, transactions,	and sharing arra	angeme	nts
		N/2	A				_
			*******				
	··· <del> -</del>	<del>                                     </del>					
					<del></del> ,		
		<del></del>					
					-		
				<u> </u>	_		
	the foundation directly or indirec	er than section 501(c)(3)) or in s	one or more tax-exempt organiza section 527?	tions described	Yes	X	] No
ın s	section 501(c) of the Code (othe Yes," complete the following sch	redule.					
ın s	• • • • • • • • • • • • • • • • • • • •		(b) Type of organization	(c) Description of relat	ionship		
ın s	Yes," complete the following sch		(b) Type of organization	(c) Description of relat	ionship		
ın s	Yes," complete the following sch (a) Name of or		(b) Type of organization	(c) Description of relat	ionship		
ın s	Yes," complete the following sch (a) Name of or		(b) Type of organization	(c) Description of relat	ionship		
ın s	Yes," complete the following sch (a) Name of or		(b) Type of organization	(c) Description of relat	ionship		
ın s	Yes," complete the following sch (a) Name of or		(b) Type of organization	(c) Description of relat	ionship		
in s	Yes," complete the following sch (a) Name of or N/A	ganization					
in s	Yes," complete the following sch (a) Name of or N/A	ganization have examined this return, including		nts, and to the best of my knowledge and belief,		et,	
b If "	Yes," complete the following sch (a) Name of or N/A	ganization  have examined this return, including the start taxpayer or fiduciary) is based	accompanying schedules and statemer	nts, and to the best of my knowledge and belief, as any knowledge		⇒t,	
b If The Under and a	Yes," complete the following sch (a) Name of or, N/A  er penalties of perjury, I declare that I I complete Declaration of preparer (oth	ganization have examined this return, including	accompanying schedules and statemer don all information of which preparer ha	nts, and to the best of my knowledge and belief, as any knowledge  TREASURER		×t,	
Under and a	Yes, complete the following sch  (a) Name of or  N/A  er penalties of perjust, I declare that I I complete Declaration of preparer (oth	ganization  have examined this return, including the start taxpayer or fiduciary) is based	accompanying schedules and statemer of on all information of which preparer hat 5/12/10  Date	nts, and to the best of my knowledge and belief, as any knowledge  TREASURER Title	, it is true, correc		
b If To	Yes," complete the following sch  (a) Name of or,  N/A  er penalties of perjusy, I declare that I I complete Declaration of preparer (oth  Signature of officer or trustee	ganization  have examined this return, including a return taxpayer or fiduciary) is based.	accompanying schedules and statemer of on all information of which preparer has 5/12/10  Date	ats, and to the best of my knowledge and belief, as any knowledge  TREASURER  Title  Check if Property of the color of the			ber
Under and a	Yes," complete the following sch  (a) Name of or,  N/A  er penalties of perjusy, I declare that I I complete Declaration of preparer (oth  Signature of officer or trustee	have examined this return, including and than taxpayer or fiduciary) is based.	accompanying schedules and statemer of on all information of which preparer has 5/12/10  Date  Date	nts, and to the best of my knowledge and belief, as any knowledge  TREASURER Title	, it is true, correc		ber
b If To	Yes," complete the following sch  (a) Name of or,  N/A  er penalties of perjusy, I declare that I I complete Declaration of preparer (oth  Signature of officer or trustee	panization  have examined this return, including a rethan taxpayer or fiduciary) is based  DRY L. CANNATA  GORY L. CANNATA	accompanying schedules and statemer of an all information of which preparer has 5/12/10  Date  Date  Date  DA, CPA, LLC	ats, and to the best of my knowledge and belief, as any knowledge  TREASURER  Title  Check if Property of the color of the	, it is true, correc		ber
b If To	Yes," complete the following sch  (a) Name of or,  N/A  er penalties of perjusy, I declare that I I complete Declaration of preparer (oth  Signature of officer or trustee	panization  have examined this return, including a rethan taxpayer or fiduciary) is based  DRY L. CANNATA  GORY L. CANNATA	accompanying schedules and statemer of on all information of which preparer has 5/12/10  Date  Date	TREASURER  Title  Check if Self- Self- employed   TITE  TITE  TITE  TO A TO EMPLOYED  TO THE	, it is true, correc		ber
Under and a	Yes," complete the following sch  (a) Name of or,  N/A  er penalties of perjusy, I declare that I I complete Declaration of preparer (oth  Signature of officer or trustee	panization  have examined this return, including a per than taxpayer or fiduciary) is based  ORY L. CANNATA  ONY L. CANNATA  ONY L. CANNATA  N. MARKET ST.	accompanying schedules and statemer of on all information of which preparer has been all information of which p	TREASURER Title  Check if self- self employed   EIN	, it is true, correc	ing num	

