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# SCANNED MAY 2 0 2014

# Form **990-PF** Department of the Treasury Internal Revenue Service

### **Return of Private Foundation**

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

➤ Do not enter Social Security numbers on this form as it may be made public.

➤ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

For cale	ndar year 2013 or tax year beginning			, and ending		
Name o	f foundation				A Employer identification	n number
THE	DEVLIN FAMILY FO	JNDATI	ON		20-0959519	)
	and street (or P O box number if mail is not del			Room/suite	B Telephone number	
131	3 N. WEBB ROAD			100	316-634-18	300
City or t	own, state or province, country, and ZIF	or foreign p	ostal code	·· <del></del>	C If exemption application is p	pending, check here
WIC	HITA, KS 67206-46	070				
G Check	call that apply: Initial return	·	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
	Fınal return		Amended return			
	Address cha	inge	Name change		2 Foreign organizations mi check here and attach co	omputation test,
H Check	k type of organization: X Section	501(c)(3) e>	kempt private foundation		E If private foundation sta	atus was terminated
L Se	ection 4947(a)(1) nonexempt charitable	trust	Other taxable private founda	tion	under section 507(b)(1	)(A), check here
I Fair m	arket value of all assets at end of year		ing method: X Cash	Accrual	F If the foundation is in a	60-month termination
	Part II, col (c), line 16)		ther (specify)		under section 507(b)(1	)(B), check here
<b>\$</b>			ımn (d) must be on cash b	asis)		T
Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and necessarily equal the amounts in column (a)	(d) may not	(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., receiv	red	10,780.		N/A	
2	Check  fthe foundation is not required to	attach Sch B				
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities					
5a	Gross rents					
b	Net rental income or (loss)					
Bevenue 7	Net gain or (loss) from sale of assets not on hi Gross sales price for all assets on line 8a	ne 10				-
§ 7	Capital gain net income (from Part IV, line 2)	-		0	•	
8 <u>ټ</u>	Net short-term capital gain					
9	Income modifications					
10a	Gross sales less returns and allowances					
6	Less Cost of goods sold					
0	Gross profit or (loss)					
11	Other income					
12	Total. Add lines 1 through 11		10,780.	0		
13	Compensation of officers, directors, trustees,	etc	0.	0	•	0.
14	Other employee salaries and wages					
<sub>ω</sub> 15	Pension plans, employee benefits					
	Legal fees	em 1	700		+	
ğ b		MT 1	780.	0	•	0.
<u> </u>	Other professional fees (VED)	7			<del>                                     </del>	-
9 17 17	IIIIerest	<b>6</b> 2	40.	0		
18	Taxes STI Depresented and depletion 2014 Occurrency		40.		•	0.
in 19	Depresationant depletion 2014	الم				<del> </del>
P 20 21	1	<u>¥ </u>				<del> </del>
and Administrative Expenses 11 18 19 20 21 25 25 25 25 25 25 25 25 25 25 25 25 25	Travel, conferences, and meetings. Printing and publications,	İ			<del>- </del>	
ස 22 වූ 23	Other expenses	<b>ئ</b> ــ				
Operating 52	Total operating and administrative				-	-
Ser.	expenses. Add lines 13 through 23		820.	0		0.
ဝီ <sub>25</sub>	Contributions, gifts, grants paid		10,000.		1	10,000.
26	Total expenses and disbursements					
-"	Add lines 24 and 25		10,820.	0		10,000.
27	Subtract line 26 from line 12:				-	
	Excess of revenue over expenses and disbur	sements	-40.			
I .	Net investment income (if negative, ente			0	•	
	Adjusted net income (if negative, enter -	D-)			N/A	

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THE DEVLIN FAMILY FOUNDATION

