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## Form '990-PF

Department of the Treasury Internal Revenue Service

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

**Treated as a Private Foundation** 

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

OMB No. 1545-0052

2009

Fo	r calen	ndar year 2009, or tax year beginning	, 2009	9, and e	ending		, 20
G	Check	call that apply:  Initial return Initial re	etum of a former p		-	Final return	
		Amended return Add	dress change	☐ Nan	ne change		
U	se the				A Employer	Identification number	•
	label.	. THE DECARSKY FOUNDATION				26-1622196	
U	therwi		to street address) Roo	om/suite	B Telephone	number (see page 10 o	·
	or type	e. 1749 TIARA PINES DR				316-788-3128	<u> </u>
Se	e Spe	cific City or town, state, and ZIP code			C If exempt	ion application is pendir	ng, check here 🕨 🗌
_		ons. DERBY KS 67037				n organizations, check	_
H		type of organization: Section 501(c)(3) exempt p				n organizations meeting here and attach compu	
<u></u>	Section	on 4947(a)(1) nonexempt charitable trust 🔲 Other tax	cable private found	lation		foundation status was	_
1		narket value of all assets at J Accounting method	: 🗹 Cash 🗌 A	ccrual		07(b)(1)(A), check here	
		f year (from Part II, col. (c), Other (specify)				ndation is in a 60-mont	
_	line 16	5) ► \$ 262,438 (Part I, column (d) must be	on cash basis.)	لــــــــــــــــــــــــــــــــــــــ	under se	ction 507(b)(1)(B), chec	khere . ▶ _
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Not	investment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		COW6	income	purposes
		the amounts in column (a) (see page 11 of the instructions).)					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	100,000				
	2	Check ► ☐ if the foundation is <b>not</b> required to attach Sch. B					
	3	Interest on savings and temporary cash investments	125		125		
	4	Dividends and interest from securities	6,071	ļ. —	6,071		
	5a	Gross rents	<u> </u>				
	b	Net rental income or (loss)			<del></del>	<u></u>	ļ <del>-</del>
9	6a	Net gain or (loss) from sale of assets not on line 10	742				
ē	b	Gross sales price for all assets on line 6a32,435				<u> </u>	<u> </u>
Revenue	7	Capital gain net income (from Part IV, line 2)			742		
4		Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					<u> </u>
	C	Gross profit or (loss) (attach schedule)					,
	11	Other income (attach schedule)	400,000		2 222		'
	12	Total. Add lines 1 through 11	106,938		6,938	-0-	
S	13	Compensation of officers, directors, trustees, etc.				<u> </u>	
Expenses	14	Other employee salaries and wages					
9	15	Pension plans, employee benefits			RECE		
ŭ	16a	Legal fees (attach schedule)		<del>                                     </del>		70	
	, ,	Accounting fees (attach schedule)		121	MAY I		
æ	17	Other professional fees (attach schedule) Interest		3083	MAX	A 2010   31	
st	17   18	Interest		<del>         </del>			
Ë	19	Depreciation (attach schedule) and depletion		<del>                                     </del>	OGDE	N, UT	
투	20	Occupancy		<del>                                     </del>			
Ă	21	Travel, conferences, and meetings					
2	22	Printing and publications	82	-	82		
a	23	Other expenses (attach schedule)	46		46		
Ë	24	Total operating and administrative expenses.	~				
豆	-	Add lines 13 through 23	128		128	-0-	
Operating and Administrative	25	Contributions, gifts, grants paid	3,100				3,100
0	26	Total expenses and disbursements. Add lines 24 and 25	3,228	<del></del>	128	-0-	3,100
_	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements	103,710				i I
	Ь	Net investment income (if negative, enter -0-) .	125,76		6,810		<del></del>
	1 ~	Adjusted not income (if negative, enter -0-)	·	<del></del>		Λ.	<del></del>

