Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the	e 2014 calendar year, or tax year beginning and	ending	_			
В	Check if applicable	C Name of organization		D Employer identific	cation number		
	Addres		ION				
L	Name change			48-1	252583		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 507 E DOUGLAS	Room/suite		r 264–6005		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	761,623.		
	Ameno	WICHILA, KD 0/202		H(a) Is this a group re			
	Applic tion pendir	F Name and address of principal officer: O EFFRET C FEOTIN		for subordinates			
		SAME AS C ABOVE		H(b) Are all subordinates in			
		empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1)	or 527	┥,	list. (see instructions)		
		re: N/A organization: X Corporation Trust Association Other		H(c) Group exemptio			
		organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 2002 N	1 State of legal domicile: KS		
		Briefly describe the organization's mission or most significant activities: THE	MTSSTO	ОК ОЕ ТИЕ МТ	СНТТА		
Governance	'	DOWNTOWN DEVELOPMENT CORPORATION IS TO E	NSURE	A VIBRANT D	OWNTOWN.		
nar	1 .	Check this box if the organization discontinued its operations or dispo					
Ş.				3	24		
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			24		
es &		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			5		
νiţi		Total number of volunteers (estimate if necessary)			0		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
				Prior Year	Current Year		
ne		Contributions and grants (Part VIII, line 1h)		106,765.	181,625.		
Revenue		Program service revenue (Part VIII, line 2g)		581,554. 728.	572,217.		
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,367.	2,167.		
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		692,414.	756,032.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0,2,414.	730,032.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
G	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		391,203.	425,309.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Бе.	b	Total fundraising expenses (Part IX, column (D), line 25)	0.				
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		215,447.	284,945.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		606,650.	710,254.		
	19	Revenue less expenses. Subtract line 18 from line 12		85,764.	45,778.		
Net Assets or Fund Balances			Ве	eginning of Current Year	End of Year		
Sset	20	Total assets (Part X, line 16)		379,822.	427,245.		
et A	21	Total liabilities (Part X, line 26)		37,853.	39,498.		
	art II	Net assets or fund balances. Subtract line 21 from line 20		341,969.	387,747.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	ac and etatem	nents, and to the hest of m	v knowledge and helief it is		
	-	t, and complete. Degraration of prepare (0) exchange officer) is based on all information of w			y Knowledge and Delici, it is		
	,	, and the second	mon proparo	l l			
Sig	n	Signature of officer		Date			
He		JEFFREY C FLUHR, PRESIDENT					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check L	PTIN		
Pai		JENNIFER A. ALLEN JENNIFER A. ALL	EN	TT/TZ/T5 self-employe			
	parer	Firm's name ALLEN, GIBBS & HOULIK, L.C.		Firm's EIN ▶	48-1032601		
Use	Only	Firm's address 301 N. MAIN, SUITE 1700		31	6 267 7221		
_		WICHITA, KS 67202-4868		Phone no. 3 1	6-267-7231		
ıvla	May the IRS discuss this return with the preparer shown above? (see instructions)						

	n 990 (2014) WICHITA DOWNTOWN DEVELOPMENT CORPORATION 48-125258	33 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE MISSION OF THE WICHITA DOWNTOWN DEVELOPMENT CORPORATION IS TO	
	ENSURE A VIBRANT DOWNTOWN THAT IS THE HEART OF THE CITY FOR ALL	
	CITIZENS, A VIBRANT URBAN ENVIRONMENT FOR RESIDENTS, WORKERS AND	
	VISITORS, AND A CENTER FOR ARTISTIC AND CULTURAL EXPERIENCES.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3		Yes X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expensions are services.	2000
4		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exper-	ses, and
	revenue, if any, for each program service reported.	- F - C - C - C - C - C - C - C - C - C
4a		57,508. ₎
	IMAGE ENHANCEMENT/MARKETING: THE GOAL OF THESE INITIATIVES ARE TO)
	IMPROVE DOWNTOWN WICHITA AS A PREFERRED LOCATION FOR BUSINESS,	
	ENTERAINMENT, CULTURE, TOURISM AND LIVING. INITIATIVES ARE DESIGN	VED TO
	ATTRACT NEW AND EXPAND EXISTING CONSUMER MARKETS.	
		_
4b	(Code:) (Expenses \$232,875 ⋅ including grants of \$0 ⋅ (Revenue \$\$)	57,508.)
	BUSINESS RECRUITMENT AND RETENTION: THESE INITIATIVES RETAIN, FO	STER
	AND RECRUIT JOBS, BUSINESSES AND INVESTMENT. EMPHASIS IS PLACED (ON
		CHE
	REGION.	
	1.202011	
4c	(Code:) (Expenses \$ 51,748 • including grants of \$ 0 •) (Revenue \$	57,224.)
	URBAN VITALITY: THESE INITIATIVES DIRECT PROGRAMS TO ENHANCE THE	
	PHYSICAL QUALITIES OF DOWNTOWN; ASSISTING IN THE IMPLEMENTATION (<u>ਜ(</u>
	PROJECT DOWNTOWN DESIGN GUIDELINES.	
	- TROUBET DOWNTOWN DEDIGN COLDERINED.	
	Other program convices (Describe in Schedule C.)	
4d	,	
_	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 517,498.	
<u>4e</u>		000 /
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			Х
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		Х
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 142	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the office States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		<u> </u>
IJ	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	וידט		_ -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- - -		
. •	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part IV Checklist of Required Schedules (continued)

			V	N ₂
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			\ _{3,7}
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b		28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		$ _{\mathbf{x}}$
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		25
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
U _	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	X	L

