

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

..... June 30, 2014

Prepared for	Wichita Community Foundation 301 N Main St No. 100 Wichita, KS 67202-4801
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 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014

2013

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo**

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

WICHITA COMMUNITY FOUNDATION

48-1022361

Name and title of officer

**SHELLY PRICHARD
PRESIDENT & CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>9,452,828.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize REGIER CARR & MONROE, L.L.P. to enter my PIN 67299
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

48245967202
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

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

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WICHITA COMMUNITY FOUNDATION		D Employer identification number 48-1022361
	Doing Business As		E Telephone number 316-264-4880
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 17,249,164.
	301 N MAIN ST	100	
	City or town, state or province, country, and ZIP or foreign postal code WICHITA, KS 67202-4801		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: SHELLY PRICHARD 301 N MAIN, SUITE 100, WICHITA, KS 67202		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.WICHITACF.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
		L Year of formation: 1986 M State of legal domicile: KS	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO RECEIVE AND ACCEPT PROPERTY TO BE ADMINISTERED EXCLUSIVELY FOR CHARITABLE PURPOSES, PRIMARILY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,063,887.	Current Year 6,394,251.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,747,958.	2,972,164.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	84,046.	86,413.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,895,891.	9,452,828.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,742,820.	2,972,870.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	361,102.	397,053.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 126,696.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	411,943.	504,423.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,515,865.	3,874,346.
19 Revenue less expenses. Subtract line 18 from line 12	3,380,026.	5,578,482.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 57,430,363.	End of Year 68,987,941.
	21 Total liabilities (Part X, line 26)	10,508,324.	12,186,954.
	22 Net assets or fund balances. Subtract line 21 from line 20	46,922,039.	56,800,987.

Part II Signature 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 Here	Signature of officer		Date
	SHELLY PRICHARD, PRESIDENT & CEO		
Paid Preparer Use Only	Print/Type preparer's name ALBERT DENNY	Preparer's signature ALBERT DENNY	Date
	Firm's name ▶ REGIER CARR & MONROE, L.L.P.	Firm's EIN ▶ 48-0573184	Check if self-employed <input type="checkbox"/> PTIN P00319572
	Firm's address ▶ 300 W. DOUGLAS AVE. STE. 900 WICHITA, KS 67202-2914	Phone no. 316-264-2335	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO RECEIVE AND ACCEPT PROPERTY TO BE ADMINISTERED EXCLUSIVELY FOR CHARITABLE PURPOSES, PRIMARILY IN, OR FOR THE BENEFIT OF, THE COMMUNITY OF WICHITA, KANSAS AND SOUTHCENTRAL KANSAS AND TO DISTRIBUTE PROPERTY TO QUALIFIED CHARITABLE ORGANIZATIONS OR FOR CHARITABLE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,222,232. including grants of \$ 2,972,870.) (Revenue \$) GRANTS MADE TO VARIOUS CHARITABLE AND NON-PROFIT ORGANIZATIONS IN THE WICHITA, KANSAS AREA

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,222,232.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27			X
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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28b		X	
c	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? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
38		X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form body containing questions 1a through 14b with input fields and Yes/No columns.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	21		
b	Enter the number of voting members included in line 1a, above, who are independent		
	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **WICHITA COMMUNITY FOUNDATION - 316-264-4880**
301 N MAIN ST, STE 100, WICHITA, KS 67202-4801

