PUBLIC DISCLOSURE COPY



TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

December 31, 2018

Prepared for	
	Wichita Downtown Development Corporation 507 E Douglas Ave Wichita, KS 67202-3501
Prepared by	Regier Carr & Monroe, L.L.P. 300 W. Douglas Ave. Ste. 900 Wichita, KS 67202-2914
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Department of the Treasury

** PUBLIC DISCLOSURE COPY **

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

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



Inter	rnal Reven	nue Service	Go to www.irs.gov/Form990 for instructions and	d the lates	t information.	Inspection
Α	For the	2018 calend	ar year, or tax year beginning and	ending		
В	Check if applicable	C Name o	forganization		D Employer identificati	on number
	Addres	WICH	ITA DOWNTOWN DEVELOPMENT CORPORAT	ION		
	Name change	Doing b	usiness as		48-125	2583
	Initial	v	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	507	E DOUGLAS AVE			4-6005
	termin- ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	897,885.
	Amendereturn	WICH	ITA, KS 67202-3501		H(a) Is this a group retur	n
	Applica		nd address of principal officer: JEFFERY C. FLUHR		for subordinates?	Yes X No
	pending	⁹ 507 E	DOUGLAS, WICHITA, KS 67202		H(b) Are all subordinates includ	ed? Yes No
			X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 📃 527	If "No," attach a list	. (see instructions)
			DOWNTOWNWICHITA.ORG		H(c) Group exemption n	
			X Corporation Trust Association Other ►	L Year	of formation: 2002 M St	ate of legal domicile:KS
P		Summary				
ø	1 6	Briefly describ	be the organization's mission or most significant activities: THE $\begin{bmatrix} T \\ T $	MISSIC	N OF THE WICH	L'I'A
Governance	1		N DEVELOPMENT CORPORATION IS TO E			
ern	2 (x 🕨 🛄 if the organization discontinued its operations or dispo			
Š	3 1		ting members of the governing body (Part VI, line 1a)			29
જ	4 1		lependent voting members of the governing body (Part VI, line 1b)			29
ties			of individuals employed in calendar year 2018 (Part V, line 2a)			4
Activities &			of volunteers (estimate if necessary)			<u>40</u> 0.
Ac			d business revenue from Part VIII, column (C), line 12			0.
		Net unrelated	business taxable income from Form 990-T, line 38			Current Year
	8	Contributions	and grants (Part VIII, line 1h)		Prior Year 261,281.	197,044.
Revenue	9 F		ce revenue (Part VIII, line 2g)		675,114.	697,955.
svel vel	10		come (Part VIII, column (A), lines 3, 4, and 7d)		1,178.	2,886.
ž	11 (e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,800.	0.	
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		940,373.	897,885.
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			to or for members (Part IX, column (A), line 4)	0.	0.	
ŝ	·		r compensation, employee benefits (Part IX, column (A), lines 5-10)	368,659.	330,033.	
Expenses	16a F		undraising fees (Part IX, column (A), line 11e)		0.	0.
ed A	ь в т		ing expenses (Part IX, column (D), line 25)	0.		
ш	17 (Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		502,375.	475,290.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		871,034.	805,323.
	19 F	Revenue less	expenses. Subtract line 18 from line 12		69,339.	92,562.
Net Assets or Fund Balances	200			Be	eginning of Current Year	End of Year
set	20 1	Total assets (I	Part X, line 16)		486,858.	574,087.
tAs	21 1		(Part X, line 26)		88,535.	83,202.
N ^E	<u>3</u> 22 M		fund balances. Subtract line 21 from line 20		398,323.	490,885.
P	art II	Signature	e Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
Here	JEFFERY C. FLUHR, PRESIDENT	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	LAURA LEHMER LAURA LEHMER	09/27/19 ^{if} p01252614
Preparer	Firm's name REGIER CARR & MONROE, L.L.P.	Firm's EIN ► 48-0573184
Use Only	Firm's address 300 W. DOUGLAS AVE. STE. 900	
	WICHITA, KS 67202-2914	Phone no. $316 - 264 - 2335$
May the II	AS discuss this return with the preparer shown above? (see instructions)	X Yes No
832001 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2018)

 If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 expension 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expension revenue, if any, for each program service reported. 	83 Pag
 Bielethy describe the organization's mission: TO DIRECT A COMPREHENSIVE ECONOMIC DEVELOPMENT PROGRAM TO STRENCT DOWNTOWN WICHTTA AS THE HEART OF THE CITY FOR ALL CITIZENS; AN AC AND PROSPEROUS PLACE FOR BUSINESSES AND EMPLOYEES; A CENTER FOR ARTISTIC AND CULFURAL EXPERIENCES; AND A VIBRANT URBAN ENVIRONMEN 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 300 or 990-527. 3 Did the organization undertake any significant program services during the year which were not listed on the prior form 300 or 990-527. 3 Did the organization case conducting, or make significant thranges in how it conducts, any program services, as measured by cope Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expent resenue, if any, for each program service complishments for each of 18 three largest program services and 501 (c)(4) organizations are required to report THE URBAN CORE IS A COMPLIES INCLUSIVE OF BEAUTIFICATION, LIVABILIT PLACEMARING, PROGRAM COMPONENTS INCLUSIVE OF BEAUTIFICATION, and the set of the organization particle sector is a constrained of the program service sector is a constrained or a set of the set of the program service and the organization set of the organizati	r
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ARTISTIC AND CULTURAL EXPERIENCES; AND A VIERANT URBAN ENVIRONMEN 2 Did the organization area consistent program services during the year which were not listed on the prior form 990 or 990-E27	
prior Form 990 or 990 cF29	NT FOR
If "Yes," describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Image: Conducting of the organization's program service accomplishments for each of its three largest program services? 40 Describe the organization's program service accomplishments for each of its three largest program services? Image: Conducting organization's program service accomplishments for each of its three largest program services? 41 Observice three changes on Schedule 0. Image: Conducting organization's program service accomplishments for each of its three largest program services? Image: Conducting organization's program service reported. 42 Observice the conducting organization is conducted by program services in the conducting organization is conducted by program services in the conducting organization is conducted by program services in the conducting organization is conducted by program services in the conducting organization is conducted by program services in the conducting organization is conducted by program services in the conducting organization is conducted by program services in the conducting organization is conducted by program services in the conducting organization is conducted by program services in the conducting organization is conducted by program services in the conducting organization is conducted by program services in the conducting organization is conducted by program services in the conducting organization is conducted by program services in the conducting organization is conducted by program services in the conducting organization is conducted by program services in the conducting organization is conducted by program services in the conducted by program services in the conducted by program services in the conducted	
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Form 990 (2018) WICHITA DOWNTOWN DEVELOPMENT CORPORATION 48-12