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Cat. No. 11289X

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<u>`</u>17

D۵	rt II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year		End o	
_ E		Delative Streets	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Valu		(c) Fair Market Value
	1	Cash-non-interest-b	earing	113,203	10	9,180	109,180
	2		ry cash investments				
l	3	Accounts receivable	<b>&gt;</b>				
		Less: allowance for de	oubtful accounts ▶				
	4	Pledges receivable ▶					
ŀ	•	Less: allowance for de	oubtful accounts ▶				
	5						
	6		n officers, directors, trustees, and other				
			(attach schedule) (see page 16 of the				
		instructions)					
	7	Other notes and loans re-					 
ဖ		Less: allowance for doub	btful accounts ▶		·		
Assets	8	Inventories for sale or	use				
188	9	Prepaid expenses and	d deferred charges				
1	10a	Investments-U.S. and s	state government obligations (attach schedule)				
	b	Investments—corpora	ate stock (attach schedule)			]	
	C	•	ate bonds (attach schedule)				
	11		ings, and equipment: basis ▶				
			ciation (attach schedule) ▶				
	12		ge loans				
	13		attach schedule)	37,277	14	5,010	153,258
	14		uipment: basis ▶				
	• •	Less: accumulated denn	eciation (attach schedule) ►			~	- The same of the
	15	Other assets (describe			-		
	16		be completed by all filers—see the		•		
			e page 1, item l)	150,480	25	4,190	262,438
-	17		d accrued expenses			,,,,,,,	552,155
	18	• •					,
es		- ·		<del></del>			
Ξ	19						
Liabilities	20		ectors, trustees, and other disqualified persons				I
Ë	21		notes payable (attach schedule)				
	22 23	Other liabilities (descr					
	23		lines 17 through 22)	-0-		-0-	
-			llow SFAS 117, check here ▶ □ □ 24 through 26 and lines 30 and 31.				
lances		•	· ·				1
Ĕ	24					-	
a	25	Temporarily restricted			<del></del>		
8	26	•	d			-	i
or Fund Ba		Foundations that do and complete lines 2	not follow SFAS 117, check here ► 🗸				
Ĭ.	27		rincipal, or current funds			ľ	į
	27		blus, or land, bldg., and equipment fund				
Net Assets	28	•	umulated income, endowment, or other funds	150,480	25.	4.190	
SS	29 30	•	r fund balances (see page 17 of the	1.50,400		<del>-, , 50</del>	
<b>X</b>	30		· · · · ·	150,480	25	4,190	
ē	24		net assets/fund balances (see page 17	130,400		7, 130	'
_	31		, , ,	450 400	oe.	4400	
D.	21 111		nace in Not Accets or Fund Polances	150,480	25	4,190	<u> </u>
	rt III		ges in Net Assets or Fund Balances	(a) E 00 (	00000		
1			alances at beginning of year—Part II, colui				4== 4==
			d on prior year's return)			1	150,480
2	Ente	er amount from Part I, li	ine 27a			2	103,710
3	Othe	er increases not include	ed in line 2 (itemize) ►			3	
4						4	254,190
5	Deci	reases not included in	line 2 (itemize) ▶			5	<del></del>
_6	Tota	I net assets or fund ba	line 2 (itemize) ► lances at end of year (line 4 minus line 5)—I	Part II, column (b), line	e 30	6	254,190

Form **990-PF** (2009)