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN BLACK VICE CHAIR	1.00	X		X				0.	0.	0.
(2) CLARK BASTIAN BOARD MEMBER	1.00	X						0.	0.	0.
(3) STEVE HOULIK TREASURER	1.00	X		X				0.	0.	0.
(4) LYNDON WELLS BOARD MEMBER	1.00	X						0.	0.	0.
(5) SHERYL WOHLFORD CHAIR	1.00	X		X				0.	0.	0.
(6) GERALD AARON BOARD MEMBER	1.00	X						0.	0.	0.
(7) PAMELA AMMAR BOARD MEMBER	1.00	X						0.	0.	0.
(8) TAMI BRADLEY BOARD MEMBER	1.00	X						0.	0.	0.
(9) NOREEN CARROCCI BOARD MEMBER	1.00	X						0.	0.	0.
(10) COKIE DIGGS BOARD MEMBER	1.00	X						0.	0.	0.
(11) JEFF FLUHR BOARD MEMBER	1.00	X						0.	0.	0.
(12) GARY GAMM BOARD MEMBER	1.00	X						0.	0.	0.
(13) EDWARD HEALY SECRETARY	1.00	X		X				0.	0.	0.
(14) WILLIAM HIDLAY BOARD MEMBER	1.00	X						0.	0.	0.
(15) THOMAS MARTIN BOARD MEMBER	1.00	X						0.	0.	0.
(16) MARY LYNN OLIVER BOARD MEMBER	1.00	X						0.	0.	0.
(17) RONALD PAULSEEN BOARD MEMBER	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BARRY L SCHWAN BOARD MEMBER	1.00	X						0.	0.	0.
(19) CHARLES M STARK BOARD MEMBER	1.00	X						0.	0.	0.
(20) LYNN STEPHAN BOARD MEMBER	1.00	X						0.	0.	0.
(21) SHAROL RASBERRY IMMEDIATE PAST CHAIR	1.00	X	X					0.	0.	0.
(22) SHELLY PRICHARD PRESIDENT & CEO	40.00			X				138,748.	0.	8,606.
1b Sub-total								138,748.	0.	8,606.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								138,748.	0.	8,606.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FUND EVALUATION GROUP (FEG), 201 EAST FIFTH STREET, SUITE 1600, CINCINNATI, OH	INVESTMENT ADVISORY SERVICES	169,307.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	77,686.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,316,565.				
	g Noncash contributions included in lines 1a-1f: \$		659,837.				
	h Total. Add lines 1a-1f		6,394,251.				
	Program Service Revenue	2 a	Business Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,904,950.			1,904,950.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses		7,791,846.			
		c Gain or (loss)		1,067,214.			
	d Net gain or (loss)		1,067,214.	1,067,214.			
	8 a Gross income from fundraising events (not including \$ 77,686. of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses		4,490.			
c Net income or (loss) from fundraising events			-4,490.			-4,490.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a ADMINISTRATIVE FEES	900099		51,330.			51,330.	
b CASH SURRENDER VALUE OF LIFE INSU	900099		36,886.			36,886.	
c INVESTMENT INCOME - OTHER	900099		2,687.			2,687.	
d All other revenue							
e Total. Add lines 11a-11d			90,903.				
12 Total revenue. See instructions.			9,452,828.	1,067,214.	0.	1,991,363.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,748,623.	2,748,623.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	224,247.	224,247.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	154,511.	30,902.	84,981.	38,628.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	190,377.	41,939.	130,907.	17,531.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,432.		25,432.	
9 Other employee benefits	1,040.		1,040.	
10 Payroll taxes	25,693.	5,572.	15,825.	4,296.
11 Fees for services (non-employees):				
a Management				
b Legal	36,240.	13,180.	14,435.	8,625.
c Accounting	18,307.	550.	17,757.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	164,677.		164,677.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	63,434.	62,883.	551.	
12 Advertising and promotion	7,537.	731.		6,806.
13 Office expenses	34,033.	241.	24,898.	8,894.
14 Information technology	32,318.		31,340.	978.
15 Royalties				
16 Occupancy	43,752.		43,752.	
17 Travel	62,590.	50,083.	8,299.	4,208.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,007.		5,007.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,208.		13,208.	
23 Insurance	16,284.		7,546.	8,738.
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 O.)				
a DUES AND SUBSCRIPTIONS	10,376.		10,376.	
b PROPERTY/SALES TAX EXPENSE	1,150.	1,150.		
c OVERHEAD ALLOCATION	-4,490.	42,131.	-74,613.	27,992.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	3,874,346.	3,222,232.	525,418.	126,696.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	167,841.	1	134,322.	
	2 Savings and temporary cash investments	2,574,278.	2	1,859,348.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified 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 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 167,079.			
	b Less: accumulated depreciation	10b 138,294.	35,182.	10c	28,785.
	11 Investments - publicly traded securities	42,673,555.	11	56,007,165.	
	12 Investments - other securities. See Part IV, line 11	11,979,507.	12	10,958,321.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	57,430,363.	16	68,987,941.		
Liabilities	17 Accounts payable and accrued expenses	21,605.	17	5,087.	
	18 Grants payable	69,700.	18		
	19 Deferred revenue		19	68,120.	
	20 Tax-exempt bond liabilities		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		
	24 Unsecured notes and loans payable to unrelated third parties		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 Schedule D	10,417,019.	25	12,113,747.	
	26 Total liabilities. Add lines 17 through 25	10,508,324.	26	12,186,954.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	45,922,039.	27	55,800,987.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets	1,000,000.	29	1,000,000.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	46,922,039.	33	56,800,987.		
34 Total liabilities and net assets/fund balances	57,430,363.	34	68,987,941.		