48-1252583	Page 3
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1 41				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	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		X
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	Х	
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i>			x
9	Schedule D, Part III	8		
9	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			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	120		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		- 23
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?If "Yes,"			v
00-	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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3

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48-1252583 Page 4 WICHITA DOWNTOWN DEVELOPMENT CORPORATION

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
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		x
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	~~~		
23				1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	1
	Schedule J	23	~	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	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			
	Sabadula L. Bart 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			<u> </u>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			1
		26		x
07	complete Schedule L, Part II	20		- 23
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
50		36		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		07		x
00	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	Ĺ
Fa	Check if Schedule O contains a response or note to any line in this Part V			
	הישטע הי סטופטעוב ט טטוגמווס מ ופסטטוסב טו ווטנב נט מוץ וווזכ ווו נווס דמוג ע			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 17			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	
832004	12-31-18	Form	990	(2018)
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Form 990 (2018)

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Form 990 (2018)	WICHITA	DOWNTOWN	DEVELOPMENT	CORPORATION	48-1252583	Page 5
Part V Statements R	Regarding Ot	her IRS Filing	s and Tax Complia	nce (continued)		

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		103						
	filed for the calendar year ending with or within the year covered by this return 2a 4								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O								
4a	4a 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, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country:								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C 1-							
-	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70		х					
a h		7a 7b		- 23					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70							
Ŭ	to file Form 8282?	7c		х					
d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b		9b							
10	Section 501(c)(7) organizations. Enter:								
a h	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
~	amounts due or received from them.) 11b								
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 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
b									
	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand			v					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		х					
	excess parachute payment(s) during the year?	15		Δ					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
	If "Yes," complete Form 4720, Schedule O.								
		Form	990	(2018)					

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Form 990 (2018)

WICHITA DOWNTOWN DEVELOPMENT CORPORATION 48-1252583 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.

Soci	Check if Schedule O contains a response or note to any line in this Part VI				
beci	tion A. Governing body and Management			Yes	Г
10	Enter the number of voting members of the governing body at the end of the tax year	1a 2	9	res	┢
Id	If there are material differences in voting rights among members of the governing body at the end of the tax year		4		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
		1b 2	9		L
	Enter the number of voting members included in line 1a, above, who are independent		-		L
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				E
~	officer, director, trustee, or key employee?		2		╀
	Did the organization delegate control over management duties customarily performed by or under t	-			
	of officers, directors, or trustees, or key employees to a management company or other person?				╀
	Did the organization make any significant changes to its governing documents since the prior Form				╀
	Did the organization become aware during the year of a significant diversion of the organization's as				╀
	Did the organization have members or stockholders?		6		╀
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		_	v	
	more members of the governing body?		7a	X	╀
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			L
	persons other than the governing body?		7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				I
а	The governing body?		8a	X	ļ
	Each committee with authority to act on behalf of the governing body?		8b		Ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached at the			l
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenue Code.)			-
				Yes	ļ
l0a	Did the organization have local chapters, branches, or affiliates?		10a		l
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				Ι
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	Ι
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to conflicts?	12b	Х	T
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				T
	in Schedule O how this was done		12c	X	L
	Did the organization have a written whistleblower policy?				t
	Did the organization have a written document retention and destruction policy?				t
	Did the process for determining compensation of the following persons include a review and appro-				t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'	•			L
2	The organization's CEO, Executive Director, or top management official		15a	x	Ľ
	Other officers or key employees of the organization			X	t
			150		┢
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	mont with a			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange		10-		l
	taxable entity during the year?		16a		╞
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				L
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's			L
	exempt status with respect to such arrangements?		16b		L
	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed NONE		(-)		
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	and 990-T (Section 501(c)	(3)s only) avail	a
	for public inspection. Indicate how you made these available. Check all that apply.				
		n in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest policy, a	nd finar	ncial	
	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 b	ooks and records 🕨			
	SHERYL WELLER - 316-500-6650				_
	350 W DOUGLAS AVE, WICHITA, KS 67202				_
2006	12-31-18		Forn	1 990	(
	6				
)0(927 758219 67312 2018.04030 WICHITA DOWNTO	WN DEVELOPMEN	1 67 3	312	

WICHITA DOWNTOWN DEVELOPMENT CORPORATION 48-1252583

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 (Ď), (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 report-

able 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		ler ar	laad	recio	n/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	ll trus		/ee	mpen		(00-2/1033-10130)		and related
	below	Individual trustee or director	In stitutional trustee	-	Key employee	st co oyee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0
(1) DR. CINDY CLAYCOMB	1.00									
IMMEDIATE PAST CHAIRMAMN		Х		Х				0.	0.	0.
(2) STEVE COEN	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) CLAY BASTIAN	1.00									
FINANCE CHAIRMAN		Х		Х				0.	0.	0.
(4) GREG BOULANGER	1.00									
DIRECTOR		Х						0.	0.	0.
(5) GARY SCHMITT	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ALAN BANTA	1.00									_
DIRECTOR		Х						0.	0.	0.
(7) JOHN BELFORD	1.00									
DIRECTOR		X						0.	0.	0.
(8) WAYNE CHAMBERS	1.00									
DIRECTOR		X						0.	0.	0.
(9) SHARON FEAREY	1.00									•
DIRECTOR	1 00	X						0.	0.	0.
(10) SCOTT FLEMMING	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(11) MARLIYN GRISHAM	1.00							0		0
DIRECTOR	1 00	X						0.	0.	0.
(12) DICK HONEYMAN	1.00	x						0.	0.	0.
DIRECTOR	1.00	<u>^</u>						0.	0.	0.
(13) TOM JOHNSON DIRECTOR	1.00	x						0.	0.	0.
(14) JOE JOHNSON	1.00							0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(15) JOEL KELLEY	1.00							0.	•	0 •
DIRECTOR	1.00	x						0.	0.	0.
(16) MARTHA LINSNER	1.00								Ŭ.	
DIRECTOR		x						0.	0.	0.
(17) BILL LIVINGSTON	1.00									.
DIRECTOR		x						0.	0.	0.
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						-				