FORM 990-PF INTEREST ON SAVING	S AND TEM	PORARY CA	ASH :	INVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
BANK OF AMERICA, N.A.				-	3	89.
TOTAL TO FORM 990-PF, PART I, L	INE 3, CO	LUMN A		=	3	89.
FORM 990-PF DIVIDENDS A	AND INTER	EST FROM	SEC	URITIES	STATEMENT	2
SOURCE	GROSS	AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A	)
ATLANTIC TRUST COMANY, N.A.		2.		0.	··	2.
TOTAL TO FM 990-PF, PART I, LN	4	2.		0.		2.
FORM 990-PF	OTHER I	NCOME	<u>.</u>		STATEMENT	3
DESCRIPTION		(A) REVENUE PER BOOKS	5	(B) NET INVEST- MENT INCOME		
ATLANTIC TRUST OTHER INCOME			1.	1	•	_
TOTAL TO FORM 990-PF, PART I, L	INE 11		1.	1	•	
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT	4
	(A) XPENSES ER BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
GREGORY L. CANNATA, CPA,	1,170.		0	•		0.
TO FORM 990-PF, PG 1, LN 16B	1,170.		0	•		0.

FORM 990-PF	TAX	ES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL EXCISE TAX ON INVESTMENT INCOME	1,800.	0.		0.	
TO FORM 990-PF, PG 1, LN 18	1,800. 0.				
FORM 990-PF	OTHER E	XPENSES	S	PATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
KANSAS ANNUAL REPORT FILING FEE	40.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	40.	0.		0.	

	T OF OFFICERS, D FOUNDATION MANA	STATEMENT 7		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
THOMAS R. DEVLIN 1313 N. WEBB ROAD, SUITE 100 WICHITA, KS 67206-4070	PRESIDENT & DI 1.00	RECTOR 0.	0.	0.
DAVID C. NESBITT 1313 N. WEBB ROAD, SUITE 100 WICHITA, KS 67206-4070	VICE PRESIDENT 1.00	& SECRETARY	0.	0.
THOMAS M. MACK 1313 N. WEBB ROAD, SUITE 100 WICHITA, KS 67206-4070	VICE PRESIDENT 1.00	& TREASURER 0.	0.	0.
THOMAS R. DEVLIN, JR. 1313 N. WEBB ROAD, SUITE 100 WICHITA, KS 67206-4070	DIRECTOR 1.00	0.	0.	0.
TIMOTHY J. DEVLIN 1313 N. WEBB ROAD, SUITE 100 WICHITA, KS 67206-4070	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

FORM 990-PF

STATEMENT 8

PAID	DURING THE YEAR		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		
CONWAY SPRINGS HIGH SCHOOL MUSIC DEPT 607 W. ST. LOUIS CONWAY SPRINGS, KS 67031	JOANNE HEMBERGER		1,000.
WICHITA CHILDREN'S HOME 810 N. HOLYOKE ST WICHITA, KS 67208	NO RELATIONSHIP PROGRAM COSTS	PUBLIC CHARITY	1,000.
GRACE PRESBYTERIAN CHURCH 5002 E. DOUGLAS WICHITA, KS 67208	NO RELATIONSHIP SHIRLEY HAINES MEMORIAL	PUBLIC CHARITY	1,000.
MONTEREY PENINSULA FOUNDATION 1 LOWER RAGSDALE DR, STE 100 MONTEREY, CA 93940		PUBLIC CHARITY	15,000.
ALZHEIMERS ASSOCATION 347 S. LAURA WICHITA, KS 67211	NO RELATIONSHIP CARL BELL MEMORIAL	PUBLIC CHARITY	500.
WICHITA STATE UNIVERSITY 1845 N. FAIRMOUNT WICHITA, KS 67260	NO RELATIONSHIP PROGRAM COSTS	PUBLIC CHARITY	115,000.
WICHITA ART MUSEUM 1400 W. MUSEUM BLVD. WICHITA, KS 67203	NO RELATIONSHIP PROGRAM COSTS	PUBLIC CHARITY	600.
LEUKEMIA & LYMPHOMA SOCIETY 555 N. WOODLAWN, STE. 113 WICHITA, KS 67208	NO RELATIONSHIP PROGRAM COSTS	PUBLIC CHARITY	250.