Part 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	9,452,828.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,874,346.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,578,482.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46,922,039.
5	Net unrealized gains (losses) on investments	5	4,300,466.
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	56,800,987.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2337933.	5861746.	3120860.	7111765.	6430449.	24862753.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2337933.	5861746.	3120860.	7111765.	6430449.	24862753.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9895645.
6 Public support. Subtract line 5 from line 4.						14967108.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2337933.	5861746.	3120860.	7111765.	6430449.	24862753.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	887,226.	909,317.	963,461.	1538150.	1904950.	6203104.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						31065857.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	48.18	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	55.74	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2013

Name of the organization

WICHITA COMMUNITY FOUNDATION

Employer identification number

48-1022361

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not 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. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization WICHITA COMMUNITY FOUNDATION	Employer identification number 48-1022361
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>197,594.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>650,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>166,365.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>465,100.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>3,329,467.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WICHITA COMMUNITY FOUNDATION	Employer identification number 48-1022361
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>145,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WICHITA COMMUNITY FOUNDATION	Employer identification number 48-1022361
---	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	20,000 SHARES PUBLICLY TRADED COMPANY _____ _____ _____	\$ 465,100.	11/12/13
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization WICHITA COMMUNITY FOUNDATION	Employer identification number 48-1022361
---	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from 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, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from 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, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from 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, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from 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, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization WICHITA COMMUNITY FOUNDATION **Employer identification number** 48-1022361

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	90	
2 Aggregate contributions to (during year)	1,656,266.	
3 Aggregate grants from (during year)	1,732,420.	
4 Aggregate value at end of year	21,012,294.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement 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?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,000,000.	1,000,000.	1,000,000.	1,000,000.	1,000,000.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,000,000.	1,000,000.	1,000,000.	1,000,000.	1,000,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		24,851.	14,497.	10,354.
d Equipment		112,216.	97,163.	15,053.
e Other		30,012.	26,634.	3,378.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				28,785.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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) OTHER INVESTMENTS	10,206,403.	END-OF-YEAR MARKET VALUE
(B) CASH SURRENDER VALUE OF		
(C) LIFE INSURANCE	719,166.	END-OF-YEAR MARKET VALUE
(D) INVESTMENT HELD IN TRUST	32,752.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	10,958,321.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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" to 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" to 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) FUNDS HELD FOR OTHERS	12,113,747.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	12,113,747.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	13,594,107.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	4,300,466.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	5,490.
e	Add lines 2a through 2d	2e	4,305,956.
3	Subtract line 2e from line 1	3	9,288,151.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	164,677.
c	Add lines 4a and 4b	4c	164,677.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,452,828.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,714,659.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	4,990.
e	Add lines 2a through 2d	2e	4,990.
3	Subtract line 2e from line 1	3	3,709,669.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	164,677.
c	Add lines 4a and 4b	4c	164,677.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,874,346.

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.

PART X, LINE 2:

EXPLANATION: WCF AND WCFS ARE ORGANIZED AS KANSAS NONPROFIT CORPORATIONS AND HAVE BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3), QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND (VIII), AND HAVE BEEN DETERMINED NOT TO BE PRIVATE FOUNDATIONS UNDER SECTIONS 509(A)(1) AND (3), RESPECTIVELY. EACH ENTITY IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ENTITIES ARE SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. EACH ENTITY HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED

Part XIII Supplemental Information (continued)

BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

EACH ENTITY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ENTITIES WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCOME OF WCF SUPPORT FOUNDATION (FILES OWN RETURN)	1,000.
FUND RAISING EXPENSES REFLECTED IN REVENUE ON 990	4,490.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	5,490.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BANK FEES NETTED TO INVESTMENT REVENUES	164,677.
---	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF WCF SUPPORT FOUNDATION (FILES OWN RETURN)	500.
FUND RAISING EXPENSES REFLECTED IN REVENUE ON 990	4,490.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	4,990.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BANK FEES NETTED TO INVESTMENT REVENUES	164,677.
---	----------

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: **WICHITA COMMUNITY FOUNDATION**
Employer identification number: **48-1022361**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		6,234,446.
3 a Sub-total	0	0			6,234,446.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			6,234,446.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2013

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Multiple horizontal lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ARTDOG (event type)	DRAGONMASTER S (event type)	NONE (total number)	
Revenue	1 Gross receipts	63,010.	14,676.		77,686.
	2 Less: Contributions	63,010.	14,676.		77,686.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,368.	3,122.		4,490.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				4,490.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-4,490.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:

13a		%
13b		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17** Mandatory distributions:
 - a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization **WICHITA COMMUNITY FOUNDATION** Employer identification number **48-1022361**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AHEARN FUND 1800 COLLEGE AVENUE MANHATTAN, KS 66502	48-0667209	501(C)(3)	35,000.	0.			BASKETBALL TRAINING FACILITY
AMERICAN RED CROSS-MIDWAY 1900 E DOUGLAS WICHITA, KS 67201-3726	48-0543701	501(C)(3)	15,637.	0.			GENERAL PURPOSE, SOCIAL SERVICES
ARTS PARTNERS 201 N. WATER, SUITE 300 WICHITA, KS 67202	48-1197171	501(C)(3)	9,537.	0.			ART DOG 2014, CHAMPION DOLLARS
ANDOVER ADVANTAGE 1432 N. ANDOVER RD ANDOVER, KS 67202	48-1767238	501(C)(3)	5,500.	0.			GENERAL PURPOSES
BIG BROTHERS AND BIG SISTERS OF SEDGWICK COUNTY - 310 E 2ND ST - WICHITA, KS 67202	23-7056717	501(C)(3)	5,100.	0.			GENERAL PURPOSES
BOY SCOUTS OF AMERICA, QUIVIRA COUNCIL - 3247 N. OLIVER - WICHITA, KS 67220	23-7147508	501(C)(3)	6,050.	0.			GENERAL PURPOSES; 2013 GOOD LIFE GRANTS; FRIENDS OF SCOUTING; WIRING AT CAMP KANZA