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Page 7

WICHITA DOWNTOWN DEVELOPMENT	CORPORATION	48-1252583	Page 8
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	DOWNTOWN	I I)E/	7EI	LO1	PMI	ΞN	T CORPORATIO	N 48-12	<u>252</u>	583	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d H	ighe	st (Compensated Employe	es(continued)			
(A)	(B)				C)			(D)	(E)			(F)
Name and title	Average	(da	not o	Pos	itior	ו than o		Reportable	Reportable		Est	imated
	hours per	box	unles	ss pei	rson	is both	n an	compensation	compensatio	on	am	ount of
	week		cer an	d a d	lirecto	or/trus	tee)	from	from related	k	(other
	(list any	ector						the	organization		comp	pensation
	hours for	or dir	e			ited		organization	(W-2/1099-MIS	SC)	fro	om the
	related	stee	ruste			pens		(W-2/1099-MISC)				nization
	organizations below	ial tru	onal 1		oloye	com						related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizations
(18) MATT MICHAELIS	1.00	드	'n	Of	ξe	e H	Fo					
DIRECTOR	1.00	x						0.		Ο.		0.
(19) TODD RAMSEY	1.00									••		••
DIRECTOR		x						0.		Ο.		0.
(20) JOHN RUPP	1.00											
DIRECTOR		x						0.		Ο.		0.
(21) DON SHERMAN	1.00											• •
VICE CHAIRMAN		x		х				0.		Ο.		0.
(22) JOE TIGERT	1.00											
DIRECTOR		x						0.		Ο.		Ο.
(23) SEAN P. WEAVER	1.00											
DIRECTOR		X						0.		0.		0.
(24) LARRY WEBER	1.00											
DIRECTOR		Х						0.		0.		0.
(25) MARY WRIGHT	1.00											
DIRECTOR		х						0.		0.		0.
(26) ROD YOUNG	1.00									•		•
DIRECTOR		X						0.		0.		0.
1b Sub-total								0.		0.		0.
c Total from continuation sheets to Part VI							-	0.	278,7			1,289.
d Total (add lines 1b and 1c)								0.	278,7		34	1,289.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wl	no r	received more than \$100	0,000 of reportab	ole		
compensation from the organization												0
												Yes No
3 Did the organization list any former officer,								•				37
line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
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	-				-			-		3	-	x
rendered to the organization? If "Yes," com Section B. Independent Contractors	piele Schedui	eji	or si	JCH	pers	SON .					5	X
1 Complete this table for your five highest co	mpensated in	dona	ndo	nt c	ont	racto	ore t	that received more than	\$100.000 of com	nnons	ation f	rom
the organization. Report compensation for	•	•								ipens	ation	om
(A)	the calendar y	car	anan	ng v	VILII			(B)	year.		(C)
Name and business	address	NC	ONE	2				Description of s	ervices	С	omper	
							_					
				<u> </u>								
2 Total number of independent contractors (in	ncluding but n	ot li	mite	d to	tho	ose lis	steo	d above) who received n	nore than			

								r corporatio		2583
Part VII Section A. Officers, Directors,		nplo	byee			ligh	est			
(A)	(B)			_ (0				(D)	(E)	(F)
Name and title	Average hours	Position (check all that app					5.0	Reportable compensation	Reportable compensation	Estimated amount of
	per		lecr	all	liiai	app I	''y) I	from	from related	other
	week					/ee		the	organizations	compensation
	(list any	ector				oldm		organization	(W-2/1099-MISC)	from the
	hours for	or dir	æ			ated e		(W-2/1099-MISC)		organization
	related	ustee	trust		ee	upens				and related
	organizations below	lual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DEBRA FRASER	1.00									
EX OFFICIO MEMBER		X						0.	0.	0
(28) SCOTT KNEBEL	1.00									
EX OFFICIO MEMBER	1	X						0.	0.	0
(29) DALE MILLER	1.00									•
EX OFFICIO MEMBER	1.00	X						0.	0.	0
(30) SHELLY PRICHARD	1.00	x						0.	0.	0
EX OFFICIO MEMBER	1.00	<u> </u>						0.	υ.	0
(31) RICHARD RANZAU/DAVE UNRUH EX OFFICIO MEMBER	1.00	x						0.	0.	0
(32) SCOT RIGBY	1.00								0.	0
EX OFFICIO MEMBER		x						0.	Ο.	0
(33) SUSAN SANTO	1.00									
EX OFFICIO MEMBER		x						0.	0.	0
(34) CASSANDRA BRYAN	1.00									
DIRECTOR		Х						0.	0.	0
(35) RANDY DOERKSEN	1.00								_	
DIRECTOR		X						0.	0.	0
(36) NICOLE HOWERTON	1.00								0	0
DIRECTOR	1.00	X						0.	0.	0
(37) JONATHAN LONG	1.00	x						0.	0.	0
EX OFFICIO MEMBER (38) PETE MEITZNER	1.00	^						0.	0.	0
EX OFFICIO MEMBER	1.00	x						0.	Ο.	0
(39) BRANDON JOHNSON	1.00							0.	••	0
EX OFFICIO MEMBER	1.00	x						0.	Ο.	0
(40) JEFF FLUHR	8.00							•••		•
PRESIDENT	32.00			Х				0.	278,722.	34,289
		1								
	I						I			
Total to Part VII, Section A, line 1c									278,722.	34,289

Form 990 (20	18) WICHITA	DOWNTOWN	DEVELOPMENT	CORPORATION	48-1252583	Page 9
Part VIII	Statement of Revenue					

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Gra	b	Membership dues	1b					
Åπ,		Fundraising events						
ilar İlar	d	Related organizations	1d					
Sin's,		Government grants (contribut						
utio	f	All other contributions, gifts, gran		107 044				
Ē		similar amounts not included abo		197,044.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions included in lines			197,044.			
0.0	n	Total. Add lines 1a-1f		Business Code	197,044.			
e	2 a	IMPROVEMENT DIS	STRICT P	900099	697,955.	697,955.		
Program Service Revenue	b							
Sei	c							
eve	d							
ogr B	е							
<u>ک</u>	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			697,955.			
	3	Investment income (including						
		other similar amounts)			2,886.			2,886.
	4	Income from investment of tax						
	5	Royalties						-
	•	One see months	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses Rental income or (loss)						
		••••	L					
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		(
	b	Less: cost or other basis		1				
		and sales expenses						
	с	Gain or (loss)						
	d	Net gain or (loss)						
e	8 a	Gross income from fundraisin	g events (not					
Other Revenu		including \$						
Rev		contributions reported on line	,					
Jer	_	Part IV, line 18						
ŧ		Less: direct expenses						
		Net income or (loss) from func		····· •				
	9 a	Gross income from gaming ac Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances	a					
	b	Less: cost of goods sold						
	с	Net income or (loss) from sale	s of inventory .					
		Miscellaneous Revenu	e	Business Code				
	11 a			ļļ				
	b			ļļ				
	C			├ ────┤				
		All other revenue						
		Total. Add lines 11a-11d			897 885	697,955.	0	2,886.
	12	Total revenue. See instructions				• • • • • • • • • •	0	Form 990 (2018)
63200	9 12-31	- 10			10			