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	E DEVLIN	FAMILY FO	UNDAT	LON			<u> 20-095</u>	<u>9519                                   </u>	Page 3
•	s and Losses			Income	(h) How acquire	d   ,,	) Data servined	(4) Dat	
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)  (b) How acquired P - Purchase D - Donation							) Date acquired mo., day, yr.)	(d) Dat (mo., da	
1a									
b <u>N</u>	ONE								
<u>c</u>									
e e				<u> </u>		+			
(e) Gross sales price		ation allowed owable)		t or other basis opense of sale			(h) Gain or (loss e) plus (f) minus (		
a									
b				-	-				
<u>c</u>									
e e									
Complete only for assets sho	<u> </u>	(h) and owned by th	e foundation	on 12/31/69		(I) Ga	ains (Col. (h) gain	minus	
(i) F.M.V. as of 12/31/69	(j) Adju:	sted basis 2/31/69	(k) Ex	cess of col. (ı)		còl. (k	), but not less that osses (from col. (	n -0-) <b>or</b>	
_a					· · · · · · · · · · · · · · · · · · ·				
<u>b</u>					-				
d								<del></del>	
e	-								
2 Capital gain net income or (ne	t capital loss)	If gain, also enter i	n Part I, line i	7 7	} 2				
3 Net short-term capital gain or If gain, also enter in Part I, line	8, column (c).	`			}				
If (loss), enter -0- in Part I, lini Part V Qualification	e 8 Under Section	n 4940(a) for l	Poducod	Tay on Nat	3     Investment	Incor			
(For optional use by domestic pri						. 111001	-		
(For optional use by domestic pri	vate touridations sub	gect to the section 45	940(a) tax on	HET HIVESTHEILT H	icome.)				
If section 4940(d)(2) applies, leav	e this part blank.								
Was the foundation liable for the	section 4942 tax on	the distributable amo	ount of any ye	ar in the base pe	rıod?			Yes	X No
If "Yes," the foundation does not o					untruo o				
1 Enter the appropriate amount	in each column for e		structions bet	ore making any e				(d)	
(a) Base period years Calendar year (or tax year begi	nning in) Adji	(b) usted qualifying distr	ibutions	Net value of no	(c) Incharitable-use a	ssets	Distrit (col. (b) div	(d) oution ratio rided by col.	(c))
2012	,,,,,,,	· · · · · · · · · · · · · · · · · · ·	0.		4	154.	(22 (2) 2		00000
2011			100.			198.			00803
2010			7,500.		22,3				8008
2009			3,930.		77,4				51160
2008		365	5,425.		182,6	84.		2.0	00312
<ul><li>2 Total of line 1, column (d)</li><li>3 Average distribution ratio for the column (d)</li></ul>	iho E waar baaa paria	d duuda tha tatal ar	a liga O by E	or by the gumber	ofwara		2	6.0	3235
the foundation has been in ex			i iiile z by 5,	or by the number	or years		3	1.2	0647
4 Enter the net value of nonchar	ritable-use assets for	2013 from Part X, III	ne 5				4		415
5 Multiply line 4 by line 3							5		501
6 Enter 1% of net investment in	come (1% of Part I,	line 27b)					6		0
7 Add lines 5 and 6							7		501
8 Enter qualifying distributions	from Part XII, line 4						8	10	,000
If line 8 is equal to or greater to See the Part VI instructions.	than line 7, check the	box in Part VI, line	lb, and comp	lete that part usir	ng a 1% tax rate.				

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	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see ı	nstru	ictio	ns)
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)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1	<u> </u>			0.
	of Part 1, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	—			<u>0.</u>
3	Add lines 1 and 2	3	—			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	+			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	<del> </del>			0.
6	Credits/Payments:					
	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 145	<u>•</u>				
	Exempt foreign organizations - tax withheld at source	_				
	Tax paid with application for extension of time to file (Form 8868)	4				
	Backup withholding erroneously withheld 6d	4	}		_	
7	Total credits and payments. Add lines 6a through 6d	7	<del>                                     </del>		1	<u>45.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	<u> </u>			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<u> </u>			
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<u> </u>		1	<u>45.</u>
_	Enter the amount of line 10 to be: Credited to 2014 estimated tax	·   11				0.
	art VII-A Statements Regarding Activities				Vaa	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in			Yes	—
	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 the definition of			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	thed or				
	distributed by the foundation in connection with the activities			١.		<b>.</b>
	Did the foundation file Form 1120-POL for this year?			1c		X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
		•				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
•	managers.  \$ \$ \$  Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		x
2	If "Yes," attach a detailed description of the activities					
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	or				
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	ı, oı		3		х
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes." has it filed a tax return on Form 990-T for this year?	N	N/A	4b		<del></del>
_	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-	•,	5		х
Ĭ	If "Yes," attach the statement required by General Instruction T.			-		<del> </del>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
-	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the st	ate law				
	remain in the governing instrument?			6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part II.	ΧV		7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				İ	
	KS					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for continuous claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for continuous claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for continuous claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for continuous claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for continuous claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for continuous claiming status as a private operating status as	alendar				
	year 2013 or the taxable year beginning in 2013 (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		<u> </u>