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Series the number reported in Box 3 of Form 1006. Enter 0- if not applicable 1a 9 1b 0 0 1c 1c 0 0 1c 1c 0 0 1c 1c		Check if Schedule O contains a response or note to any line in this Part V					
be Enter the number of Forms W 2G included in line 1a. Enter 0- if not applicable Did the organization comply with backpu withholding wles for reportable payments to vendors and reportable gaming (gambing) wannings to pitze winners? 2a. Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return 3b If at least one is reported on line 2a, did the organization file all enquired federal demployment tax returnins? 3b If a theast one is reported on line 2a, did the organization file all enquired federal demployment tax returnins? 3c Did the organization have unrelated business gross in some of \$1,000 or more during the year? 3a Did the organization have unrelated business gross in some of \$1,000 or more during the year? 3a Did the organization have unrelated business gross in some of \$1,000 or more during the year? 3a Did the organization and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (yeuch as a bank account, securities account, or other financial accountry? 4a If Yes, enter the name of the foreign country; Person of Foreign Bank and Financial Accounts (FBAR), See instructions of friling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions or friling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions or friling requirements for FinCEN Form 1888-17 5b If Yes, 1 or line 5a of 5b, did the organization file Form 8888-17 5c If Yes, 5 or line 5a of 5b, did the organization file Form 8888-17 5c If Yes, 5 or line 5a of 5b, did the organization file Form 8888-17 5c If Yes, 6 did the organization and party for a prohibited tax sheller transaction? 5c If Yes, 6 did the organization and party for goods and services provided to the payor? 7a Did the organization related approximation for the year seems of the production o						Yes	No
be Enter the number of Forms W 2G included in line 1a. Enter 0- if not applicable Did the organization comply with backpu withholding wles for reportable payments to vendors and reportable gaming (gambing) wannings to pitze winners? 2a. Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return 3b If at least one is reported on line 2a, did the organization file all enquired federal demployment tax returnins? 3b If a theast one is reported on line 2a, did the organization file all enquired federal demployment tax returnins? 3c Did the organization have unrelated business gross in some of \$1,000 or more during the year? 3a Did the organization have unrelated business gross in some of \$1,000 or more during the year? 3a Did the organization have unrelated business gross in some of \$1,000 or more during the year? 3a Did the organization and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (yeuch as a bank account, securities account, or other financial accountry? 4a If Yes, enter the name of the foreign country; Person of Foreign Bank and Financial Accounts (FBAR), See instructions of friling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions or friling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions or friling requirements for FinCEN Form 1888-17 5b If Yes, 1 or line 5a of 5b, did the organization file Form 8888-17 5c If Yes, 5 or line 5a of 5b, did the organization file Form 8888-17 5c If Yes, 5 or line 5a of 5b, did the organization file Form 8888-17 5c If Yes, 6 did the organization and party for a prohibited tax sheller transaction? 5c If Yes, 6 did the organization and party for goods and services provided to the payor? 7a Did the organization related approximation for the year seems of the production o	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) without without seven with a se			1b	0			
Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to 6-file (see instructions) Note. If the sum of lines 1s and 2s is greater than 250, you may be required to 6-file (see instructions) Note. If the sum of lines 1s and 2s is greater than 250, you may be required to 6-file (see instructions) Note. If the sum of lines 1s and 2s is greater than 250, you may be required to 6-file (see instructions) Note. If the sum of lines 1s and 2s is greater than 250, you may be required to 6-file (see instructions) Note. If the sum of lines 1s and 2s is greater than 250, you may be required to 6-file (see instructions) Note. If the sum of lines 1s and 2s is greater than 250, you may be required to 6-file (see instructions) Note. If the sum of lines 1s and 2s is greater than 250, you may be required to 6-file (see instructions) Note 1s and	С			able gaming			
filed for the calendar year ending with or within the year covered by this naturn 2a		(gambling) winnings to prize winners?			1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If 'Yes,' has it filed a Form 990.7 for this year? If 'No,' is line 3b, provide an explanation in Schedule O 3b A at any time during the calendary year, did the organization have unlines the form of authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for lilling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? So Id any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c If 'Yes,' to line Sa or Sb, did the organization file Form 8886-1? 8c If 'Yes,' to line Sa or Sb, did the organization file Form 8886-1? 8d Does the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible as charitable contributions? 8b If 'Yes,' and the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? 9c Did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 1b If 'Yes,' and the organization notify the donor of the value of the goods or services provided? 1c Did the organization receive any funds, directly or indirectly, to pay premiums, on a personal benefit contract? 1c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8292 as required? 1d If 'Yes,' and the organization have excess business holdings at any	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30. Did the organization have unrelated business gross income of \$1,000 or more during the year? 33. X bit if vee, "inst titled a Form 950 Tof this year? If *No," to line 50, provide an explanation in Schedule O 35. 44. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; when so a bank account, securities account, or other financial accountly over, a financial account in a foreign country such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country. ★ 55. Was the organization and party to a prohibited tax sheller transaction? 56. Was the organization and party to a prohibited tax sheller transaction? 57. 58. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 58. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions and express statement that such contributions or gifts were not tax deductible? 59. Organizations that may receive deductible contributions under section 170(c). 50. If If vee, "did the organization notify the donor of the value of the goods or services provided? 50. Organizations that may receive deductible contributions under section 170(c). 50. If the organization that may receive deductible contributions under section 170(c). 50. If the organization that may receive deductible contributions or often when the section 170(c). 50. If the organization that a deductible contribution of outside the section 170(c). 50. If the organization receive a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payor? 50. If the organiz		filed for the calendar year ending with or within the year covered by this return	2a	5			
38 bit the organization have unrelated business gross income of \$1,000 or more during the year? 40 if Yes, 1 has it flied a Form 990 FT or this year? If ™0,1 * or ime 3b, provide an explanation in Schedule O 41 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or a country financial account)? 42 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 53 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 54 Was the organization on party to a prohibited tax shelter transaction? 55 If Yes, 1 to line 5 aor 5b, did the organization file Form 8886-T? 56 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 56 If Yes, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). 57 Organizations that may receive deductible contributions under section 170(c). 58 If Yes, 1 did the organization notify the donor of the value of the goods or services provided to the payor? 59 If Yes, 2 did the organization necesse at \$75 made partly as accorribution and partly for goods and services provided to the payor? 59 If Yes, 3 did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 50 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 50 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 51 If Yes, 1 was the payor that the payor payor payor advised funds. 51 If the organization fundaction the payor payor advised f	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	X	
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 11b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13d Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 13c Lib If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9						
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					9a		
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12					9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 1 1b 1b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 11b 11c 11b 11c 11c 11c 11c 11c							
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b C Enter the amount of reserves on hand 13c C Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15c Interception of the source against and the source against against against against against against against ag							
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Gross income from members or shareholders	11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		amounts due or received from them.)	11b				
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a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b		12b				
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organization is licensed to issue qualified health plans	_						
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		1	ı			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b				l	4.6		y
	d		ie U			aan	(2014)