GRANTS AND CONTRIBUTIONS

THE DEVLIN FAMILY FOUNDATION			20-0959519
THE AUGUSTA HISTORICAL SOCIETY 303 STATE STREET AUGUSTA, KS 67010	NO RELATIONSHIP PROGRAM COSTS	PUBLIC CHARITY	150.
TMGA TURF SCHOLARSHIP FUND 1201 WAKARUSA DRIVE, SUITE B-5 LAWRENCE, KS 66049	NO RELATIONSHIP PROGRAM COSTS	PUBLIC CHARITY	500.
WICHITA CRIME COMMISSION 125 N. MARKET, STE. 1115 WICHITA, KS 67202	NO RELATIONSHIP LAW CAMP	PUBLIC CHARITY	1,000.
COMMUNITIES IN SCHOOLS 412 S. MAIN, SUITE 212 WICHITA, KS 67202	NO RELATIONSHIP STUDENT AWARDS LUNCHEON		30.
CRIME STOPPERS P.O. BOX 2601 WICHITA, KS 67201	NO RELATIONSHIP PROGRAM COSTS	PUBLIC CHARITY	100.
WICHITA ARTS & CULTURAL SERVICES 334 N. MEAD WICHITA, KS 67202			500.
BLUESTEM ELEMENTARY-LEON USD #205 501 MILL ROAD LEON, KS 67074		PUBLIC CHARITY	200.
S.C.A.R.F 2286 SW ADAMS ROAD TOWANDA, KS 67144	NO RELATIONSHIP PROGRAM COSTS	PUBLIC CHARITY	1,000.
CEREBRAL PALSY RESEARCH FOUNDATION 5111 E. 21ST STREET N. WICHITA, KS 67208	NO RELATIONSHIP PROGRAM COSTS	PUBLIC CHARITY	1,000.
ALS ASSOCIATION - KEITH WORTHINGTON CHAPTER 6950 SQUIBB ROAD, SUITE 210 MISSON, KS 66202	NO RELATIONSHIP WALK TO DEFEAT ALS	PUBLIC CHARITY	1,000.

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THE DEVLIN FAMILY FOUNDATION			20-0959519
JOHN E. GASPER MEMORIAL SCHOLARSHIP FUND 212 S. RIDGE ROAD WICHITA, KS 67209		PUBLIC CHARITY	1,000.
KANSAS AVIATION MUSEUM 3350 GEORGE WASHINGTON BLVD. WICHITA, KS 67210		PUBLIC CHARITY	1,000.
KANSAS HUMANE SOCIETY 3313 N. HILLSIDE WICHITA, KS 67219	NO RELATIONSHIP JACK MARTIN MEMORIAL	PUBLIC CHARITY	1,000.
YOUTH ENTREPRENEURS OF KANSAS 4111 E. 37TH STREET NORTH WICHITA, KS 67220		PUBLIC CHARITY	5,000.
ST. ANTHONY FAMILY SHELTER 437 N. TOPEKA WICHITA, KS 67202		PUBLIC CHARITY	1,000.
WICHITA COMMUNITY FOUNDATION 200 W. DOUGLAS, STE. 250 WICHITA, KS 67202	NO RELATIONSHIP PROGRAM COSTS	PUBLIC CHARITY	500.
HABITAT FOR HUMANITY 420 E. ENGLISH WICHITA, KS 67203	NO RELATIONSHIP PROGRAM COSTS	PUBLIC CHARITY	500.
KANSAS STATE UNIVERSITY FOUNDATION 2323 ANDERSON AVE, STE 500 MANHATTAN, KS 67502	NO RELATIONSHIP PROGRAM COSTS	PUBLIC CHARITY	500.
KANSAS WILDSCAPE FOUNDATION 2500 WEST 6TH STREET, STE. G LAWRENCE, KS 66049	NO RELATIONSHIP PROGRAM COSTS	PUBLIC CHARITY	500.
GEORGE ARCHER MEMORIAL FOUNDATION FOR LITERACY 701 MADERA DRIVE SAN MATEO, CA 94403	NO RELATIONSHIP PROGRAM COSTS	PUBLIC CHARITY	500.

THE DEVLIN FAMILY FOUNDATION			20-0959519
BOY SCOUTS OF AMERICA P.O. BOX 48166 WICHITA, KS 67201	NO RELATIONSHIP PROGRAM COSTS		500.
CARPENTER PLACE 1501 N. MERIDIAN3 WICHITA, KS 67203	NO RELATIONSHIP PROGRAM COSTS	PUBLIC CHARITY	500.
JUNCTION CITY JUNIOR BASEBALL ASSOCIATION P.O. BOX 777 JUNCTION CITY, KS 66441	NO RELATIONSHIP PROGRAM COSTS	PUBLIC CHARITY	500.
THE LORD'S DINER 520 N. BROADWAY WICHITA, KS 67214	NO RELATIONSHIP PROGRAM COSTS	PUBLIC CHARITY	5,000.
WICHITA SYMPHONY 225 W. DOUGLAS WICHITA, KS 67202	NO RELATIONSHIP PROGRAM COSTS	PUBLIC CHARITY	100.
CAROL DAVIES MEMORIAL FUND P.O. BOX 1 WICHITA, KS 67201		PUBLIC CHARITY	1,000.
TOTAL TO FORM 990-PF, PART XV, LI	INE 3A	<u></u>	158,930.