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **82.**

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2013)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC DIOCESE OF WICHITA 424 N. BROADWAY WICHITA, KS 67202	48-0543780	501(C)(3)	10,000.	0.			GENERAL PURPOSES; TOGETHER CAMPAIGN
CHAPEL HILL UMC CHURCH 1550 N CHAPEL HILL WICHITA, KS 67206	48-1180033	501(C)(3)	14,300.	0.			BUILDING FUND;
BLESSED SACRAMENT CHURCH 124 N. ROOSEVELT WICHITA, KS 67208	48-0543780	501(C)(3)	25,000.	0.			GENERAL PURPOSES; CHALLENGE PROGRAM
CHAMBER MUSIC AT THE BARN 4041 N MAIZE RD, SUITE 240 MAIZE, KS 67101	48-1193360	501(C)(3)	10,016.	0.			GENERAL PURPOSES; GOOD LIFE GRANTS; ARTDOG 2014
CHRIST THE SAVIOR ACADEMY 7515 E 13TH ST WICHITA, KS 67206	45-4203078	501(C)(3)	20,000.	0.			GENERAL PURPOSES
COMMUNITY FOOD BANK EASTERN OKLAHOMA - 1304 N KENOSHA AVE - TULSA, OK 74106	73-1184980	501(C)(3)	30,000.	0.			GENERAL PURPOSES
COWLEY COUNTY COMMUNITY COLLEGE 125 S SECOND ST ARKANSAS CITY, KS 67005	48-0735167	501(C)(3)	10,000.	0.			TUITION, FEES AND BOOKS
CHILD ADVOCACY CENT SEDGWICK COUNTY - 130 S MARKET - WICHITA, KS 67202	26-2090660	501(C)(3)	24,123.	0.			GENERAL PURPOSES; 2013 GOOD LIFE GRANTS
COMMUNITIES IN SCHOOLS OF WICHITA/SEDGWICK COUNTY - 412 S. MAIN, SUITE 212 - WICHITA, KS 67202	48-1093130	501(C)(3)	9,300.	0.			GENERAL PURPOSES; VALLEY CENTER MIDDLE SCHOOL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOC'S FRIENDS, INC PO BOX 771089 WICHITA, KS 67277	45-4367414	501(C)(3)	10,000.	0.			GENERAL PURPOSES
DONORS TRUST 109 N HENRY ST ALEXANDRIA, VA 22314	52-2166327	501(C)(3)	25,000.	0.			ECONOMIC FREEDOM FUND
EDWIN A. ULRICH MUSEUM OF ART WICHITA STATE UNIVERSITY - 4505 E 47TH ST SOUTH - WICHITA, KS 67210	48-6029925	501(C)(3)	5,158.	0.			ARTWORKS FOR ARTDOG 2014; W. EUGENE SMITH EXHIBIT
FRIENDS OF THE WICHITA LIBRARY, INC - 223 S MAIN - WICHITA, KS 67202	48-6129915	501(C)(3)	5,873.	0.			YEARLY DISTRIBUTION
FIRST CHRISTIAN CHURCH OF DOUGLASS KS, INC - PO BOX 393 - DOUGLASS, KS 67039	48-0847803	501(C)(3)	15,000.	0.			GENERAL PURPOSES
FUNDAMENTAL LEARNING CENTER, LLC 917 S GLENDALE WICHITA, KS 67218	31-1693508	501(C)(3)	5,750.	0.			GENERAL PURPOSES; CHILDREN EDUCATION; SUPPLIES
GRACEMED HEALTH CLINIC, INC 1122 N. TOPEKA WICHITA, KS 67214-2810	48-1159633	501(C)(3)	6,035.	0.			GENERAL PURPOSES; PROJECT OASIS
GUADALUPE HEALTH FOUNDATION 940 S. ST. FRANCIS WICHITA, KS 67211	20-1344137	501(C)(3)	8,767.	0.			GENERAL PURPOSES
HARRY HYNES MEMORIAL HOSPICE, INC 313 N. MARKET WICHITA, KS 67202-3805	48-0952990	501(C)(3)	7,267.	0.			GENERAL PURPOSES; TREE OF LIFE; MEMORIAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTER-FAITH MINISTRIES 829 N MARKET WICHITA, KS 67214	48-0559085	501(C)(3)	8,079.	0.			GENERAL PURPOSES; HOUSING/SHELTER; COMPUTER EQUIPMENT; MILK; OPERATION HOLIDAY;
KANS FOR KIDS FIGHTING CANCER FOUNDATION - PO BOX 178 - HOISINGTON, KS 67544	48-1179797	501(C)(3)	10,000.	0.			REBUILD CAMP HOPE
KANSAS AVIATION MUSEUM 3350 GEORGE WASHINGTON AVE WICHITA, KS 67210-2100	48-1089259	501(C)(3)	25,392.	0.			ARTDOG 2014
KANSAS FOOD BANK WAREHOUSE-WICHITA 1919 E DOUGLAS WICHITA, KS 67211	48-0959213	501(C)(3)	93,050.	0.			GENERAL PURPOSES; FOOD/NUTRITION; HYGIENE PANTRY
KANSAS HUMANE SOCIETY OF WICHITA, KANSAS - 3313 N. HILLSIDE - WICHITA, KS 67219	48-0554339	501(C)(3)	10,100.	0.			GENERAL PURPOSES
KANSAS SPECIAL OLYMPICS 3153 W. MAPLE WICHITA, KS 67213	48-0890981	501(C)(3)	10,000.	0.			GENERAL PURPOSES
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION KU MEDICINE-WICHITA - 1010 N KANSAS - WICHITA, KS 67214-3199	48-0547734	501(C)(3)	20,000.	0.			EDUCATION COSTS
KPTS, CHANNEL 8 320 W 21ST ST N WICHITA, KS 67203	48-0735215	501(C)(3)	19,350.	0.			GENERAL PURPOSES; MABEE CHALLENGE GRANT; FACILITY IMPROVEMENTS
LEADERSHIP ATCHISON 200 S. 10TH ST ATCHISON, KS 66002	48-1182944	501(C)(3)	9,406.	0.			ANNUAL DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS STATE UNIVERSITY STUDENT FINANCIAL ASSISTANCE - 104 FAIRCHILD HALL - MANHATTAN, KS 66506-1104	48-0667209	501(C)(3)	11,500.	0.			TUITION, FEES AND BOOKS
MARY'S KITCHEN NC 800 N. INDEPENDENCE ST. KINSTON, NC 28501	56-1597017	501(C)(3)	10,000.	0.			GENERAL PURPOSES
MEDICAL SERVICE BUREAU 1530 S. OLIVER, SUITE 130 WICHITA, KS 67218	48-0891620	501(C)(3)	56,750.	0.			PURCHASE OF EYEGLASSES
MENTAL HEALTH ASSOC. OF SOUTH CENTRAL KS - 555 N. WOODLAWN, SUITE 3105 - WICHITA, KS 67208	48-0990763	501(C)(3)	8,168.	0.			GENERAL PURPOSES
MID-KANSAS JEWISH FEDERATION 400 N. WOODLAWN, SUITE 8 WICHITA, KS 67208	48-6119344	501(C)(3)	45,000.	0.			GENERAL PURPOSES
MUSIC THEATRE OF WICHITA, INC. 225 W. DOUGLAS SUITE 202 WICHITA, KS 67202	48-0785658	501(C)(3)	23,773.	0.			GENERAL PURPOSES; ARTDOG 2014; GETAWAY NIGHT
NAF NATIONAL ABORTION FEDERATION 1660 L STREET NW, SUITE 450 WASHINGTON, DC 20036	43-1097957	501(C)(3)	15,000.	0.			PATIENT ASSISTANCE FUND
NEWMAN UNIVERSITY 3100 MCCORMICK AVE. WICHITA, KS 67213-2097	48-0556716	501(C)(3)	31,860.	0.			GENERAL PURPOSES; SCIENCE BUILDING; DEPARTMENT OF MUSIC-ARTDOG 2014
ORPHEUM PERFORMING ARTS CENTRE, LTD - 200 N BROADWAY STE 130 - WICHITA, KS 67202	48-0978508	501(C)(3)	8,259.	0.			GENERAL PURPOSES; ARTDOG 2014