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Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
h	Enter the number of voting members included in line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3		3		Х
4	of officers, directors, or trustees, or key employees to a management company or other person?	4		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	ь		-21
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	- -	Х	
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	_		Х
_	persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Х	
а	The governing body?	8a		Х
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the every insting have lead about an hypothese or officials 0	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		- 21
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40h		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	па	21	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	21	
C		100	Х	
40	in Schedule O how this was done	12c 13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	21	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b	Λ	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		Х
	taxable entity during the year?	16a		Λ
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401-		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed KS		ما	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvanab	iie	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)		_1.1	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı tınan	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: NANCY MOORE - 316-264-6005			
	507 E. DOUGLAS, WICHITA, KS 67202			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization n	or any related	orga	niza	ation	cor	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	_	JCI all	luau	ii ecic	Ji / ii us	100)	from	from related	other
	(list any hours for	or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC)	(***2/1099****130)	organization
	organizations	truste	al trus		yee	mper		(W 2) 1000 Miles)		and related
	below	Individual trustee	Institutional trustee	ie i	Key employee	Highest compensated employee	ıer			organizations
	line)	Indiv	Instii	Officer	Key 6	High em p	Former			
(1) WAYNE CHAMBERS	1.00									
DIRECTOR		Х						0.	0.	0.
(2) TOM DOCKING	1.00									
DIRECTOR		Х						0.	0.	0.
(3) SUSIE SANTO	1.00							_	_	_
EX OFFICIA		Х						0.	0.	0.
(4) STEVE ANTHIMIDES	1.00							•		
DIRECTOR	1 00	Х						0.	0.	0.
(5) SHEILA COLE	1.00							•		
DIRECTOR	1 00	Х						0.	0.	0.
(6) SCOTT KNEBEL	1.00							0		•
EX OFFICIA	1 00	Х						0.	0.	0.
(7) ROD YOUNG	1.00	,,						0	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(8) MARY WRIGHT	1.00	₹,						0	0	0
DIRECTOR	1.00	Х						0.	0.	0.
(9) MARILYN GRISHAM	1.00	х						0.	0.	0.
DIRECTOR WILLIAMS	1.00	Δ						0.	0.	0.
(10) LAVONTA WILLIAMS EX OFFICIA	1.00	х						0.	0.	0.
(11) LARRY WEBER	1.00	^						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(12) JOHN SCHLEGEL	1.00							0.	0.	0.
EX OFFICIA	1.00	Х						0.	0.	0.
(13) JOHN BELFORD	1.00							0.	•	0.
DIRECTOR	100	х						0.	0.	0.
(14) JOEL KELLEY	1.00									
DIRECTOR		х						0.	0.	0.
(15) JOE JOHNSON	1.00									
DIRECTOR		х						0.	0.	0.
(16) JANET MILLER	1.00									
EX OFFICIA		Х						0.	0.	0.
(17) GREG BOULANGER	1.00									
DIRECTOR		Х						0.	0.	0.

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Form 990 (2014) WICHITA I	IWOTUWOO	1 I)E	/EI	OI	PME	ΞN	T CORPORATIO	N 48-12!	<u>525</u>	583	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A)	(B)			(C				(D)	(E)	\Box		(F)
Name and title	Average			Posi	ition	1		Reportable	Reportable			mated
rano ana mie	hours per			heck iss per				compensation	compensation			ount of
	week			nd a di				from	from related			ther
	(list any	ctor						the	organizations			ensation
	hours for	dire				pa		organization	(W-2/1099-MISC	;)	•	m the
	related	tee or	ıstee			ensat		(W-2/1099-MISC)		·	orgai	nization
	organizations	Itrus	nal tri		эуее	dwo					and	related
	below	Individual trustee or director	Institutional trustee	er	Key employee	nest c	Former				organ	izations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Por					
(18) GARY PLUMMER	1.00											
EX OFFICIA		Х						0.		0.		0.
(19) DON SHERMAN	1.00											
DIRECTOR		Х						0.		0.		0.
(20) DICK HONEYMAN	1.00									一		
DIRECTOR		Х						0.		0.		0.
(21) CLAY BASTIAN	1.00									+		
DIRECTOR		x						0.		0.		0.
(22) ALAN BANTA	1.00								•	"		
	1.00	Х						0.		0.		0.
DIRECTOR	1 00	^						0.	•	"		<u> </u>
(23) SHELLY PRICHARD	1.00	٠,,								ا ۸		^
EX OFFICIA	1 00	Х						0.		0.		0.
(24) STEVE COEN	1.00									_		_
DIRECTOR		Х						0.		0.		0.
(25) JOHN O'LEARY	1.00											
DIRECTOR		Х						0.		0.		0.
(26) RICHARD RANZAU	1.00											
EX OFFICIA		Х						0.		0.		0.
1b Sub-total							<u> </u>	0.		0.		0.
c Total from continuation sheets to Part VI							•	166,172.		0.	11	,523.
d Total (add lines 1b and 1c)								166,172.		0.	11	,523.
Total number of individuals (including but n							20 r	·	000 of reportable			
compensation from the organization	or miniou to ti	1000	11000	Ju uk	JO V C	<i>5)</i> ***	10 1		,occ of reportable			1
compensation from the organization											T ₁	res No
3 Did the organization list any former officer.	director or tr	ıcto	م ار <u>د</u>	on	مامم		٥٢	highest compensated o	mployee en	П		
,												Х
line 1a? If "Yes," complete Schedule J for s	ucri inaiviauai									⊦	3	- 1
4 For any individual listed on line 1a, is the su									the organization		_	v
and related organizations greater than \$150										┟	4	X
5 Did any person listed on line 1a receive or a					-		elat	ted organization or indivi	dual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch _I	oers	son .				<u></u>	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	acto	ors t	that received more than	\$100,000 of comp	ensa	ation fro	om
the organization. Report compensation for	the calendar y	ear	endi	ng w	/ith	or w	ithir	n the organization's tax	/ear.			
(A)								(B)			(C)	
Name and business	address	N	INC	3				Description of s	ervices	Co	ompens	sation
							一					
							\dashv					
							\dashv			—		
2 Total number of independent contractors (i		ot li	mite	d to	_	_	stec	d above) who received m	nore than			
\$100,000 of compensation from the organiz)	~					
SEE PART VII, SECTION	N A CON	T. T.	NUZ	7.T. T	LOI	N S	σH.	EETS		F	Form 9	90 (2014)

WICHITA DOWNTOWN DEVELOPMENT CORPORATION 48-1252583

	DOWNTOW	<u> </u>)EI	/EI	OI	PME	IN:	r corporatio	N 48-125	2583
Part VII Section A. Officers, Directors, Tro	ustees, Key Er	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos		١		Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	L				oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	dualt	utiona	_	mplo	stco	er			organization o
	line)	Indivi	Instit	Officer	Key employee	Highe	Former			
(27) JERRY GRAY	1.00									
DIRECTOR		х						0.	0.	0.
(28) JOAN COLE	1.00								•	
DIRECTOR		х						0.	0.	0.
(29) SAM WILLIAMS	1.00									
CHAIRMAN	1100			x				0.	0.	0.
(30) JIM FAITH	1.00									•
TREASURER/SECRETARY	1.00			x				0.	0.	0.
(31) GARY SCHMITT	1.00			23				.	•	0 .
PAST CHAIRMAN	1.00			x				0.	0.	0 .
(32) BILL LIVINGSTON	1.00			23				.	•	0 .
VICE CHAIRMAN	1.00			х				0.	0.	0 .
(33) JEFF FLUHR	40.00							0.	•	0 .
PRESIDENT	40.00					х		166,172.	0.	11,523
PKE21DEN1						Λ		100,172.	0.	11,525
					<u> </u>					
					<u> </u>					
		1								
					<u> </u>					
Total to Part VII, Section A, line 1c								166,172.		11,523