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Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)		
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))?	Ye	es 🗶 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?		Ye	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es 🗶 No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for			
the prevention of cruelty to children or animals?	,		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described				
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	·		<b>▶</b>		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		med	,		
expenditure responsibility for the grant?		. —	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53 494		'/A			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	, ,				
a personal benefit contract?	pay premiums on		es X No		
•		10		, J	,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonai denenii contract?		-	6b X	<u>-</u>
If "Yes" to 6b, file Form 8870		г.	[42]	i l	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		—
b If 'Yes,' did the foundation receive any proceeds or have any net income attribution of the second				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	ınagers, Hıgnı	<i>y</i>		
1 List all officers, directors, trustees, foundation managers and their	compensation.	T		<del>,</del> .	
( ) Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, othe	) or
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowances	; ;
	·				
SEE STATEMENT 3		0.	0.	o	
					_
	1				
					—
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."		1	_
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other	 e
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other	er
N/A - NONE	devoted to position	+	compensation	anovanees	_
N/A NONE	0.00	0.	0.	1 0	١.
	0.00	0.	0.	<u> </u>	÷
	1			]	
			<del></del>	-	_
	{			1	
				<del>                                     </del>	
	{			1	
		-			_
	{				
		<u> </u>	<u> </u>	<u>L</u>	_
Total number of other employees paid over \$50,000					

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orm 990-PF (2013) THE DEVLIN FAMILY FOUNDATION		<u>959519 Page 7</u>
Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
N/A - NONE	1	<del></del>
	7	0.
	7	
	7	
	7	
	7	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	tical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the convened of the conference of the convened of the conference of the convened of the conference of the convened	fuced, etc.	
1N/A		
		<del></del>
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
N/A	illes Fallu Z.	Amount
М/А	-	
	· · · · · · · · · · · · · · · · · · ·	
	-	<del></del>
All other program-related investments. See instructions.		<del></del> _
}		

Total. Add lines 1 through 3

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 0. a Average monthly fair market value of securities 1a b Average of monthly cash balances 1b c Fair market value of all other assets 1c d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 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 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 415. Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 

and do not complete this part.) 1 Minimum investment return from Part X, line 6 21. Tax on investment income for 2013 from Part VI, line 5 Income tax for 2013. (This does not include the tax from Part VI.) 2b Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 3 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 0. 6 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 10,000. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: 3 a Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3b 10,000. Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 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 Adjusted qualifying distributions. Subtract line 5 from line 4 6 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

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	( <b>d)</b> 2013
1 Distributable amount for 2013 from Part XI, line 7				21.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only	_		0.	
<b>b</b> Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008 360,438.				
<b>b</b> From 2009 155,064.				
c From 2010 38,390.				
d From 2011 75.				
e From 2012				
f Total of lines 3a through e	553,967.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ► \$ 10,000.			•	
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)  d Applied to 2013 distributable amount	U.			21.
e Remaining amount distributed out of corpus	9,979.			41.
5 Excess distributions carryover applied to 2013	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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	563,946.			
<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		0.		
assessed d Subtract line 6c from line 6b. Taxable		U • I		
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract			•	
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				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 2008				
not applied on line 5 or line 7	360,438.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	203,508.			
10 Analysis of line 9:				
a Excess from 2009 155, 064.				
b Excess from 2010 38,390.				
c Excess from 2011 75.				
d Excess from 2012 e Excess from 2013 9,979.				
e Excess from 2013 9,979.				Form <b>990-PF</b> (2013)

	LIN FAMILY				<u>959519</u>	Page 10
Part XIV Private Operating F	· · · · · · · · · · · · · · · · · · ·		-A, question 9)	N/A		
1 a If the foundation has received a ruling of						
foundation, and the ruling is effective fo		•	▶ ∟_			
b Check box to indicate whether the foun		ng foundation described i		4942(j)(3) or	4942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year	(1) 0010	Prior 3 years	1 (1) 0010	-	
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) To	ital
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:					İ	
(1) Value of all assets						
(2) Value of assets qualifying under section 4942(1)(3)(B)(1)						
<b>b</b> "Endowment" alternative test - enter						
2/3 of minimum investment return shown in Part X, line 6 for each year						
listed					İ	
c "Support" alternative test - enter:					i	
(1) Total support other than gross					<b>.</b>	
investment income (interest,						
dividends, rents, payments on securities loans (section					ľ	
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						
Part XV Supplementary Info			f the foundation	on had \$5,000 or n	nore in ass	ets
at any time during	the year-see insti	ructions.)				
1 Information Regarding Foundation	on Managers:					
a List any managers of the foundation wh	no have contributed more	than 2% of the total contr	ributions received by t	he foundation before the c	lose of any tax	
year (but only if they have contributed i	more than \$5,000). (See s	section 507(d)(2).)				
THOMAS R. DEVLIN						
<b>b</b> List any managers of the foundation wh			or an equally large po	rtion of the ownership of a	partnership or	
other entity) of which the foundation ha	is a 10% or greater intere	St.				
NONE						
2 Information Regarding Contribut						
Check here ► X if the foundation of	only makes contributions	to preselected charitable o	organizations and doe	s not accept unsolicited re	quests for funds	. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations ui	nder other conditions,	, complete items 2a, b, c, a	nd d.	
a The name, address, and telephone num	nber or e-mail address of t	the person to whom applic	cations should be add	ressed:		
			<del></del>	<u> </u>		
<b>b</b> The form in which applications should l	be submitted and informa	tion and materials they sh	ould include:			
c Any submission deadlines:						-
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kınds of institutions, o	or other factors:		<del> </del>