	V Capital Gains and	Losses for Tax on Investn	nent Income				
		e kind(s) of property sold (e.g., real estate se; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation		e acquired , day, yr)	(d) Date sold (mo., day, yr.)
1a	GNMA REMIC 2007-1 CL C	A	· · · · · · · · · · · · · · · · · · ·	Р	5-	-5-08	4-20-09
b	GNMA REMIC 2008-88 CL I	<b>K</b> L		Р	10-	-16-08	8-20-09
С			-				
d							
е	<del></del>	<del></del>		<u> </u>			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale			or (loss) ) minus (g)
а	1,435	-0-		1,440			(!
b	31,000	-0-		30,253			74
С		· · · · · · · · · · · · · · · · · · ·					
d						<del></del>	
е				10101100			
	Complete only for assets sho	wing gain in column (h) and owned					(h) gain minus
	(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (1) l. (1), if any	٥		less than -0-) or om col. (h))
а	_						
b							
C							
đ						<del></del>	<del>.</del> .
е							<del> </del>
2	Capital gain net income of	r (net canital loss) ?	also enter in Pa , enter -0- in Pa	· .	2		74
3	Net short-term capital gai	n or (loss) as defined in sections	1222(5) and (6)	):			
		, line 8, column (c) (see pages 1					
	If (loss), enter -0- in Part I,						
				}	3		
or c	Qualification Und ptional use by domestic pri	er Section 4940(e) for Reduvate foundations subject to the	ced Tax on	let Investment	Incom		
or c sec	Qualification Und ptional use by domestic prition 4940(d)(2) applies, leave the foundation liable for the	er Section 4940(e) for Reduvate foundations subject to the	iced Tax on its section 4940(a) table amount of	let investment tax on net invest	Incom ment in	come.)	☐ Yes ☑ No
sec /as t	Qualification Und ptional use by domestic priction 4940(d)(2) applies, leave the foundation liable for the s," the foundation does not	er Section 4940(e) for Reduvate foundations subject to the ethis part blank.  section 4942 tax on the distribu	iced Tax on section 4940(a) table amount of the not complete	let investment tax on net invest fany year in the let this part.	ment in	come.)	
or conservations of the second	Qualification Und ptional use by domestic pri tion 4940(d)(2) applies, leave the foundation liable for the s," the foundation does not Enter the appropriate amo	er Section 4940(e) for Reduvate foundations subject to the e this part blank. section 4942 tax on the distribution qualify under section 4940(e). Dount in each column for each year (b)	section 4940(a) table amount or no not complete ar, see page 18	let investment tax on net invest fany year in the let this part.	ment in	riod? e making a	ny entries. (d) ribution ratio
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or o	Qualification Und ptional use by domestic priction 4940(d)(2) applies, leave the foundation liable for the s," the foundation does not Enter the appropriate amount (a)  Base period years endar year (or tax year beginning in)  2008  2007  2006  2005  2004  Total of line 1, column (d) Average distribution ration number of years the foundation of the foundation of the second of th	er Section 4940(e) for Reduvate foundations subject to the ethis part blank.  section 4942 tax on the distribution 4940(e). Dount in each column for each year (b)  Adjusted qualifying distributions for the 5-year base period—dividation has been in existence if less charitable-use assets for 2009 for the	table amount or to not complete arr, see page 18  Net value or 100  -0-  de the total on the strain 5 years from Part X, line	tax on net invest f any year in the leathis part. of the instruction (c) of noncharitable-use a	incomment in pase per per per per per per per per per pe	come.) riod? e making a (col. (b) d	(d) ibution ratio ivided by col. (c)) 001954

Page	4

Part \		e inst	ructi	ons)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.  Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			į			
b	The state of the s						
	here ► 🗸 and enter 1% of Part I, line 27b						
С	All all the second form data are such as OOC of the OOT. From the foreign accomplant and on the ACC of						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		-0-				
3	Add lines 1 and 2		68				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		-0-				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		68				
6	Credits/Payments:						
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a						
b	Exempt foreign organizations—tax withheld at source 6b						
C	Tax paid with application for extension of time to file (Form 8868) . 6c		:				
_d	Backup withholding erroneously withheld		-0-				
7	Total credits and payments. Add lines 6a through 6d		<u>-0-</u>				
8	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		68	<u> </u>			
9 10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		<del>.</del>				
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax	-	- <b>0</b> -				
	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		Yes	No			
	participate or intervene in any political campaign?	1a		1			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		1			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
	published or distributed by the foundation in connection with the activities.						
C	c Did the foundation file Form 1120-POL for this year?						
d	A T A A A A A A A A A A A A A A A A A A						
е	and the state of t						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		✓			
3	If "Yes," attach a detailed description of the activities.  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_		1			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b		1			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	5		1			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-		<b>-</b>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		}				
·	By language in the governing instrument, or		Ì '	ì '			
	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	1				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	1				
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ► KANSAS						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	l	[ <sup> </sup>	l . I			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	1				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		ļ.				
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			.			
	27)? If "Yes," complete Part XIV	9		<b>_</b>			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			,			
	names and addresses	10	<u></u>				