Pa	rt VII	Statement of Revenue				
		Check if Schedule O contains a response or note to a	any line in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f 9 h c d e d e	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f 181,62 Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f Business 1MPROVEMENT DISTRICT P 90000	▶ 181,625.		revenue	512 - 514
	ı g	All other program service revenue Total. Add lines 2a-2f	▶ 572,217.			
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	702.			702.
		Gross rents Less: rental expenses Rental income or (loss) (i) Real (ii) Person	onal			
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses (i) Securities (ii) Other 7, 0	56.			
enne	d	Net gain or (loss) 1,4 Net gain or (loss) Gross income from fundraising events (not including \$ of	4 4 6 5			1,465.
Other Revenue	С	contributions reported on line 1c). See Part IV, line 18	<u> </u>			
	с 10 а	Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a	>			
		Less: cost of goods sold b Net income or (loss) from sales of inventory Business MISCELLANEOUS INCOME 9000		23.		
	b c d		22			
43200 11-07-	12	Total. Add lines 11a-11d Total revenue. See instructions.	756,032.	572,240.	0.	2,167. Form 990 (2014)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations		·		·					
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	154 640	122 710	20 020						
	trustees, and key employees	154,649.	123,719.	30,930.						
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B)	101 702	120 570	61 205						
7	Other salaries and wages	191,783.	130,578.	61,205.						
8	Pension plan accruals and contributions (include	20,781.	15,227.	5,554.						
_	section 401(k) and 403(b) employer contributions)	34,666.	25,401.	9,265.						
9	Other employee benefits	23,430.	16,721.	6,709.						
0	Payroll taxes	23,430.	10,721.	0,703.						
11	Fees for services (non-employees):									
a	Management	902.		902.						
b	Legal	9,230.		9,230.						
4	Accounting	3,230.		3,230.						
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
'	Other. (If line 11g amount exceeds 10% of line 25,									
9	column (A) amount, list line 11g expenses on Sch 0.)									
12	Advertising and promotion	20,643.	19,768.	875.						
13	Office expenses	14,550.	2,910.	11,640.						
13 14	Information technology	21,000	2,3200							
15	Royalties									
16	Occupancy	29,540.		29,540.						
17	Travel	4,613.	4,613.							
 18	Payments of travel or entertainment expenses	,	,							
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	4,457.		4,457.						
20	Interest	-		-						
21	Payments to affiliates									
2	Depreciation, depletion, and amortization	19,127.	15,493.	3,634.						
23	Insurance									
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)									
_	amount, list line 24e expenses on Schedule 0.) PROJECT DOWNTOWN	67,437.	67,437.	0.						
a b	DOUGLAS UNDERPASS DESIG	65,000.	65,000.	•						
C	PROFESSIONAL DEVELOPMEN	12,529.	0.00.	12,529.						
d	TELEPHONE	11,961.	10,765.	1,196.						
u e	All other expenses SEE SCH O	24,956.	19,866.	5,090.						
е 25	Total functional expenses. Add lines 1 through 24e	710,254.	517,498.	192,756.						
26 26	Joint costs. Complete this line only if the organization	. 20 , 20 1	327,1330							
_U	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									

Form **990** (2014)

Form 990 (2014)

48-1252583 Page **11**

	990 (Balance Sheet	NATA DE	VIIIOT MENT CC	TI OTALION	- T O	1232363 Page I
		Check if Schedule O contains a response or no	te to any lir	ne in this Part X			
		·	,		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		9,744.	1	34,892	
	2	Savings and temporary cash investments		—	320,600.	2	354,053
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and f					
		trustees, key employees, and highest compens	ated emplo	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	-	·			
		employers and sponsoring organizations of sec					
2		employees' beneficiary organizations (see instr)		6			
733613	7	Notes and loans receivable, net				7	
ć	8	Inventories for sale or use				8	
	9				1,578.	9	2,770
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	104,444.			
	b		10b	104,444.	47,900.	10c	35,530
	11	Investments - publicly traded securities				11	-
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			379,822.	16	427,245
	17	Accounts payable and accrued expenses	37,853.	17	39,498		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
2	22	Loans and other payables to current and forme	r officers, d	lirectors, trustees,			
		key employees, highest compensated employe	es, and dis	qualified persons.			
2		Complete Part II of Schedule L				22	
i	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate	d third part	ties		24	
	25	Other liabilities (including federal income tax, pa	ayables to r	elated third			
		parties, and other liabilities not included on line	s 17-24). Co	omplete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			37,853.	26	39,498
		Organizations that follow SFAS 117 (ASC 958	3), check h	ere ▶ X and			
3		complete lines 27 through 29, and lines 33 ar	nd 34.				
	27	Unrestricted net assets			341,969.	27	387,747
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets		<u></u>		29	
		Organizations that do not follow SFAS 117 (A	ASC 958), c	check here			
5		and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or ed	quipment fu	und		31	
	32	Retained earnings, endowment, accumulated in	ncome, or o	other funds		32	
:	33	Total net assets or fund balances			341,969.	33	387,747
	0.4	Tatal liabilities and not seed of the lances		1	379 822	0.4	127 215

427,245. Form **990** (2014)

34 Total liabilities and net assets/fund balances

Form	990 (2014) WICHITA DOWNTOWN DEVELOPMENT CORPORATION	48-1252	583	Pag	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			32.
2	Total expenses (must equal Part IX, column (A), line 25)	2			54.
3	Revenue less expenses. Subtract line 2 from line 1	3			78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	341	L,9	69.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	387	7,7	<u>47.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