48-1252583 Page 10 WICHITA DOWNTOWN DEVELOPMENT CORPORATION Form 990 (2018) 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).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	60.040	40.000	10.000	
	trustees, and key employees	60,040.	48,032.	12,008.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	208,238.	166,591.	A1 CA7	
7	Other salaries and wages	200,230.	100,391.	41,647.	
8	Pension plan accruals and contributions (include	19,445.	15 55 <i>6</i>	2 000	
~	section 401(k) and 403(b) employer contributions)	23,186.	15,556. 18,549.	3,889. 4,637.	
9	Other employee benefits	19,124.	15,299.	3,825.	
10	Payroll taxes	17,124.	10,299.	5,045.	
11	Fees for services (non-employees):				
	Management	1,360.		1,360.	
		3,175.		3,175.	
	Accounting	5,175.		5,175.	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch O.)	42.776.	24,776.	18,000.	
12	Advertising and promotion	42,776. 9,390.	8,920.	470.	
12 13	Office expenses	14,871.	7,436.	7,435.	
13 14	Information technology		,,2001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
15	Royalties				
16	Occupancy	73,999.		73,999.	
17	Travel	8,404.	8,404.		
18	Payments of travel or entertainment expenses		- , -		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,511.	6,009.	1,502.	
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.)				
а	PROJECT EXPENSES	301,952.	301,952.		
b	PROFESSIONAL DEVELOPMEN	11,852.		11,852.	
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	805,323.	621,524.	183,799.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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377,504.

398,323.

486,858.

20,819.

27

28

29

30 31

32

33

34

(A) (B) Beginning of year End of year 50,224. 52,612. Cash - non-interest-bearing 1 1 402,258. 354,387. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 6,043. 142,540. 4 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 3,939. 6,161. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 127,923. basis. Complete Part VI of Schedule D _____ 10a 109,536. b Less: accumulated depreciation 10b 24,394. 18,387. 10c Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 574,087. 486,858. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 88,535. 17 83,202. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 88,535. 83,202. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.

WICHITA DOWNTOWN DEVELOPMENT CORPORATION 48-1252583 Page 11

Part X | Balance Sheet

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

Unrestricted net assets

Temporarily restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗌

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances_____

Permanently restricted net assets

and complete lines 30 through 34.

Form 990 (2018)

Assets

_iabilities

Vet Assets or Fund Balances

27

28

29

30

31

32

33

34

433,063.

490,885.

574,087.

Form 990 (2018)

57,822.

Form	990 (2018) WICHITA DOWNTOWN DEVELOPMENT CORPORATION	48-125	52583	Pag	ge 12
Pa	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			85.
2	Total expenses (must equal Part IX, column (A), line 25)	2	805		
3	Revenue less expenses. Subtract line 2 from line 1	3			62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	398	3,3	23.
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	490),8	85.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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				
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 reviewe	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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te 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				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	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 requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b		

Form **990** (2018)

832012 12-31-18

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Department of the Treasury

(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.

OMB No. 1545-0047
2018
Open to Public Inspection

men	iai neve	nue Service		Go to www.irs.go	v/Form990 for instructi	ons and t	he latest i	nformation.			Inspection
Nan	ne of t	the organizati	on								ntification number
_					WN DEVELOPME					8 –	1252583
Pa	nrt I	Reason	for Public C	Charity Status	All organizations must c	omplete th	iis part.) Se	ee instruction	S.		
The	organ	nization is not a	a private found	lation because it is:	(For lines 1 through 12,	check only	one box.)				
1					on of churches describe			l)(A)(i).			
2		A school des	cribed in secti	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990 or 9	90-EZ).)				
3					anization described in s						
4		A medical res	search organiz	ation operated in co	onjunction with a hospita	l describe	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the I	hospital's name,
		city, and stat	e:								
5					ollege or university owne	d or opera	ted by a g	overnmental	unit descrik	oed i	n
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	te, or local gov	vernment or govern	mental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organizati	on that norma	Ily receives a subst	antial part of its support	from a gov	vernmental	unit or from	the general	pub	lic described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)							
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultur	al research org	ganization described	d in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	colle	ege
		or university	or a non-land-g	grant college of agri	culture (see instructions)	. Enter the	name, cit	y, and state o	of the colleg	je or	
		university:									
10	X				e than 33 1/3% of its sup						
		activities rela	ted to its exem	npt functions - subje	ect to certain exceptions	and (2) no	o more tha	n 33 1/3% of	its support	fror	n gross investment
		income and ι	unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	afte	r June 30, 1975.
		See section	509(a)(2). (Cor	mplete Part III.)							
11		-	-	-	sively to test for public sa	•					
12					sively for the benefit of, t						
					ed in section 509(a)(1) c					Chec	k the box in
	_				of supporting organization						
а					supervised, or controlled						
					egularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supp	orting
	_	-		complete Part IV, S							
b					d or controlled in connec						
			-		panization vested in the s	same perso	ons that co	ontrol or man	age the sup	oport	ied
		ΓŬ	()	•	Sections A and C.						
C					ng organization operated				ally integrat	ed w	/ith,
		-	-		s). You must complete						
C					porting organization oper						
					zation generally must sa				id an attent	iven	ess
	_				mplete Part IV, Section						
e			•		written determination fro			a Type I, Type	e II, Type III		
	- .			••	onally integrated support						
										. L	
<u>g</u>		(i) Name of supp		n about the support (ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	6	vi) Amount of other
	,	organizatior		(,	(described on lines 1-10	in your govern Yes	ing document? No	support (see i		· ·	port (see instructions)
		-			above (see instructions))	103					
										-	
Tota	al										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 14

Schedule A (Form 990 or 990-EZ) 2018 WICHITA DOWNTOWN DEVELOPMENT CORPORATION 48-1252583 Page 2 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.)