Page	5
raue	J

Part	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 page 20 of the instructions)	11		✓_
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓	
	Website address ► N/A			
14	The book at all out of	6-788-		
	Loodion at his in the second s	7037-3	938	
15	Cooling to the (a)(t) Monotonia to the cooling to t		.	<b>&gt;</b> L.J
David	and enter the amount of tax-exempt interest received or accrued during the year > 15			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	$\vdash$	163	140
1a	During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?   Yes  No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			,
	disqualified person?			i
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   Yes   No	ĺ		ĺ
	(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	1 1		
	foundation agreed to make a grant to or to employ the official for a period after			4
	termination of government service, if terminating within 90 days.)			1
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			نـــــ
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
_	Organizations relying on a current notice regarding disaster assistance check here			1
С	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		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	"		<del></del>
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			-
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and	[ [	Į	ļ
	6e, Part XIII) for tax year(s) beginning before 2009?			j
_	If "Yes," list the years ▶ 20 , 20 , 20 , 20			1
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			ł
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 20 of the instructions.)			
^	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.	2b	-	
С	<b>▶</b> 20, 20, 20, 20			:
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or		- 1	+
	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		- 1	i c
	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.)	25		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a		
b	Did the foundation invest during the year any amount in a manner that would jeopardize its chartable purposes?  Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	Ta		<u> </u>
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		1