				MN DEAFTORME				0-1232303					
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	e instructions.						
Γhe	organ	ization is not a private found	ation because it is: (For lines 1 through 11, o	check only	one box.)							
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state:											
5		An organization operated for	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (C		,	•	, ,							
6		A federal, state, or local gov	-	nental unit described in	section 17	70(b)(1)(A)	'v).						
7	一	An organization that norma	ū				•	public described in					
		section 170(b)(1)(A)(vi). (C		a. part or no cappoint			anne en menn ane general						
8		A community trust describe	•	1)(A)(vi) (Complete Par	+ 11)								
	X	An organization that norma				contributio	one membershin fees a	nd gross receipts from					
,		activities related to its exen	• • • • • • • • • • • • • • • • • • • •	•	•		•						
		income and unrelated busin See section 509(a)(2). (Con		(less section of reak) if	om busine	sses acqu	iled by the organization	arter durie 30, 1973.					
10				ivaly to tost for public of	ofaty Can	naction EC	0(a)(4)						
	Н	An organization organized a	•	•	-			nurnassa of ana ar					
11		An organization organized a	· ·	•	•		· · · · · · · · · · · · · · · · · · ·	•					
		more publicly supported or						FIECK LITE DOX III					
_		lines 11a through 11d that				•		. mitudia m					
а		Type I. A supporting orga			•								
		the supported organization			a majority (or the aired	ctors or trustees of the s	supporting					
		organization. You must o			40			. de a					
b			· ·					•					
		control or management o			ame perso	ons that co	ntrol or manage the sup	ported					
		organization(s). You mus											
С			-					ed with,					
		its supported organization		•									
d							• • • • • •						
		that is not functionally int	-	-	•			iveness					
		requirement (see instruct	·										
е		□ Check this box if the organic					Type I, Type II, Type III						
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.							
f	Ente	er the number of supported o	organizations										
g		vide the following information			Viv. V In Alba a		())						
	(1	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	n your	support (see	(vi) Amount of other support (see					
		organization		above or IRC section	governing o		Instructions)	Instructions)					
				(see instructions))	Yes	No		,					
[nta	ı							l .					

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
1	Total. Add lines 1 through 3						
	The portion of total contributions						
J	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
•	column (f)						
	Public support. Subtract line 5 from line 4. etion B. Total Support						
		(-) 0040	(I-) 0044	(-) 0040	(-I) 0040	(-) 004.4	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<u></u> ▶□
	tion C. Computation of Publ	• •					
	Public support percentage for 2014 (I					14	%
	Public support percentage from 2013					15	%
16a	33 1/3% support test - 2014. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organizatior	າ			▶□
b	33 1/3% support test - 2013. If the o	organization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	ifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test						or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	•				•	
	organization meets the "facts-and-circ						>
18	Private foundation. If the organizatio		-	•			s
						dula A (Earm 000	

Schedule A (Form 990 or 990-EZ) 2014 WICHITA DOWNTOWN DEVELOPMENT CORPORATION 48-1252583 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

C	qualify under the tests listed b	elow, please comp	nete Part II.)				
	ction A. Public Support			,,			<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	20,694.	111,471.	144,860.	106,765.	181,625.	565,415.
2	Gross receipts from admissions,	20,034.	<u></u>	111,000.	100,703.	101,023.	303,4131
2	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	610 055	504 602	E00 40E	F01 FF4	FF0 01F	
	or expended on its behalf	619,955.	594,603.	582,485.	581,554.	572,217.	2,950,814.
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	640 646	506 05 6	BOB 245	600 010	BE 2 2 4 2	
	Total. Add lines 1 through 5	640,649.	706,074.	727,345.	688,319.	753,842.	3,516,229.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
С	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6.)						3,516,229.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	640,649.	706,074.	727,345.	688,319.	753,842.	3,516,229.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties				7.00		7 713
	and income from similar sources	3,809.	1,450.	1,024.	728.	702.	7,713.
b	and income from similar sources Unrelated business taxable income	3,809.	1,450.	1,024.	728.	702.	7,713.
b	and income from similar sources	3,809.	1,450.	1,024.	/28.	702.	/,/13.
b	and income from similar sources Unrelated business taxable income	-					
	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	3,809.	1,450.	1,024.	728.	702.	7,713.
С	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-					
c 11	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain	3,809.	1,450.	1,024.	728.	702.	7,713.
c 11	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	3,809. 7,253.	1,450.	1,024.	728.	702.	
11 12	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain	3,809.	1,450.	1,024.	728.	702.	7,713.
11 12 13	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,253. 651,711.	1,450. 15,690. 723,214.	1,024. 309. 728,678.	728. 3,367. 692,414.	7,056. 761,600.	7,713. 33,675. 3,557,617.
11 12 13 14	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	7,253. 651,711.	1,450. 15,690. 723,214. s first, second, thir	1,024. 309. 728,678. d, fourth, or fifth ta	728. 3,367. 692,414. ax year as a section	7,056. 761,600.	7,713. 33,675. 3,557,617. ation,
11 12 13 14 Sec	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	7,253. 651,711. r the organization's	1,450. 15,690. 723,214. s first, second, thir	1,024. 309. 728,678. d, fourth, or fifth ta	728. 3,367. 692,414. ax year as a sectio	7,056. 761,600. n 501(c)(3) organiz	7,713. 33,675. 3,557,617. ation,
11 12 13 14 Sec	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	7,253. 651,711. r the organization's	1,450. 15,690. 723,214. s first, second, thir	1,024. 309. 728,678. d, fourth, or fifth ta	728. 3,367. 692,414. ax year as a sectio	7,056. 761,600. n 501(c)(3) organiz	7,713. 33,675. 3,557,617. ation, 98.84 %
11 12 13 14 Sec 15 16	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage for 2014 (I	7,253. 651,711. The organization's ic Support Peline 8, column (f) d	1,450. 15,690. 723,214. 6 first, second, thin	309. 728,678. d, fourth, or fifth ta	728. 3,367. 692,414. ax year as a section	7,056. 761,600. n 501(c)(3) organiz	7,713. 33,675. 3,557,617. ation,
11 12 13 14 Sec 15 16	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here Etion C. Computation of Publ Public support percentage for 2014 (I	7,253. 651,711. The organization's ic Support Peline 8, column (f) d	1,450. 15,690. 723,214. 6 first, second, thin	309. 728,678. d, fourth, or fifth ta	728. 3,367. 692,414. ax year as a section	7,056. 761,600. n 501(c)(3) organiz	7,713. 33,675. 3,557,617. ation, 98.84 % 98.08 %
11 12 13 14 Sec 15 16 Sec	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage for 2014 (I	7,253. 651,711. r the organization's ic Support Pe line 8, column (f) d 3 Schedule A, Part stment Incom	1,450. 15,690. 723,214. s first, second, thir rcentage vided by line 13, c III, line 15 e Percentage	309. 728,678. d, fourth, or fifth ta	728. 3,367. 692,414. ax year as a section	7,056. 761,600. n 501(c)(3) organiz	7,713. 33,675. 3,557,617. ation, 98.84 % 98.08 %
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11 12 13 14 Sec 15 16 Sec 17 18	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here etion C. Computation of Publ Public support percentage for 2014 (I Public support percentage from 2013 etion D. Computation of Investions.	7,253. 651,711. r the organization's ic Support Pe line 8, column (f) d 3 Schedule A, Part stment Incom 14 (line 10c, colum 2013 Schedule A,	1,450. 15,690. 723,214. first, second, thir rcentage vided by line 13, continue 15 e Percentage nn (f) divided by line 17	309. 728,678. d, fourth, or fifth ta	728. 3,367. 692,414. ax year as a section	7,056. 761,600. n 501(c)(3) organiz	7,713. 33,675. 3,557,617. ation, 98.84 % 98.08 % -22 % -33 % 7 is not
11 12 13 14 Sec 15 16 Sec 17 18	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage from 2013 ction D. Computation of Investinest income percentage from 2013 Investment income percentage from 2014 Investment income percentage from 2014 Investment income percentage from 2018	7,253. 651,711. r the organization's ic Support Pe line 8, column (f) d 3 Schedule A, Part stment Incom 14 (line 10c, colum 2013 Schedule A, organization did n	1,450. 15,690. 723,214. s first, second, thir rcentage vided by line 13, c III, line 15 e Percentage nn (f) divided by lir Part III, line 17 ot check the box of	309. 728,678. d, fourth, or fifth ta	728. 3,367. 692,414. ax year as a section	7,056. 7,056. 761,600. n 501(c)(3) organiz 15 16 17 18 31/3%, and line 1	7,713. 33,675. 3,557,617. ation, 98.84 % 98.08 % .22 % .33 % 7 is not
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11 12 13 14 Sec 15 16 Sec 17 18 19a	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage for 2014 (I Public support percentage from 2013 ction D. Computation of Investment income percentage from 2013 1/3% support tests - 2014. If the more than 33 1/3%, check this box a	7,253. 651,711. r the organization's ic Support Pe line 8, column (f) d 3 Schedule A, Part stment Incom. 2013 Schedule A, organization did n nd stop here. The organization did n eck this box and st	1,450. 15,690. 723,214. s first, second, thir rcentage vided by line 13, c III, line 15 e Percentage on (f) divided by line Part III, line 17 ot check the box of organization quality of check a box on top here. The organization	309. 728,678. d, fourth, or fifth ta column (f)) on line 14, and line fies as a publicly s line 14 or line 19a unization qualifies a	3,367. 692,414. ax year as a section 15 is more than 3 supported organization, and line 16 is more as a publicly supp	7,056. 761,600. n 501(c)(3) organiz 15 16 17 18 3 1/3%, and line 1 ation	7,713. 33,675. 3,557,617. ation, 98.84 % 98.08 % .22 % .33 % 7 is not X and