Galeadr year (of fical year beginning in) (a) 2014 (b) 2015 (c) 2016 (c) 2017 (c) 2018 (f) Total 1 offits, grants, contributions, and there paid to or acynoled on its behalf training the services or facilities 3 The value of services or facilities 4 Total. Additions therefit and ether paid to or acynoled on its behalf training the services or facilities 5 The portion of total contributions by each present (Annote Theorem 1) 5 The portion of total contributions by each present (Annote Theorem 1) 5 The portion of total contributions by each present (Annote Theorem 1) 5 The portion of total contributions by each present (Annote Theorem 1) 5 The portion of total contributions by each present (Annote Theorem 1) 5 The portion of total contributions by each present (Annote Theorem 1) 5 The portion of total contributions by each present (Annote Theorem 1) 5 The portion of total contributions by each present (Annotem 1) 5 The portion of total contributions by each present (Annotem 1) 5 The portion of total contributions by each present (Annotem 1) 5 The portion of total contributions by each present (Annotem 1) 5 The portion of total contributions by each present (Annotem 1) 5 The portion of total contributions by each present (Annotem 1) 5 The portion of total support 5 The total support 5 The total support 5 The portion of the support 6 The total support 5 The total support test of the total each of the support 5 The total each of the support test of the total each of the support 5 The total each of the support test of the total each of the support 5 The total each of the support test of the total each of the support test of the total each of the support 5 The total each of the support test of the total each of the comparization 5 Th	Se	ction A. Public Support						
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4 Total. Add lines 1 through 3	3	The value of services or facilities						
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	18	Private foundation. If the organizatio	n did not check a	a box on line 13, 10	6a, 16b, 17a, or 17			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 WICHITA DOWNTOWN DEVELOPMENT CORPORATION48-1252583 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	181,625.	33,804.	46,005.	261,281.	197,044.	719,759.
2	Gross receipts from admissions, 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						
	or expended on its behalf	572,217.	577,929.	594,138.	675,114.	697,955.	3117353.
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5	753,842.	611,733.	640,143.	936,395.	894,999.	3837112.
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.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						3837112.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	753,842.	611,733.	640,143.	936,395.	894,999.	3837112.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	702.	728.	728.	1,178.	2,866.	6,202.
L	and income from similar sources	702.	720•	720•	1,170.	2,000.	0,202.
D	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	702.	728.	728.	1,178.	2,866.	6,202.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,056.	3,107.	23,702.	2,800.		36,665.
13	Total support. (Add lines 9, 10c, 11, and 12.)	761,600.	615,568.	664,573.	940,373.	897,865.	3879979.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here	-		<u></u>		···· •)
Sec	ction C. Computation of Publi	ic Support Per					i
	Public support percentage for 2018 (I			column (f))		15	98.90 %
	Public support percentage from 2017					16	98.80 %
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	.16 %
	Investment income percentage from					18	.11 %
19a	33 1/3% support tests - 2018. If the	organization did n				33 1/3%, and line 1	
	more than 33 1/3%, check this box ar	-					► X
b	33 1/3% support tests - 2017. If the						and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	is a publicly suppo	orted organization	
20	Private foundation. If the organization						
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Schedule A (Form 990 or 990-EZ) 2018 WICHITA DOWNTOWN DEVELOPMENT CORPORATION 48-1252583 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 or 990-EZ).*
- **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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b 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.)

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Schedule A (Form 990 or 990-EZ) 2018

17

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes

1

No

Schedule A (Form 990 or 990-EZ) 2018 WICHITA DOWNTOWN DEVELOPMENT CORPORATION48-1252583 Page 5

Fa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	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		
	tion 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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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		
3	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 Part VI the role the organization's	•		
<u>Soc</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions			
' a	The organization satisfied the Activities Test. Complete line 2 below.	·)•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instantion).	structions	2)	
2	Activities Test. Answer (a) and (b) below.	<i>in aonome</i>	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	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			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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? <i>Provide details in</i> Part VI.	3a		
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 Part VI the role played by the organization in this regard.	Зb		
83202	5 10-11-18 Schedule A (Form S	990 or 9	90-EZ) 2018
	18			

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Schedule A (Form 990 or 990-EZ) 2018 WICHITA DOWNTOWN DEVELOPMENT CORPORATION48-1252583 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete 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	tion 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):			
а	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-functional	lv integra	ted Type III supporting or	nanization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 WICHITA DOWNTOWN DEVELOPMENT CORPORATION48-1252583 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	าร		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Part VI	Supplemental Informatic Part IV, Section A, lines 1, 2, 3b line 1; Part IV, Section D, lines 2 Section D, lines 5, 6, and 8; and	CHITA DOWNTOWN DEVELOPMENT CORPORATION48-1252583 Pathematical Pathemat
	(See instructions.)	
32028 10-11-1	8	Schedule A (Form 990 or 990-EZ
	758219 67312	21 2018.04030 WICHITA DOWNTOWN DEVELOPMEN 67312

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

W

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

ICHITA DOWNTOWN DEVELOPMENT CORPORATION				
	ICHITA	DOWNTOWN	DEVELOPMENT	CORPORATION

48-1252583

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

J For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

48-1252583

WICHITA DOWNTOWN DEVELOPMENT CORPORATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 2

23 2018.04030 WICHITA DOWNTOWN DEVELOPMEN 67312_1

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Name of organization

Employer identification number

48-1252583

WICHITA DOWNTOWN DEVELOPMENT CORPORATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>12,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
823452 11-08	-18	Schedule B (Form	990, 990-EZ, or 990-PF) (2018)

24 2018.04030 WICHITA DOWNTOWN DEVELOPMEN 67312_1

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Name of organization

WICHITA DOWNTOWN DEVELOPMENT CORPORATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

artii	NULLASIT FIDDELLY (see instructions). Use duplicate copies of F	art in in additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
		V	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(0)			
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		_\$	
3453 11-08	-18 25	Schedule B (Form	990, 990-EZ, or 990-PF)

15300927 758219 67312

Page **3**

Employer identification number

48-1252583

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Schedule E	B (Form 990, 990-EZ, or 990-PF) (2018)		Page			
Name of or	rganization		Employer identification number			
WICHI	TA DOWNTOWN DEVELOPMENT	CORPORATION	48-1252583			
Part III	from any one contributor. Complete columns (a) through (e) and the following line ent	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea			
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(a) Transfor of gif	*			
		(e) Transfer of gif	L			
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee			
		[
(a) No.		1				
`fŕom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
	(e) Transfer of gift					
-	Transferee's name, address, a	Relationship of transferor to transferee				
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
ļ						
		(e) Transfer of gif	t			
	Transferee's name, address, a	ind ZI P + 4	Relationship of transferor to transferee			
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
Ļ	Transferee's name, address, a	Relationship of transferor to transferee				
823454 11-08	5-18	26	Schedule B (Form 990, 990-EZ, or 990-PF) (2018			
300927	758219 67312	2018.04030 WICHIT	A DOWNTOWN DEVELOPMEN 673121			