Form 99	, 90-PF (2009)								Page 6
Par	t VII-B Statements Regarding Activitie	s for W	/hich Form	4720	May Be R	equire	ed (continued)		<u>-</u>
5a	During the year did the foundation pay or incur (1) Carry on propaganda, or otherwise attempt (2) Influence the outcome of any specific publi directly or indirectly, any voter registration d	to influe ic electi	ence legislatio	on 495	5); or to c		☐ Yes ☑ No		
	<ul><li>(3) Provide a grant to an individual for travel, str</li><li>(4) Provide a grant to an organization other that section 509(a)(1), (2), or (3), or section 4940(</li></ul>	ın a cha	ritable, etc.,	organiz	ation desc	ribed in	☐ Yes ☑ No ☐ Yes ☑ No		
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to	childrer	or animals?				☐Yes 🗹 No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the Regulations section 53.4945 or in a current notice	e transa regardi	actions fail to ng disaster a	qualify ssistanc	under the e (see page	excepti 22 of 1	ons described in the instructions)?	5b_	
c	Organizations relying on a current notice regard If the answer is "Yes" to question 5a(4), does because it maintained expenditure responsibility	the four	ndation clain	exem					
6a	If "Yes," attach the statement required by Regul Did the foundation, during the year, receive any on a personal benefit contract?	funds,		directly		emiums	; UYes 🗹 No		
b	Did the foundation, during the year, pay premiul If "Yes" to 6b, file Form 8870.	ms, dire	ctly or indire	ctly, on	a persona	benefi	t contract? .	6b	<b>/</b>
7a	At any time during the tax year, was the foundation	a narty i	to a prohibited	i tax sh	elter transar	tion?	☐Yes ☑No	.	
b	If yes, did the foundation receive any proceeds							7b	
Par	t VIII Information About Officers, Direct							mploy	ees,
	and Contractors								
	List all officers, directors, trustees, foundation	n mans		-					
								struct	ions).
	(a) Name and address	(b) Title	e, and average rs per week ed to position	(c) Cor	npensation mpensation paid, enter -0-)	(d) empk	page 22 of the in Contributions to byee benefit plans erred compensation	(e) Expe	ions). nse account, allowances
~	F. DECARSKY	(b) Title	e, and average rs per week ed to position	(c) Cor	mpensation paid, enter	(d) empk	Contributions to eyee benefit plans	(e) Expe	nse account,
1749	F. DECARSKY TIARA PINES DR DERBY KS 67037	(b) Title hour devot	e, and average rs per week ed to position ent 1.0	(c) Cor	mpensation paid, enter -0-)	(d) empk	Contributions to byee benefit plans erred compensation	(e) Expe	nse account, allowances
1749 BRAD	F. DECARSKY TIARA PINES DR DERBY KS 67037 DFORD S. FITTS	(b) Title hour devot	e, and average rs per week ed to position	(c) Cor	mpensation paid, enter -0-)	(d) empk	Contributions to byee benefit plans erred compensation	(e) Expe	nse account, allowances
1749 BRAD 200 W	F. DECARSKY TIARA PINES DR DERBY KS 67037 DFORD S. FITTS V. DOUGLAS #100 WICHITA KS 67202	(b) Title hou devot Preside Vice Pr	a, and average rs per week ed to position ent 1.0 resident 1.0	(c) Cor	mpensation paid, enter -0-)	(d) empk	Contributions to byee benefit plans erred compensation -0-	(e) Expe	nse account, allowances
1749 BRAD 200 W TOMP	F. DECARSKY TIARA PINES DR DERBY KS 67037 DFORD S. FITTS	(b) Title hour devot	a, and average rs per week ed to position ent 1.0 resident 1.0	(c) Cor	mpensation paid, enter -0-)	(d) empk	Contributions to byee benefit plans erred compensation -0-	(e) Expe	nse account, allowances
1749 BRAD 200 W TOMP	TIARA PINES DR DERBY KS 67037 DFORD S. FITTS W. DOUGLAS #100 WICHITA KS 67202 P.W. DECARSKY TIARA PINES DR DERBY KS 67037	(b) Title hour devot Preside Vice Preside Secreta	a, and average rs per week ed to position ent 1.0 resident 1.0 ary 1.0	(c) Co: (If not	npensation paid, enter -0-) -0-	(d) empk and def	Contributions to byee benefit plans erred compensation -0-	(e) Expe	nse account, allowances -0- -0-
1749 BRAD 200 W TOMP 1749	F. DECARSKY TIARA PINES DR DERBY KS 67037 DFORD S. FITTS V. DOUGLAS #100 WICHITA KS 67202 P.W. DECARSKY	(b) Title hour devot Preside Vice Preside Secreta	a, and average rs per week ed to position ent 1.0 resident 1.0 ary 1.0	(c) Co: (If not	npensation paid, enter -0-) -0-	(d) empk and def	Contributions to byee benefit plans erred compensation -0-	(e) Expe	nse account, allowances -0- -0-
1749 BRAD 200 W TOMP 1749 2	F. DECARSKY TIARA PINES DR DERBY KS 67037 DFORD S. FITTS W. DOUGLAS #100 WICHITA KS 67202 P.W. DECARSKY TIARA PINES DR DERBY KS 67037  Compensation of five highest-paid employe	(b) Titishou devot Preside Vice Pr Secret:	a, and average rs per week ed to position ent 1.0 resident 1.0 ary 1.0	(c) Cor (if not	npensation paid, enter -0-) -0-	(d) empke and def	Contributions to byee benefit plans erred compensation -0-	(e) Experience other:	nse account, allowances -0- -0-
1749 BRAD 200 W TOMP 1749 2	IF. DECARSKY  TIARA PINES DR DERBY KS 67037  DFORD S. FITTS  W. DOUGLAS #100 WICHITA KS 67202  W. DECARSKY  TIARA PINES DR DERBY KS 67037  Compensation of five highest-paid employe if none, enter "NONE."	(b) Titishou devot Preside Vice Pr Secret:	a, and average rs per week ed to position ent 1.0 resident 1.0 ary 1.0 in the control of the con	(c) Cor (if not	-0- -0- -0- -0-	(d) empke and def	Contributions to byee benefit plans erred compensation  -0-  -0-  (d) Contributions to be employee benefit plans and deferred	(e) Experience other:	-0- tructions).
1749 BRAD 200 W TOMP 1749 2	IF. DECARSKY  TIARA PINES DR DERBY KS 67037  DFORD S. FITTS  W. DOUGLAS #100 WICHITA KS 67202  W. DECARSKY  TIARA PINES DR DERBY KS 67037  Compensation of five highest-paid employe if none, enter "NONE."	(b) Titishou devot Preside Vice Pr Secret:	a, and average rs per week ed to position ent 1.0 resident 1.0 ary 1.0 in the control of the con	(c) Cor (if not	-0- -0- -0- -0-	(d) empke and def	Contributions to byee benefit plans erred compensation  -0-  -0-  (d) Contributions to be employee benefit plans and deferred	(e) Experience other:	-0- tructions).

Total number of other employees paid over \$50,000 . . . . . . . . .