Schedule A (Form 990 or 990-EZ) 2014 WICHITA DOWNTOWN DEVELOPMENT CORPORATION 48-1252583 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
20		
3a		
3b		
3c		
4a		
4.		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
-		
9с		
10a		
10b		

		CLIENT C		
Sched Par l	dule A (Form 990 or 990-EZ) 2014 WICHITA DOWNTOWN DEVELOPMENT CORPORATION 48- t IV Supporting Organizations (continued)	125258	5 Pa	age 5
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s).	1		
Seci	ion D. Type III Supporting Organizations		V	Na
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in p_{art} V_I the role the organization's			
	supported organizations played in this regard.	3		
	ion E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns):		
а	The organization satisfied the Activities Test. Complete line 2 below.	-,		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			

3 Parent of Supported Organizations. Answer (a) and (b) below.

activities but for the organization's involvement.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in $p_{art\ VI}$ the role played by the organization in this regard.

2b

За

Schedule A (Form 990 or 990-EZ) 2014 WICHITA DOWNTOWN DEVELOPMENT CORPORATION 48-1252583 Page 6

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	· ·
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970. See instr u	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 WICHITA DOWNTOWN DEVELOPMENT CORPORATION 48-1252583 Page 7

Par	rt V Type III Non-Functionally Integrat	ed 509	(a)(3) Supporting Organic	anizations _(continued)	
Secti	tion D - Distributions			,	Current Year
1	Amounts paid to supported organizations to accom	plish exe	empt purposes		
2	Amounts paid to perform activity that directly further				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exemp				
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval requ	uired)			
6	Other distributions (describe in Part VI). See instruc	tions.			
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to	which t	he organization is responsive	9	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2014 from Section C, line 6	6			
10	Line 8 amount divided by Line 9 amount				
Secti	tion E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	 S			
2	Underdistributions, if any, for years prior to 2014				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2014:				
а					
b					
С					
d					
е	From 2013				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2014 distributable amount				
i	Carryover from 2009 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2014 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2014 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2014	1, if			
	any. Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).				
6	Remaining underdistributions for 2014. Subtract line	es 3h			
	and 4b from line 1 (if amount greater than zero, see				
	instructions).				
7	Excess distributions carryover to 2015. Add lines	3j			
	and 4c.				
8	Breakdown of line 7:				
a					
b					
C					
	Excess from 2013				
е	Excess from 2014				

Schedule A (Form 990 or 990-EZ) 2014

Part VI	(Form 990 or 990-EZ) 2014 WICHITA DOWNTOWN DEVELOPMENT CORPORATION 48-1252583 Page. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

		parate instructions), then 01(c)(4), (5), or (6) organiza	tions: Complete Part III					
	ne of orga	nization					identification	
_			DOWNTOWN DEVELOR				8-12525	83
Ра	rt I-A	Complete if the org	panization is exempt unde	er section 501(c)	or is a section 52	?7 orga	nization.	
2	Political	expenditures	cation's direct and indirect politica			►\$		
Pa	rt I-B	Complete if the org	janization is exempt unde	er section 501(c)(3).			
			incurred by the organization unde			▶\$		
2	Enter the	amount of any excise tax	incurred by organization manage	rs under section 4955		> \$		
			n 4955 tax, did it file Form 4720 f				Yes	No
4a	Was a co	orrection made?					Yes	└─ No
b	If "Yes,"	describe in Part IV.	 	1: 504/		-04/ \/0		
			ganization is exempt unde		<u>-</u>).	
3	 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 							
	•	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	's con r -0 K	e) Amount of partitions recording and elivered to a solitical organ If none, enter	eived and directly separate ization.