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SCHEDULE C	Po	olitical Campaign a	nd Lobbving	a Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)			2018		
Department of the Treasury Internal Revenue Service 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. Go to www.irs.gov/Form990 for instructions and the latest information.		2010			
		Z. Open to Public Inspection			
		n Form 990, Part IV, line 3, or Fo			
-	-	nplete Parts I-A and B. Do not corr			Activities), then
		01(c)(3)) organizations: Complete F	-	Do not complete Part I-B.	
 Section 527 organiz 					
•	•	n Form 990, Part IV, line 4, or Fo	rm 990-EZ. Part VI. lir	ne 47 (Lobbving Activities	s). then
-		have filed Form 5768 (election und			
		have NOT filed Form 5768 (electio		•	•
	•	n Form 990, Part IV, line 5 (Proxy	· ·	<i>n</i> 1	
Tax) (see separate inst		······································	,	,	,
 Section 501(c)(4), (5) 	, or (6) organiza	tions: Complete Part III.			
Name of organization	, (, 3			Empl	oyer identification number
	WICHITA	DOWNTOWN DEVELOP	MENT CORPOR	ATION	48-1252583
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c) o	r is a section 527 or	ganization.
 Enter the amount of Enter the amount of Enter the amount of If the organization if Was a correction m b If "Yes," describe in Part I-C Complete Enter the amount of Enter the amount of 	f any excise tax f any excise tax ncurred a section ade? Part IV. ete if the org irectly expended f the filing organ	janization is exempt under incurred by the organization under incurred by organization manager in 4955 tax, did it file Form 4720 for janization is exempt under d by the filing organization for sect nization's funds contributed to othe	r section 4955 s under section 4955 or this year? r section 501(c), e ion 527 exempt functi er organizations for se	► \$ Except section 501(con activities ► \$ Ction 527	Yes No Yes No No C)(3).
		s. Add lines 1 and 2. Enter here an			
		1120-POL for this year?			Ves 🛄 No
made payments. For contributions received	or each organiza ved that were pr	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provid	from the filing organiza separate political orga	ation's funds. Also enter th nization, such as a separa	ne amount of political
(a) Name	;	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2018

832041 11-08-18

15300927 758219 67312

	B WICHITA DOWNTOWN DEVELOPM								
	rganization is exempt under section 501	I (c)(3) and filed Form	5768 (election under						
section 501(h)).									
A Check 🕨 🛄 if the filing organi	A Check 🕨 🛄 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,								
expenses, and sh	are of excess lobbying expenditures).								
B Check 🕨 🛄 if the filing organi	zation checked box A and "limited control" provision	ns apply.							
	nits on Lobbying Expenditures nditures" means amounts paid or incurred.)	(a) F organiz tot	zation's totals						
1a Total lobbying expenditures to ir	fluence public opinion (grass roots lobbying)								
b Total lobbying expenditures to ir	fluence a legislative body (direct lobbying)		2,500.						
c Total lobbying expenditures (add	l lines 1a and 1b)		2,500.						
d Other exempt purpose expendit	ures		2,823.						
e Total exempt purpose expenditu	res (add lines 1c and 1d)		5,323.						
f Lobbying nontaxable amount. E	nter the amount from the following table in both colu	umns. 145	5,798.						
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount i	is:							
Not over \$500,000	20% of the amount on line 1e.								
Over \$500,000 but not over \$1,0	000,000 \$100,000 plus 15% of the excess ov	ver \$500,000.							
Over \$1,000,000 but not over \$1	,500,000 \$175,000 plus 10% of the excess ov	ver \$1,000,000.							
Over \$1,500,000 but not over \$1	7,000,000 \$225,000 plus 5% of the excess ove	er \$1,500,000.							
Over \$17,000,000	\$1,000,000.								
g Grassroots nontaxable amount (enter 25% of line 1f)		5,450.						
h Subtract line 1g from line 1a. If z	ero or less, enter -0-		0.						
i Subtract line 1f from line 1c. If z	ero or less, enter -0-		0.						
j If there is an amount other than	zero on either line 1h or line 1i, did the organization	file Form 4720							
reporting section 4911 tax for th	is year?		Yes No						
(Some organizations	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)								
	Lobbying Expenditures During 4-Year Ave	eraging Period							

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total				
2a Lobbying nontaxable amount	135,216.	116,114.	177,523.	145,798.	574,651.				
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					861,977.				
c Total lobbying expenditures			2,000.	2,500.	4,500.				
d Grassroots nontaxable amount	33,805.	29,029.	44,381.	36,450.	143,665.				
 e Grassroots ceiling amount (150% of line 2d, column (e)) 					215,498.				
f Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2018

832042 11-08-18

Schedule C (Form 990 or 990-EZ) 2018 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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the lobbying activity.	Yes	No	Amo	ount
 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 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? 				
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 by organization managers 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	on 501(c)(5), or se	ction	
501(c)(6).				
			Yes	No
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?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from t				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal			
expenses for which the section 527(f) tax was paid).				
a Current year				
b Carryover from last year				
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
expenditure next year?				
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	p list): Part II	-A. lines 1	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2018

832043 11-08-18

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 18 **Open to Public** Inspection

Name of the organization

WICHITA DOWNTOWN DEVELOPMENT CORPORATION

Employer identification number 48-1252583

Par	t I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds o	or Accou	Ints. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Fu	nds 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 writing	g that the assets held in donor advise	d funds	
	are the organization's property, subject to the organization's exclu-	sive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adviso			
	for charitable purposes and not for the benefit of the donor or done	or advisor, or for any other purpose c	onferring	
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		
Par	t II Conservation Easements. Complete if the organiza	tion answered "Yes" on Form 990, Pa	art IV, line	7.
1	Purpose(s) of conservation easements held by the organization (ch	eck all that apply).		
	Preservation of land for public use (e.g., recreation or educat	tion) Preservation of a histor	ically impo	ortant land area
	Protection of natural habitat	Preservation of a certifi	ed historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form o	f a conser	vation 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	Total acreage restricted by conservation easements		2 b	
С	Number of conservation easements on a certified historic structure	e included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7	/25/06, and not on a historic structur	e	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released	I, extinguished, or terminated by the	organizatio	on during the tax
	year ►			
4	Number of states where property subject to conservation easemer	nt is located ►		
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds			
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	ling of violations, and enforcing conse	ervation ea	sements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handling of	f violations, and enforcing conservati	on easeme	ents during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above sati			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation east	-		
	include, if applicable, the text of the footnote to the organization's	financial statements that describes the	ne organiza	ation's accounting for
Der	t III Organizations Maintaining Collections of Art,	Historical Tracquires or Oth	or Simil	
Par			ier Simii	ar Assels.
	Complete if the organization answered "Yes" on Form 990,			
Ia	If the organization elected, as permitted under SFAS 116 (ASC 958 biotorical traceuros, as other similar associa hald for public authibitio			
	historical treasures, or other similar assets held for public exhibitio			c service, provide, in Part XIII,
h	the text of the footnote to its financial statements that describes the		and holone	a abaat warka of art biotoriaal
b	If the organization elected, as permitted under SFAS 116 (ASC 956 traceurse, or other similar associate hold for public symbolic adjustition, adjust			
	treasures, or other similar assets held for public exhibition, education	on, or research in furtherance of pub	lic service,	provide the following amounts
	relating to these items:			¢
	(i) Revenue included on Form 990, Part VIII, line 1		····· 5	\$ \$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasure			
2	the following amounts required to be reported under SFAS 116 (AS		gain, provi	UC
2	Revenue included on Form 990, Part VIII, line 1		▶	\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions for F		🚩	
	10-29-18			
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Sche		DOWNTOWN						48-12			age 2
Pa	t III Organizations Maintaining C	Collections of Ar	rt, His	torical Tre	easures, c	or Other	⁻ Simila	ir Asset	S (contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ds, cheo	ck any of the	following the	at are a sig	gnificant	use of its	collection	n item	IS
	(check all that apply):										
а	Public exhibition	c	ı 🛄	Loan or exc	hange progr	ams					
b	Scholarly research	e	,	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how t	they further t	he organizat	ion's exen	npt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, ł	nistorical trea	asures, or oth	ner similar	assets		_		-
	to be sold to raise funds rather than to be m								Yes		No
Pa	t IV Escrow and Custodial Arran		ete if th	e organizatio	on answered	"Yes" on	Form 990	D, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary foi	r contributior	ns or other as	ssets not i	included		-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
									Amount		
С	Beginning balance						<u>1c</u>				
d	Additions during the year						1d				
е	Distributions during the year						. 1e				
f	Ending balance						. 1f		_		1
2a	Did the organization include an amount on F	Form 990, Part X, line	e 21, foi	r escrow or c	sustodial acc	ount liabili	ity?		Yes		No
	If "Yes," explain the arrangement in Part XIII										
Pa	t V Endowment Funds. Complete										
		(a) Current year	(b) l	Prior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line ⁻	1g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administe	ered for th	ie organiz	zation	г		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pa	t VI Land, Buildings, and Equipm				о <u>г</u> оо						
	Complete if the organization answere		-								
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	value	3
		basis (investr	nent)	basis	(other)	dep	reciation				
	Land										
	Buildings				0 570		10 5	70			
	Leasehold improvements				9,578.		19,5 89,9		1 (<u>, , , , , , , , , , , , , , , , , , , </u>	0.
	Equipment			μ <u>τ</u> 0	8,345.		09,9		10	3,3	5/.
	Other								1 (<u>, , , , , , , , , , , , , , , , , , , </u>	0
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colu	mn (B), line 1	10c.)				ΤÇ	3,3	<u>5/.</u>