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POSITIVE DIRECTIONS 555 N. WOODLAWN, SUITE 3105 WICHITA, KS 67208	48-1217548	501(C)(3)	11,250.	0.			GENERAL PURPOSES; AIDS WALK
PROPHECY COUNTDOWN 2527 N ORANGEWOOD ST. AVON PARK, FL 33825	59-2489075	501(C)(3)	25,000.	0.			GENERAL PURPOSES
RAINBOWS UNITED, INC. 3223 N. OLIVER WICHITA, KS 67220	48-0793004	501(C)(3)	58,900.	0.			GENERAL PURPOSES; A NEW DAY BOARD SOLICITATION
REMINGTON USD 206 110 S. MAIN WHITEWATER, KS 67154	48-0690034	501(C)(3)	9,000.	0.			GENERAL PURPOSES
ROSE HILL FRIENDS CHURCH PO BOX 431 ROSE HILL, KS 67133	48-1025932	501(C)(3)	15,000.	0.			GENERAL PURPOSES
SALVATION ARMY 350 N. MARKET WICHITA, KS 67202	44-0545998	501(C)(3)	55,565.	0.			GENERAL PURPOSES; STAFFING SHARE THE SEASON; HUMAN SOCIAL SERVICES; DISASTER
SEDGWICK COUNTY ZOOLOGICAL FOUNDATION, INC - 5555 ZOO BOULEVARD - WICHITA, KS 67212	48-6120530	501(C)(3)	16,350.	0.			GENERAL PURPOSES; ZOOBILEE 2013 LIVE AUCTION
SPECIAL OLYMPICS KANSAS 5280 FOXRIDGE DR. MISSION, KS 66202	48-0890981	501(C)(3)	5,500.	0.			GENERAL PURPOSES; 2014 SUMMER GAMES PARTNERSHIP
ST. JAMES EPISCOPAL CHURCH 3750 E. DOUGLAS WICHITA, KS 67208	48-0556717	501(C)(3)	22,300.	0.			GENERAL PURPOSES; AFTER SCHOOL PROGRAM; EASTER; OLD ENGLISH TEA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. GEORGE ORTHODOX CHRISTIAN CATHEDRAL ENDOWMENT - 7515 E 13TH ST - WICHITA, KS 67206-1223	48-0792210	501(C)(3)	10,000.	0.			GENERAL PURPOSES
ST. THOMAS AQUINAS CATHOLIC CHURCH 1321 STRATFORD LANE WICHITA, KS 67206	48-0650425	501(C)(3)	20,000.	0.			GENERAL PURPOSES
THE ARC OF SEDGWICK COUNTY 2919 W. 2ND ST WICHITA, KS 67203	48-0640559	501(C)(3)	26,104.	0.			GENERAL PURPOSES; ANNUAL DISTRIBUTION
THE INDEPENDENT SCHOOL 8313 E. DOUGLAS WICHITA, KS 67207	48-0914282	501(C)(3)	10,000.	0.			GENERAL PURPOSES
THE JANE GOODALL INSTITUTE 1595 SPRING HILL RD, #550 VIENNA, VA 22182	94-2474731	501(C)(3)	7,500.	0.			TO RELEASE A CHIMPANZEE TO THE ISLANDS IN HONOR OF JANE GOODALL'S 80TH BIRTHDAY
THE LORD'S DINER 520 N. BROADWAY WICHITA, KS 67214-3504	48-0543780	501(C)(3)	12,500.	0.			GENERAL PURPOSES; FANTASY FEAST; MOTHER'S DAY
UNION RESCUE MISSION, INC. 2800 N HILLSIDE WICHITA, KS 67219	48-0625837	501(C)(3)	7,611.	0.			GENERAL PURPOSES; HUMAN SOCIAL SERVICES; MEDICINE, SOCKS AND SHOES FOR HOMELESS MEN
UNITED METHODIST OPEN DOOR PO BOX 2756 WICHITA, KS 67201-2756	48-0731995	501(C)(3)	5,225.	0.			GENERAL PURPOSES; HUMAN SOCIAL SERVICES
UNITED WAY OF THE PLAINS, INC. 245 N WATER WICHITA, KS 67202-9651	48-0547688	501(C)(3)	327,250.	0.			GENERAL PURPOSES; AMERICAN CANCER SOCIETY; AMERICAN RED CROSS; EXPLORATION PLACE; HARRY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USD 259 WICHITA PUBLIC SCHOOL 201 N. WATER, 6TH FLR WICHITA, KS 67202-3720	48-6000351	501(C)(3)	84,527.	0.			NEW HIGH SCHOOL ATHLETIC UNIFORMS; INSTRUMENTS AND VISUAL ARTS EQUIPMENT; ANNUAL CLASSROOM
VICTORY IN THE VALLEY, INC. 3755 E DOUGLAS WICHITA, KS 67218-1002	48-0980744	501(C)(3)	7,167.	0.			GENERAL PURPOSES
WESLEY MEDICAL CENTER FINANCE DEPARTMENT - 550 N HILLSIDE - WICHITA, KS 67214	62-1762545	501(C)(3)	6,000.	0.			NURSING SCHOLARSHIP
WICHITA ART MUSEUM 1400 W MUSEUM BLVD WICHITA, KS 67203	48-1157680	501(C)(3)	59,372.	0.			GENERAL PURPOSES; 1ST QTR EXHIBITION EXPENSES; GEORGE CATLIN'S AMERICAN BUFFALO EXHIBIT; ARTDOG
WICHITA CENTER FOR THE ARTS 9112 E. CENTRAL AVE. WICHITA, KS 67206	48-0616251	501(C)(3)	6,370.	0.			GENERAL PURPOSES; ARTDOG 2014
WICHITA BUSINESS COALITION ON HEALTH CARE - 350 W. DOUGLAS - WICHITA, KS 67202	26-2661690	501(C)(3)	232,387.	0.			THIRD AND FINAL PAYMENT FOR STATE WIDE WORK SITE WELLNESS PROJECT
WICHITA CHILDREN'S HOME 810 N. HOLYOKE WICHITA, KS 67208	48-0547706	501(C)(3)	81,279.	0.			GENERAL PURPOSES; CAPITAL CAMPAIGN; MAKING IT BETTER CAMPAIGN; KIDS CLUB
WICHITA DOWNTOWN DEVELOPMENT CORPORATION - 507 E. DOUGLAS - WICHITA, KS 67202	74-2824873	501(C)(3)	85,000.	0.			GENERAL PURPOSES; REVITALIZE HISTORIC DOUGLAS AVENUE UNDERPASS
WICHITA EDUCATIONAL FOUNDATION 350 W. DOUGLAS WICHITA, KS 67202	74-2832913	501(C)(3)	62,138.	0.			GENERAL PURPOSES; BUSINESS EDUCATION ALLIANCE; TECHNOLOGY ENTREPRENEURSHIP;