3 Grants and Contributions Paid During the	rear or Approved for Future	Payment	<del></del>	
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
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
WICHITA STATE UNIVERSITY FOUNDATION	NOT APPLICABLE	PC	GERTRUDE W. DEVLIN	
1845 FAIRMOUNT, CAMPUS BOX 2			SCHOLARSHIP FUND	
WICHITA, KS 67206-0002				10,00
				· · · · · · · · · · · · · · · · · · ·
		Ì		
	į			
		<u> </u>		
			ľ	
		1		
Total			▶ 3a	10,000
<b>b</b> Approved for future payment				
NONE				
1401415				
		1		
		1		
	1			
Total			<b>▶</b> 3b	

Part XVI-A	Analysis of Income-Produci	ng Activities
------------	----------------------------	---------------

Enter gross amounts unless otherwise indicated.	(a) Business	d business income (b)	(C) Exclu-	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
c	1 1				
d	1				
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash	1				
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events			-		
10 Gross profit or (loss) from sales of inventory			ļ		
11 Other revenue:					
a			-		
b	1				
<u> </u>		<del></del>			
d			1		
e 12 Subtotal. Add columns (b), (d), and (e)	h	0.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)		<del></del>		13	0.
(See worksheet in line 13 instructions to verify calculations.)					<del>-</del>
Part XVI-B Relationship of Activities in the No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than	ome is reported i	n column (e) of Part XVI-A			nplishment of
				· · · · · · · · · · · · · · · · · · ·	
	•				
		<del></del>		···	
	-				
					-
323621					Form <b>990-PF</b> (2013)

orm 990-PF (2 Part XVII				UNDATION and Transactions a	and Relations		0959519 ncharitable		ige 13
1 Did the or	ganization directly or indire	ectly engage in any	of the followin	g with any other organization	on described in sect	ion 501(c) of		Yes	No
				7, relating to political organ					
a Transfers	from the reporting founda	tion to a noncharita	ble exempt orç	ganization of:					
(1) Cash							1a(1)		X
(2) Other	assets						1a(2)		X
<b>b</b> Other tran	sactions:								
` '	of assets to a noncharitab						1b(1)	_	X
	hases of assets from a non		organization				1b(2)		X
	al of facilities, equipment, o	r other assets					1b(3)		X
• •	bursement arrangements						1b(4)		X
	s or loan guarantees						1b(5)	-	X
	rmance of services or mer f facilities, equipment, mail						1b(6)	-	X
d If the answ or service column (d	wer to any of the above is " s given by the reporting fo I) the value of the goods, o	Yes," complete the undation. If the four ther assets, or serv	following sche ndation receive rices received.	dule. Column (b) should alved less than fair market valu				sets,	
(a) Line no	(b) Amount involved	(c) Name of		exempt organization	(d) Description	of transfers, transaction	ons, and sharing ar	rangeme	ents
		<del></del>	N/A						
					<del></del>		<del></del>		
					<del></del>		<del> </del>		
		<u>.                                    </u>				<u> </u>			
				<del></del>				·····	
					-				
							-		
				. ,					
ın section	ndation directly or indirectl 501(c) of the Code (other amplete the following sche	than section 501(c)		or more tax-exempt organi ion 527?	zations described		Yes	X	] No
	(a) Name of orga			(b) Type of organization		(c) Description of re	lationship		
	N/A								
	·								
Lunder	L deslers ti	and I have averaged the	a rational page des			hant of multi-souted-s			
Sign Here				g accompanying schedules and n taxpayer) is based on all inform	TREASU	r has any knowledge	May the IRS return with the shown below  X Yes	see ins	er
/ Sigi	Print/Type preparer's nai		Preparer's si	Date	Title Date	Check   If	PTIN		
Poid				-		self- employed			
Paid Preparer	GREGORY L ( Firm's name ► GRE(			Y L CANNATA , CPA, LLC	<u> 05/05/14 </u>	Firm's EIN ► 4	<u> P00022</u> 8-12083		_
Use Only	Firm's address ▶ 12!	5 N. MARK	ET ST.	, SUITE 1730	. <u></u>				
	1	CHITA, KS				Phone no. (3	16)262-	<u>350</u>	0