Schedule D (Form 990) 2018

832052 10-29-18

Schedule D (Form 990) 2018 WICHITA DOWNTOWN DEVELOPMENT CORPORATION 48-1252583 Page 3 Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

832053 10-29-18

Sche	dule D (Form 990) 2018 WICHITA DOWNTOWN	DEVELOPMENT	CORPORATION	48-1	252583	Page 4
Par	t XI Reconciliation of Revenue per Audited Fina	ancial Statements	With Revenue per I			
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial sta	atements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line					
а	Net unrealized gains (losses) on investments		2a			
b	Donated services and use of facilities		2b			
с	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.)		2d			
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1					
4	Amounts included on Form 990, Part VIII, line 12, but not on lin					
а	Investment expenses not included on Form 990, Part VIII, line 7	′b4	la			
b	Other (Describe in Part XIII.)		łb			
С	Add lines 4a and 4b			4c		
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, F					
Pa	t XII Reconciliation of Expenses per Audited Fir	nancial Statements	s With Expenses pe	r Return).	
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements $\hdots \hdots$			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 2	5:				
а	Donated services and use of facilities		2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII.)		2d			
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line					
а	Investment expenses not included on Form 990, Part VIII, line 7	'b4	la			
b	Other (Describe in Part XIII.)		łb			
С	Add lines 4a and 4b					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990,	Part I, line 18.)		5		

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.

832054 10-29-18

SC	HEDULE J	Compensation Information	I	OMB No.	1545-00	47	
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	2	
•	Compensated Employees			ZU	10)	
Deres		 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic	
	epartment of the Treasury ternal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.						
Nan	e of the organizatio			identificati		mber	
		WICHITA DOWNTOWN DEVELOPMENT CORPORATION	48-3	125258	3		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	n 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 perso	onal use				
	Travel for con	npanions Payments for business use of personal re	sidence				
	Tax indemnifi	cation and gross-up payments Health or social club dues or initiation fee	s				
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or					
		provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
-							
3		ny, of the following the filing organization used to establish the compensation of the organiz					
		ector. Check all that apply. Do not check any boxes for methods used by a related organiza	tion to				
		ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
	·	compensation consultant					
		ther organizations X Approval by the board or compensation of	committee				
4	During the year di	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
-		elated organization:					
а	0	ce payment or change-of-control payment?		4a		X	
b		ceive payment from, a supplemental nonqualified retirement plan?				X	
c		ceive payment from, an equity-based compensation arrangement?				X	
-		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	, -···						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion				
	contingent on the						
а	The organization?			5a		X	
b	Any related organia	zation?		5b		X	
		or 5b, describe in Part III.					
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion				
	contingent on the	net earnings of:					
а	The organization?			6a		X	
b	Any related organiz	zation?		6b		X	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment					
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				37	
		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		lid the organization also follow the rebuttable presumption procedure described in					
		n 53.4958-6(c)?					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forr	n 990) 2018	

Schedule J (Form 990) 2018

WICHITA DOWNTOWN DEVELOPMENT CORPORATION 48-1252583

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 on 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 aren't 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.

	(B) Break		W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) JEFF FLUHR	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT	(ii)	278,722.	0.	0.	11,000.	23,289.	313,011.	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	1.07							

Schedule J (Form 990) 2018

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

WICHITA DOWNTOWN DEVELOPMENT CORPORATION 48

Employer identification number 48-1252583

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESIDENTS, WORKERS AND VISITORS.

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 11B:

THE 990 IS REVIEWED INTERNALLY BY THE EXECUTIVE COMMITTEE AND STAFF AND

SENT ELECTRONICALLY TO THE BOARD OF DIRECTORS.