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WICHITA GRAND OPERA, INC 225 W. DOUGLAS WICHITA, KS 67202	48-1239185	501(C)(3)	16,866.	0.			GENERAL PURPOSES; ARTDOG 2014
WICHITA POLICE DEPARTMENT 455 N. MAIN, 4TH FLR WICHITA, KS 67202		501(C)(3)	9,767.	0.			WPD EDUCATIONAL TRUST SCHOLARSHIP; HOMELESS OUTREACH TEAM CELL PHONES AND OTHER
WICHITA SEDG. CTY. HISTORICAL MUSEUM - 204 S. MAIN - WICHITA, KS 67202	48-0618433	501(C)(3)	11,144.	0.			GENERAL PURPOSES; SENIOR WEDNESDAY'S; ARTDOG 2014; HISTORIC OPPORTUNITY INITIATIVE; BUILDING
WICHITA STATE UNIVERSITY FINANCIAL AID OFFICE - 1845 FAIRMOUNT BOX 24 - WICHITA, KS 67260-0024	48-6029925	501(C)(3)	8,000.	0.			TUITION, FEES AND BOOKS
WICHITA FESTIVALS, INC 444 E. WILLIAM WICHITA, KS 67202	48-0783840	501(C)(3)	17,000.	0.			GENERAL PURPOSES; RIVERFEST AVIATION DAY; CIVIC PROGRAMS
WICHITA STATE UNIVERSITY FOUNDATION - 1845 FAIRMOUNT BOX 2 - WICHITA, KS 67260-0002	48-6121167	501(C)(3)	179,747.	0.			GENERAL PURPOSES; ARTDOG 2014; ULRICH MUSEUM OF ART; VICTOR MURDOCK SCHOLARSHIP IN
WICHITA STATE UNIVERSITY COLLEGE OF FINE ARTS - 1845 FAIRMOUNT BOX 151 - WICHITA, KS 67260-0151	48-6029925	501(C)(3)	5,500.	0.			ORGAN SCHOLARSHIP; GORDON PARKS MATCHING CHALLENGE GRANT; FRANCIS SHELLY SCHOLARSHIP
WICHITA STATE UNIVERSITY OFFICE OF FINANCIAL OPERATIONS ACCOUNTS RECEIVABL - 1845 FAIRMOUNT BOX 38 - WICHITA, KS 67260-0038	48-6029925	501(C)(3)	31,795.	0.			TUITION, FEES AND BOOKS
WICHITA SYMPHONY SOCIETY 225 W DOUGLAS, SUITE 207 WICHITA, KS 67202	48-0671518	501(C)(3)	21,607.	0.			GENERAL PURPOSES; ALFRESCO EVENT; ARTDOG 2014