# Schedule B

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

2013

OMB No 1545-0047

Name of the organization

**Employer identification number** 

	<u>TH</u>	E DEVLIN FAMILY FOUNDATION	20-0959519
Organizati	ion type (check or	ne)	
Filers of:		Section:	
Form 990 c	or 990-EZ	501(c)( ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
		527 political organization	
Form 990-F	PF	X 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Note. Only	a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See instructions
General Ru	ule		
	or an organization ontributor Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo ete Parts I and II.	ney or property) from any one
Special Ru	ıles		
50	09(a)(1) and 170(b	)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regul )(1)(A)(vi) and received from any one contributor, during the year, a contribution of the g Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	
to	tal contributions of	0(7), (8), or (10) organization filing Form 990 or 990·EZ that received from any one contrib of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or edu- uelty to children or animals Complete Parts I, II, and III	- •
co If t pu	ontributions for us this box is checke urpose Do not co	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribute exclusively for religious, charitable, etc., purposes, but these contributions did not totaled, enter here the total contributions that were received during the year for an exclusively implete any of the parts unless the General Rule applies to this organization because it, etc., contributions of \$5,000 or more during the year	al to more than \$1,000 y religious, charitable, etc ,
but it must	answer "No" on I	at is not covered by the General Rule and/or the Special Rules does not file Schedule B Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	•

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

### THE DEVLIN FAMILY FOUNDATION

20-0959519

THE D	EVEL FAMILI FOUNDATION		1-0333313
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THOMAS R. DEVLIN  1313 N. WEBB ROAD, SUITE 100  WICHITA, KS 67206	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Oncash Complete Part II for noncash contributions )

Name of organization

Employer identification number

### THE DEVLIN FAMILY FOUNDATION

20-0959519

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		- - - - \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		- - - - \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		- - - - - \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		- - - - - - - - -			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		- - - - - \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
202452 10 24		-   -   -   \$	000 E7 or 000 BE\/2012		

Employer identification number

Complete columns (a) through (e) and the all of exclusively religious, charitable, etcuplicate copies of Part III if additions (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held			
(b) Purpose of gift  Transferee's name, address, and	(c) Use of gift  (e) Transfer of gift	t  Relationship of transferor to transferee			
Transferee's name, address, ar	(e) Transfer of gift	t  Relationship of transferor to transferee			
	nd ZIP + 4	Relationship of transferor to transferee			
	nd ZIP + 4	Relationship of transferor to transferee			
	nd ZIP + 4	Relationship of transferor to transferee			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		I			
(e) Transfer of gift					
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
		· · · · · · · · · · · · · · · · · · ·			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
· <del></del>					
(e) Transfer of gift					
Tues of sea also warran address and 710 a. 4		Relationship of transferor to transferee			
Transferee's name, address, and ZiP + 4		netationship of transfer or to transferee			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
(e) Transfer of gift					
Transferee's name, address, and 7IP + 4		Relationship of transferor to transferee			
Transfered o name, address, and Ell TT					
	(b) Purpose of gift  Transferee's name, address, and  (b) Purpose of gift	Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (c) Use of gift			

FORM 990-PF	ACCOUNTING FEES		STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
GREGORY L. CANNATA, CPA, LLC	780.	0.		0.	
TO FORM 990-PF, PG 1, LN 16B	780.	0.		0.	
FORM 990-PF TAXES		S'	STATEMENT 2		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
KANSAS ANNUAL REPORT FEE	40.	0.		0.	
TO FORM 990-PF, PG 1, LN 18	40.	0.		0.	

	ST OF OFFICERS, DI D FOUNDATION MANAG		STATI	EMENT 3
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
THOMAS R. DEVLIN 1313 N. WEBB ROAD, SUITE 100 WICHITA, KS 67206-4070	PRESIDENT & DIF	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.