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Part	Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)						
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter							
		(b) Type of service	(c) Compensation				
NONE							
			<del></del>				
Fotol	number of others receiving over \$50,000 for professional partiess	<del></del>					
otai	number of others receiving over \$50,000 for professional services	<u> </u>					
Part	IX-A Summary of Direct Charitable Activities						
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informations and other beneficiaries served, conferences convened, research papers produced, etc.	nation such as the number of	Expenses				
1	N/A						
2							
-							
3							
-							
4 .							
-							
Part	IX-B Summary of Program-Related Investments (see page 24 of the in	structions)					
Des	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	<u>.                                    </u>	Amount				
1	N/A	***************************************					
	***************************************						
2 .							
Ail	other program-related investments. See page 24 of the instructions.						
3							
	***************************************						
Fotal.	Add lines 1 through 3		1				

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreit see page 24 of the instructions.)	gn toundatio	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		420 700
a	Average monthly fair market value of securities	1a	132,700
b	Average of monthly cash balances	1b	22,492
C	Fair market value of all other assets (see page 24 of the instructions)	1c	
đ	Total (add lines 1a, b, and c)	1d	155,192
е	Reduction claimed for blockage or other factors reported on lines 1a and  1c (attach detailed explanation)		
_	To faction detailed explanationy.		•
2	Acquisition indebtedness applicable to line 1 assets	2	-0-
3	Subtract line 2 from line 1d	3	155,192
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	2,328
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	152,864
6	Minimum investment return. Enter 5% of line 5	6	7,643
Part	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)	operating	
1	Minimum investment return from Part X, line 6	1	7,643
2a	Tax on investment income for 2009 from Part VI, line 5		
ь	Income tax for 2009. (This does not include the tax from Part VI.) 2b -0-		
c	Add lines 2a and 2b	2c	68
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	7,575
4	Recoveries of amounts treated as qualifying distributions	4	-0-
5	Add lines 3 and 4	5	7,575
6	Deduction from distributable amount (see page 25 of the instructions)	6	-0-
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
-	line 1	7	7,575
Part	XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
-	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	3,100
a	Program-related investments—total from Part IX-B	1b	
ь	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc.,	10	
2	purposes		-0-
3	Amounts set aside for specific charitable projects that satisfy the:	2	
а	Suitability test (prior IRS approval required)	3a	-0-
b	Cash distribution test (attach the required schedule)	3b	-0-
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,100
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 (see page 26 of the instructions)	5	68
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3.032
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.		

arτ-	Undistributed income (see page 26	of the instructions	<u>'</u>		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years pnor to 2008	(c) 2008	(d) 2009
	line 7				7,575
2	Undistributed income, if any, as of the end of 2009:	ł			
а	Enter amount for 2008 only			2,558	
b	Total for prior years: 20,20,20	<u></u> _	-0-		
3	Excess distributions carryover, if any, to 2009:			1	
а	From 2004				
b	From 2005	i			
C	From 2006				
d	From 2007				
е	From 2008			ŀ	
f	Total of lines 3a through e	-0-			
4	Qualifying distributions for 2009 from Part XII, line 4: ► \$ 3,100				
а	Applied to 2008, but not more than line 2a .			2,558	
b	Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		-0-		
С	Treated as distributions out of corpus (Election				
-	required—see page 26 of the instructions) .	-0-			
d	Applied to 2009 distributable amount				542
e	Remaining amount distributed out of corpus	-0-			
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).)				
_	Enter the net total of each column as				
6	indicated below:				
a b	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 Prior years' undistributed income. Subtract line 4b from line 2b	-0-	-0-		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a)				!
	tax has been previously assessed		-0-		
d	Subtract line 6c from line 6b. Taxable amount—see page 27 of the instructions .		-0-		'
е	Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions			-0-	
f	Undistributed income for 2009. Subtract lines				
•	4d and 5 from line 1. This amount must be distributed in 2010				7,033
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)	-0-			:
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	-0-			
9	Excess distributions carryover to 2010.	<del></del>		<del></del>	
3	Subtract lines 7 and 8 from line 6a	-٥-			
10	_	-0-	<del></del>		<del></del>
10	Analysis of line 9:				
а	Excess from 2005				
	Excess from 2006				
C	Excess from 2007			]	
d e	Excess from 2008 Excess from 2009				