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

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 Part II-A Complete if the organization 501(h)).	WICHITA DO	WNTOWN DEVEL	OPMENT CORPORT OF CORP	ORATIO 48-1 ed Form 5768 (e	252583 Page 2 Plection under
	ation belongs to an at	filiated group (and list ir	Part IV each affiliated	group member's nam	ne address FIN
3 3	re of excess lobbying	0 1 (Trait IV each anniated	group member s nam	ie, address, Liiv,
, <u> </u>	, ,	and "limited control" pro	ovisions apply		
Limi	ts on Lobbying Exp	•	,	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion	(grass roots lobbying)		0.	0.
b Total lobbying expenditures to infl	•			0.	0.
c Total lobbying expenditures (add I	ines 1a and 1b)	, , , , , , , , , , , , , , , , , , , ,		0.	0.
d Other exempt purpose expenditur	es			717,266.	0.
e Total exempt purpose expenditure	es (add lines 1c and 1	d)		717,266.	0.
f Lobbying nontaxable amount. Ent	er the amount from t	ne following table in bot	h columns.	132,590.	0.
If the amount on line 1e, column (a)	or (b) is: The lo	bbying nontaxable am	ount is:		
Not over \$500,000	20% o	f the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 \$100,0	000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5					
Over \$1,500,000 but not over \$17					
Over \$17,000,000					
g Grassroots nontaxable amount (er	nter 25% of line 1f)			33,148.	0.
h Subtract line 1g from line 1a. If zer	·			0.	
i Subtract line 1f from line 1c. If zero			-	0.	
j If there is an amount other than ze		r line 1i, did the organiz	ation file Form 4720	г	
reporting section 4911 tax for this				L	Yes No
(Some organizations t	hat made a section See the sepa	rate instructions for li	have to complete all ones 2a through 2f.)	of the five columns b	elow.
	Lobbying Expe	enditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	140,494	. 139,797.	115,998.	132,590.	528,879.
b Lobbying ceiling amount (150% of line 2a, column(e))					793,319.
c Total lobbying expenditures	7,095	4,766.			11,861.
d Grassroots nontaxable amount	35,124	34,949.	29,000.	33,148.	132,221.

Schedule C (Form 990 or 990-EZ) 2014

198,332.

11,861.

4,766.

7,095.

e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2014 WICHITA DOWNTOWN DEVELOPMENT CORPORATIO 48-1252583 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? i Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization agree to carry over lobbying expenditures of \$2,000 or less? 3 Did the organization make only in house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 1 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 2 Section 162(e) condeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year 1 In notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure ext year? 5		each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred under section 4912 d if the filing organization incurred a section 4912 tax, clid it filis Form 4720 for this year? Vere substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization and so only in-house lobbying expenditures from the prior year? 3 Did the organization and similar amounts from members 1 Dues, assessments and similar amounts from members 2 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 2 Dues, assessments and similar amounts from members 3 Dues, assessments and similar amounts from members 4 Dues, assessments and similar amounts from members 5 Dues, assessments and similar amounts from members 6 Dues, assessments and similar amounts from members 9 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from member	of th	e lobbying activity.	Yes	No	Amo	ount
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Solicition Sol	<u>_ d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	5047 17	- \		
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Catoll Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues Here in the prior year of the prior year? Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues Here in the prior year of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information	Par		on 501(c)(b), or se	ction	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Supplemental Information		33.(3)(3).			Yes	No
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Provide the descriptions required for Part I-A, line 1: Part I-B, line 4: Part I-C, line 5: Part II-A (affiliated group list): Part II-A, lines 1 and 2 (see	2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?	"No," OF	2a 2b 2c 3		ne 3, is
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WICHITA DOWNTOWN DEVELOPMENT CORPORATION

Employer identification number 48-1252583

Pa	t I Organizations Maintaining Donor Advised F		
	organization answered "Yes" to Form 990, Part IV, line 6.		'
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		_
5	Did the organization inform all donors and donor advisors in writi	ng that the assets held in donor advise	ed funds
_	are the organization's property, subject to the organization's exc	·	
6	Did the organization inform all grantees, donors, and donor advis		
•	for charitable purposes and not for the benefit of the donor or do		
Pa			
1	Purpose(s) of conservation easements held by the organization (·
	Preservation of land for public use (e.g., recreation or educ		rically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		
	,,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			21
С	Number of conservation easements on a certified historic structu		
d	Number of conservation easements included in (c) acquired after		
	listed in the National Register		
3	Number of conservation easements modified, transferred, releas		
	year▶		
4	Number of states where property subject to conservation easem	ent is located >	
5	Does the organization have a written policy regarding the periodi	c monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho	lds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and	l enforcing conservation easements du	ring the year ►
7	Amount of expenses incurred in monitoring, inspecting, and enfo	orcing conservation easements during t	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above sa	atisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation e		
	include, if applicable, the text of the footnote to the organization	's financial statements that describes t	he organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form 990	, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 9		
	historical treasures, or other similar assets held for public exhibit	ion, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes	these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 9	58), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educated as the same of th	ation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treasure	res, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 116 ($\!$		
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

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		DOWNTOWN							Page 2
Par	t III Organizations Maintaining C				•			•	,
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the f	following that are a	significant	use of its	collection	items
	(check all that apply):								
а	Public exhibition	(ange programs				
b	Scholarly research	•	• 🗀 0	ther					
С	Preservation for future generations								
4	Provide a description of the organization's co						ose in Par	t XIII.	
5	During the year, did the organization solicit of				•			7	
	to be sold to raise funds rather than to be m							Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the c	organization	n answered "Yes" to	o Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod							٦	
	on Form 990, Part X?							Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ble:					
								Amount	
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance					1f		1	
	Did the organization include an amount on F					•		Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII.								
Fai	t V Endowment Funds. Complete i					1	raara baali	1-1 Four	vooro book
	5	(a) Current year	(b) Pri	or year	(c) Two years back	(a) Three y	years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
Т	Administrative expenses								
9	End of year balance		/!: 1	l (a)	\\				
2	Provide the estimated percentage of the cur	rent year end balan		, column (a)	neid as:				
a	Board designated or quasi-endowment ► Permanent endowment ►	%	%						
	· · · · · · · · · · · · · · · · · · ·								
C	The percentages in lines 2s, 2h, and 2s about	%							
20	The percentages in lines 2a, 2b, and 2c should be there and authors are also and authors and authors are also and authors and authors and authors are also and authors and authors are also and authors and authors are also also and also also also also also also also also		ration that	ara hald ar	ad administered for	the organi	zation		
Ja	Are there endowment funds not in the posse by:	sssion of the organiz	ation that	are rielu ar	ia administered for	tile organi	Zation	T.	Yes No
	(i) unrelated organizations							3a(i)	103 110
	(ii) related organizations								
h	If "Yes" to 3a(ii), are the related organizations							3b	
4	Describe in Part XIII the intended uses of the							00	
Par	t VI Land, Buildings, and Equipm		OWITIOTIC IG	1100.					
	Complete if the organization answere). Part IV. I	line 11a. Se	e Form 990. Part X	. line 10.			
	Description of property	(a) Cost or o		(b) Cost	1	Accumulate	ed	(d) Book	value
	2 ccomparent of property	basis (invest		basis (, ,	epreciation		(4, 200	
1a	Land	`		,					
	Buildings								
	Leasehold improvements		578.			13,0	53.	6	,525.
	Equipment	···	866.			55,8			,005.
	Other					-			
	. Add lines 1a through 1e. (Column (d) must e		X, columr	n (B), line 10	Oc.)		ightharpoonup	35	,530.