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:

AN ANNUAL PERFORMANCE REVIEW IS COMPLETED FOR ALL EMPLOYEES DURING THE 4TH

QUARTER OF THE FISCAL YEAR. ANNUAL PAY INCREASES AND/OR PERFORMANCE

 BONUSES
 MAY
 THEN
 BE
 AWARDED
 ANY
 PAY
 CHANGES
 AND
 BONUSES
 ARE
 REVIEWED
 BY

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

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 10-10-18

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37

	DEVELOPME	NT CORF	ORATI	ION		48-12	ntification num 52583
D THE	EXECUTIVE	COMMIT	TEE P	PRIOR	то	IMPLE	MENTING.
1C, 1	LINE 19:						
PIES	OF WDDC F	ORM 990	BY C	CONTAC	TIN	G THE	WDDC
JEST							
		38		Sche	dule O	(Form 990) or 990-EZ) (2
	1 C, I	N C, LINE 19: DPIES OF WDDC F JEST	N C, LINE 19: DPIES OF WDDC FORM 990 JEST	N C, LINE 19: DPIES OF WDDC FORM 990 BY C JEST 	N C, LINE 19: DPIES OF WDDC FORM 990 BY CONTAC JEST	N C, LINE 19: DPIES OF WDDC FORM 990 BY CONTACTIN JEST	DPIES OF WDDC FORM 990 BY CONTACTING THE JEST

SCH	IEDULE R
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(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

OMB No. 1545-0047

2018 Open to Public Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

WICHITA DOWNTOWN DEVELOPMENT CORPORATION

Employer identification number 48-1252583

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
GREATER WICHITA PARTNERSHIP - 47-4134110	FOCUS THE COMMUNITY ON						
501 E DOUGLAS AVENUE	COMMON STRATEGIES FOR						
WICHITA, KS 67202	ECONOMIC GROWTH.	KANSAS	501(C)(6)	LINE 7			X
	-						
	-						

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 WICHITA DOWNTOWN DEVELOPMENT CORPORATION

48-1252583 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)		(e)		(f)	(g)	(I	h)	(i)		(j)	(k	()
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predomir (related,	nant income unrelated, om tax under	Share inc	e of total come	end-o	are of of-year		ortionate tions?	Code V-UI amount in b 20 of Scheo	BI G	General of managing partner?	Percel owne	nta ershi
		foreign country)		sections	512-514)			as	sets		No	K-1 (Form 10	265) Y	es No		
	_															
	_															
	-															
	-															
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	1															
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	-															
IV Identification of Related C	I Organizations Taxable	as a Corp	l oration or Trust. C	omplete if t	he organizat	ion ans	wered "Yes	s" on Fo	rm 990. F	l Part IV.	l line 3	I 4. because it	had or	ne or n	l nore rel	late
organizations treated as a c	corporation or trust duri	ng the tax	year.	-	-							· · · · · · · · · · · · · · · · · · ·				
(a)			(b)	(c)	(d)		(e)		(f			(g)		(h)	(i Sect 512(b contro	i) tion
Name, address, and of related organizat	EIN	Prim	ary activity	Legal domicile (state or	Direct controlling entity		olling Type of entity (C corp, S corp,		y Share of total p, income			Share of end-of-year		entage ership	512(b contr	o)(13
of folatod organizat				foreign country)	ontit	or ti		ist)		me		assets		oromp	enti	ity?
				,,											Yes	N
																1
																┢

Schedule R (Form 990) 2018 WICHITA DOWNTOWN DEVELOPMENT CORPORATION

Part V	Transactions With Related Organizati	ions. Complete if the organization answered	d "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b		X
с	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f	I	X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	ſ	Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
о	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r	Х	
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) GREATER WICHITA PARTNERSHIP	Р	13,952.	COST OF SERVICES
(2) GREATER WICHITA PARTNERSHIP	0	139,677.	COST OF SERVICES
(3) GREATER WICHITA PARTNERSHIP	J	6,228.	FAIR MARKET VALUE
(4) GREATER WICHITA PARTNERSHIP	R	10,000.	CONTRIBUTION TO ORGANIZATION
<u>(</u> 5)			
_(6)			

Schedule R (Form 990) 2018 WICHITA DOWNTOWN DEVELOPMENT CORPORATION

48-1252583 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs Yes) all s sec.)(3) .?	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes NC	(k) Percentage ownership
				res	NO			res	NO	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	res no	

Schedule R (Form 990) 2018

Schedule R ((Form 99	0) 2018
Schedule H	00000	0) 2010

Part VII	Supplemental Information.
	Provide additional information for responses to questions on Schedule R. See instructions.

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Entor filor's identifying number

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enterine	a sidenuryi	ig number
Type or	Name of exempt organization or other filer, see inst	ructions.		Employe	ridentificatio	n number (EIN) or
print		40 1050500				
File by the	WICHITA DOWNTOWN DEVELOPME	48-1252583				
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, 507 E DOUGLAS AVE	see instruc	tions.	Social se	curity numbe	er (SSN)
instructions	City, town or post office, state, and ZIP code. For a WICHITA, KS 67202-3501					
Enter the	Return Code for the return that this application is for (file a separa	ate application for each return)			01
Applicat	ion	Return	Application			Return
Is For Code Is For						Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	D-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	D-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
	SHERYL WELLER					
• The b	ooks are in the care of ► 350 W DOUGLAS	AVE –	WICHITA, KS 67202			
Telep	hone No. ► 316-500-6650		Fax No. 🕨			
• If the	organization does not have an office or place of busine	ess in the Ur	nited States, check this box			►
 If this 	is for a Group Return, enter the organization's four dig	it Group Ex	emption Number (GEN) . I	f this is fo	r the whole g	roup, check this
box 🕨	□ . If it is for part of the group, check this box ▶	and atta	ach a list with the names and EINs of	f all memb	ers the exter	nsion is for.
1 Ire	equest an automatic 6-month extension of time until	NOVE	MBER 15, 2019 , to file	the exen	npt organizat	on return for
the	e organization named above. The extension is for the or	rganization'	s return for:			
►	X calendar year 2018 or					
►	tax year beginning	, an	id ending			
			-			
2 lft	he tax year entered in line 1 is for less than 12 months,	check reas	on: Initial return	Final retur	n	
	Change in accounting period					
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 472	20, or 6069,	enter the tentative tax, less			
an	y nonrefundable credits. See instructions.			3a	\$	0.
b lft	his application is for Forms 990-PF, 990-T, 4720, or 606	69, enter an	y refundable credits and			
est	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b					
c Ba	lance due. Subtract line 3b from line 3a. Include your	oayment wit	th this form, if required, by			
using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$						0.
-	: If you are going to make an electronic funds withdraw			8453-EO a	nd Form 887	9-EO for payment
instructio	ons.					
LHA F	For Privacy Act and Paperwork Reduction Act Notic	e, see instr	uctions.		Form 8	868 (Rev. 1-2019)

EL DORADO	PO BOX 847	EL DORADO, KS 67042-0847	316-321-1150
McALESTER	101 S. 2ND. STE. B	McALESTER, OK 74501-5345	918-426-1234
TUCSON	4801 E. BROADWAY BLVD., STE. 501	TUCSON, AZ 85711-3648	520-624-8229
TULSA	4200 E. SKELLY DR., STE. 560	TULSA, OK 74135-3209	918-494-8700
WAGONER	611-D W. CHEROKEE ST.	WAGONER, OK 74467-4618	918-485-5531
WICHITA	300 W. DOUGLAS AVE., STE. 900	WICHITA, KS 67202-2914	316-264-2335