Form 99	, 30-PF (2009)				,	Page <b>10</b>
Part	XIV Private Operating Founda	tions (see page	27 of the instru	ctions and Part VI	I-A, question 9)	
1a	If the foundation has received a ruling foundation, and the ruling is effective for	r 2009, enter the d	late of the ruling .	•		
b	Check box to indicate whether the four	ndation is a privat	e operating found		ction	(3) or 4942(j)(5)
<b>2</b> a	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) 2009	(b) 2008	(c) 2007	(d) 2006	
c	85% of line 2a		-			
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					:
а	"Assets" alternative test-enter:					
	(1) Value of all assets		<u> </u>			
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test-enter:		1			
	(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					
	an exempt organization	<u> </u>				
Part		on (Complete t	his part only if	the foundation ha	ad \$5.000 or m	ore in assets at
	any time during the year-					
1	Information Regarding Foundation					
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	only if they have c	contributed more t	than \$5,000). (See se	ection 507(d)(2).)	
	TOMP W. DECARSKY  List any managers of the foundation	who own 10% o	or more of the sto	ock of a corporation	for an equally la	rge portion of the
J	ownership of a partnership or other e					ige portion of the
2	Information Regarding Contribution	, Grant, Gift, Lo	an, Scholarship,	etc., Programs:		
	Check here ▶ ☑ if the foundation unsolicited requests for funds. If the	only makes cont foundation mak	tributions to pres es gifts, grants, o	elected charitable of	_	•
	organizations under other conditions, The name, address, and telephone no	<del></del>		cations should be as	idresed:	
а	N/A	amber of the pers	он со мнош арри	Caudio Silvuiu de at	aui coocu.	
b	The form in which applications should	be submitted an	d information and	d materials they shou	ıld include:	
	N/A					
С	Any submission deadlines:					

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

N/A

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager or substantial contributor contribution Name and address (home or business) recipient a Paid during the year **AMERICAN CANCER SOCIETY** 501 (c) 3 UNRESTRICTED N/A 100 KANSAS HUMANE SOCIETY Wichita, KS UNRESTRICTED N/A 501 (c) 3 1,000 K-9 ResQ, Inc. N/A 501 (c) 3 UNRESTRICTED 500 P.O. Box 1117 Wichita, Ks 67201 Leavenworth Regional Catholic Schools N/A 501 (c) 3 UNRESTRICTED 1.500 320 N Broadway Leavenworth, Ks 66048-1850 3а 3,100 b Approved for future payment