35,530. Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 WICHITA DOW	NTOWN DEVEL	OPMENT CORPO	RATION	48-1252583 F	age 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"		ne 11b. See Form 990, F	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost o	r end-of-year market valı	ue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"					
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost o	r end-of-year market valu	ue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"		ne 11d. See Form 990, F	Part X, line 15.	(h) Dook volus	
	Description			(b) Book value	
(1)					
(2)					
(3)					
<u>(4)</u>					
(5)					
(6)					
(7)					
(8)					
(9)	- 45)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)			🖊	
Complete if the organization answered "Yes"	to Form 000 Port IV li	no 11a ar 11f Saa Earm	000 Bort V lin	0.05	
(a) Description of lightity	to Form 990, Part IV, II	(b) Book value	990, Part X, III	<u>e 25.</u>	
		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	. 05)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line					
2. Liability for uncertain tax positions. In Part XIII, provide		-		•	—
organization's liability for uncertain tax positions under	^r FIN 48 (ASC 740). Ch	eck here if the text of the	e footnote has b	been provided in Part XII	

Schedule D (Form 990) 2014

48-1252583 Page 4 Schedule D (Form 990) 2014 WICHITA DOWNTOWN DEVELOPMENT CORPORATION Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 1 Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2c c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

WICHITA DOWNTOWN DEVELOPMENT CORPORATION

Employer identification number 48-1252583

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			37
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0 11 504/ 1/01 504/ 1/01 1 1 1 1 1 1 1 1 1			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		Х
	The organization?	5a		X
α	Any related organization?	5b		A
•	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			Х
a	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	-		Х
c	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u></u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents		reported as deferred in prior Form 990
(1) JEFF FLUHR	(i)	166,172.	0.	0.		0.		0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	[(11)						1	

Schedule J (Form 990) 2014	WICHITA	DOWNTOWN	DEVELOPMENT	CORPORATION		48-1252583	Page 3
Part III Supplemental Information	n						<u> </u>
Provide the information, explanation	, or descriptions	required for Part I	, lines 1a, 1b, 3, 4a, 4b, 4	c, 5a, 5b, 6a, 6b, 7, and	8, and for Part II. Also compl	lete this part for any additional inform	ation.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047
2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

WICHITA DOWNTOWN DEVELOPMENT CORPORATION

Employer identification number 48-1252583

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS ON THE BOARD OF DIRECTORS NOMINATE AND ELECT THE OFFICERS OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 8B:

THE INDIVIDUAL COMMITTEES DO NOT TAKE NOTES AT THEIR MEETINGS BUT WHEN THEY
PRESENT TO THE GOVERNING BODY, THEIR PRESENTATION IS NOTED IN THE GOVERNING
BODY MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS REVIEWED INTERNALLY BY THE WDDC FINANCE COMMITTEE AND THE EXECUTIVE COMMITTEE AND STAFF.

FORM 990, PART VI, SECTION B, LINE 12C:

THERE IS A CONFLICT OF INTEREST PROVISION STATED IN THE COMPANY BYLAWS.

THE BOARD MONITORS AND FOLLOWS UP ON ANY POSSIBLE CONFLICT. IF ANY ACTION

OF THE BOARD PERTAINS TO ANY BOARD MEMBER, THE BOARD MEMBER RECUSES HIMSELF

FROM THE DISCUSSION AND VOTE.

FORM 990, PART VI, SECTION B, LINE 15:

ON THEIR ANNIVERSARY HIRE DATE, EACH STAFF MEMBER COMPLETES A WRITTEN EVALUATION QUESTIONNAIRE.

THE PRESIDENT'S REVIEW IS HANDLED THROUGH THE WDDC EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE PROVIDES A RESPONSE TO THE QUESTIONNAIRE AND DETERMINES ANY BONUSES OR INCREASES IN ANNUAL COMPENSATION.

THE ADMINISTRATIVE STAFF REVIEWS ARE CONDUCTED THROUGH THE PRESIDENT. THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

432211
68-27-14

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization WICHITA DOWNTOWN DEVELOPMENT CORPORATION	Employer identification number 48-1252583
PRESIDENT, WORKING WITH THE WDDC EXECUTIVE COMMITTEE, PRO	OVIDES A RESPONSE
TO THE QUESTIONNAIRE AND DETERMINES ANY BONUSES OR INCREA	ASES IN ANNUAL
COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
INDIVIDUALS MAY RECEIVE COPIES OF WDDC FORM 990 BY CONTAC	CTING THE WDDC
OFFICE WITH A WRITTEN REQUEST.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSI	ES:
UTILITIES:	
PROGRAM SERVICE EXPENSES	5,614.
MANAGEMENT AND GENERAL EXPENSES	624.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,238.
CONTRACT LABOR - INTERNSHIP:	
PROGRAM SERVICE EXPENSES	5,646.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,646.
SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	4,138.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,138.
PROJECT PORTLAND:	
432212 08-27-14 Sche	edule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization	Employer identification number
DESCRIME GERVICE EXPENSES	48-1252583
PROGRAM SERVICE EXPENSES	3,970.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,970.
MISC EXPENSES:	
PROGRAM SERVICE EXPENSES	2,886.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,886.
TMEEDNIEE.	<u> </u>
INTERNET:	1 000
PROGRAM SERVICE EXPENSES	1,066.
MANAGEMENT AND GENERAL EXPENSES	118.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,184.
MAIL SERVICES:	
PROGRAM SERVICE EXPENSES	684.
MANAGEMENT AND GENERAL EXPENSES	76.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	760.
DANK GUARGE	
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	134.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES 432212 08-27-14 Sci	134. nedule O (Form 990 or 990-EZ) (2014)

Schedule () (Form 990	or 990-EZ) (2014)										Page 2
Name of th	ne organizati	on WICHITA	A DO	OTMWC	N DE	VELOPI	MENT	CORPO	ORATI	ON	Employer ident	ification number 2583
TOTAL	OTHER	EXPENSES	ON	FORM	990,	PART	IX,	LINE	24E,	COL	A	24,956.