	_	Analysis of Income-Producing Ac	<del>,</del>	siness income	Excluded by section	on 512, 513, or 514	(a)
	•	oss amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See page 28 of the instructions.)
7		gram service revenue:	h				100 100 1000 1000
	a b						
	c d				<del>                                     </del>		
	e		ļ		<del> </del>		
	f				<del>                                     </del>		
	<u>.</u>	For and contracts from concernment aconside					
~	-	Fees and contracts from government agencies					-
_		mbership dues and assessments			14	125	
3		rest on savings and temporary cash investments idends and interest from securities	<u> </u>		14	6.071	
-			<del></del>	<del></del>	<del>                                     </del>	0,071	
5		rental income or (loss) from real estate:			<del>                                     </del>		
		Debt-financed property			<del> </del>	·	<del></del>
		t rental income or (loss) from personal property			<del>                                     </del>		
_		ner investment income			<del> </del>	<del></del>	·
7		n or (loss) from sales of assets other than inventory	<del></del>		18	742	<del></del>
8			·			142	
9 10		tincome or (loss) from special events		· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		
11						<del></del>	
••	b	ner revenue: a	fi		<del>                                     </del>		
					<del> </del>		
	c d						
			· · · · · · · · · · · · · · · · · · ·				
12	6	ototal. Add columns (b), (d), and (e)	·	-0-	<del>  </del>	6,938	-0-
	Jul	biolai. Add coldinis (b), (d), and (e)	L	•	<u> </u>	9,000	
12	Tot	ed Add line 12 columns (b) (d) and (e)				13	6 938
						13	6,938
(See	wor	ksheet in line 13 instructions on page 28 to verify	calculations.)			13	6,938
See Par	wor	ksheet in line 13 instructions on page 28 to verify VI-B Relationship of Activities to the A	calculations.)	ent of Exemp	t Purposes		
See Par Lin	wor	ksheet in line 13 instructions on page 28 to verify  Relationship of Activities to the A	calculations.)	ent of Exemp	t Purposes		
See Par Lin	wor t X e No	ksheet in line 13 instructions on page 28 to verify  VI-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt is	calculations.)	ent of Exemp	t Purposes		
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			ganizations							<b>,</b>		
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								Yes	No		
а	_		norting foundation t	o a noncharitable exe	mnt ora	anization	of:					1
a		Cash	Jording Touridation t	o a nononamadio oxo	mpt org	, and the control	. •			1a(1)		<b>-</b>
	• •	Other assets .			• •		• • •		• • •	1a(2)		7
ь												
U							1b(1)		1			
	(1) Sales of assets to a noncharitable exempt organization							1b(2)		1		
	(2) Purchases of assets from a noncharitable exempt organization							1b(3)		7		
	(3) Hental of facilities, equipment, or other assets							1b(4)		1		
		Loans or loan gua	•		• •					1b(5)		<b>-</b>
				hip or fundraising soli					• • •	1b(6)		1
С										1c		1
d	on and of the many						fair m	arket				
•				ices given by the rep								
				gement, show in colur								
(a) Lin		(b) Amount involved	<del></del>	charitable exempt organizati				transfers, transa				
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			***	·								
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									•			
2a b	des	cribed in section 5		ffiliated with, or relate other than section 50°						] Yes	Ø	No
		(a) Name of organ	<del>-</del>	(b) Type of org	anization			(c) Descr	iption of relation	nship		
		, ,		N/		<del></del>	<u> </u>	• •				
	-		<del> </del>									
			~. <del></del>					•	-			
				· · · · · · ·					_			
	Under	penalties of penury, I	declare that I have exa	mined this return, including	accompa	nying sche	dules and	d statements, ar	nd to the best o	of my kr	nowled	ge and
	belief,	it is true, correct, and	complete. Declaration of	preparer (other than taxpay	er or fiduc	iary) is bas	ed on all i	information of wh	nich preparer ha	s any k	nowled	lge.
	<b>N</b>	Vichi F. Decarohy 15-10-16					10	Presiden	t			
<u>e</u>	Sig	nature of officer or tru		7	Date			Title				
Ŧ		1	<i>U</i>	Date			Preparer's		lentifvi	ng		
Sign Here	Paid Preparer's	Preparer's					Check self-en	if nployed ► □	number (see page 30 of ti	Signa	ture c	
	_ <u>e</u>	signature Firm's name (or you	ers if		J		l	EIN►				
	-	self-employed), add						<del></del>				
		and ZIP code	<u> </u>					Phone no.				

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

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

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

OMB No 1545-0047

2009

**Employer identification number** Name of the organization THE DECARSKY FOUNDATION 1622196 Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or

990-PF).

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Scriedule	0	uromi	99U.	99U-EZ.	Or 990-PF	1 120031

Name of organization
THE DECARSKY FOUNDATION
Empl
26

Employer identification number 26 : 1622196

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TOMP W. DECARSKY  1749 TIARA PINES DR  DERBY KS 67037-3938	\$100,000.00	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	`	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution.)

EIN: 26-1622196

### THE DECARSKY FOUNDATION

ATTACHMENT TO FORM 990-PF

Yr: 2009

FORM 990-PF, PG 1, LINE 23 ---- OTHER EXPENSES

	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE <u>PURPOSES</u>
U.S. Treasury (Form 990-PF, 2008)	6	6		0
KS SECRETARY OF STATE (FILING FEE)	40	40		0
TO FORM 990-PF, PG 1, LINE 23	46	46		0

FORM 990-PF, PG 2, LINE 13 ---- INVESTMENTS - OTHER

	Beginning of Yr	End (	of Yr
	(a) Book Value	(b) Book Value	(c) Fair Mkt Value
GOVT NATL MTG ASSN REMIC SER 2007-1 CL CA	6,887	0	0
GOVT NATL MTG ASSN REMIC SER 2008-88 CL KL	30,390	0	0
ARIZONA PUBLIC SERVICE NOTE	0	100,893	107,049
WELLS FARGO MBS TRUST REMIC SER 2006-9 CL 1A29	0	17,781	18,638
RFMSI SERIES TRUST REMIC 2006-S12 CL 3A4	0	26,336	27,571
TO FORM 990-PF, PG 2, LINE 13	37,277	145,010	153,258