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WSU DEPARTMENT OF PHYSICS 1845 FAIRMOUNT WICHITA, KS 67260-0032	48-6029925	501(C)(3)	6,000.	0.			GENERAL PURPOSES
WSU NEWMAN CENTER-ST 1810 N, ROOSEVELT WICHITA, KS 67208-1508	48-0803852	501(C)(3)	5,500.	0.			GENERAL PURPOSES
WSU DEPT OF INTERCOLLEGIATE ATHLETICS - 1845 FAIRMOUNT - WICHITA, KS 67260-0018	48-6029925	501(C)(3)	10,000.	0.			GENERAL PURPOSES
Y.M.C.A CORPORATE OFFICES 402 N MARKET WICHITA, KS 67202	48-0554440	501(C)(3)	6,000.	0.			GENERAL PURPOSES; STRONG KIDS PROGRAM

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GENERAL EDUCATION	1	7,200.	0.		
CIVIC PROGRAMS	1	224.	0.		
HIGHER EDUCATION	3	1,285.	0.		
WORKING POOR/SHARE THE SEASON	215	215,538.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: FOR GRANTS MADE FROM THE DISCRETIONARY GRANT POOL, WE REQUIRE

A WRITTEN PROGRESS REPORT WITHIN TWELVE MONTHS OF THE DATE OF THE AWARD,

STATING WHAT HAS BEEN ACHIEVED AND HOW THE FUNDS HAVE BEEN EXPENDED.

GRANTS MADE FROM AGENCY, DESIGNATED AND FIELD OF INTEREST FUNDS ARE

NORMALLY TARGETED FOR PRE-DETERMINED PURPOSES AND ACKNOWLEDGED FOR SAID

PURPOSE BY THE GRANTEE. GRANTS FROM DONOR ADVISED FUNDS CAN BE RESTRICTED

TO SPECIFIC PURPOSES AND THESE RESTRICTIONS ARE NOTED AS PART OF THE GRANT

AWARD. CURRENTLY STAFFING DOES NOT ALLOW FOR AND WCF DOES NOT REQUIRE

Part IV Supplemental Information

FORMAL REPORTS ON GRANTS MADE OUTSIDE THE DISCRETIONARY GRANT POOL ALTHOUGH SOME AGENCIES REPORT OUT ON THE USE OF WCF GRANT FUNDS AS A MATTER OF COURSE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: INTER-FAITH MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES; HOUSING/SHELTER; COMPUTER EQUIPMENT; MILK; OPERATION HOLIDAY; WARMING SOULS SHELTER

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES; STAFFING SHARE THE SEASON; HUMAN SOCIAL SERVICES; DISASTER VEHICLE REPLACEMENT

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF THE PLAINS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES; AMERICAN CANCER SOCIETY; AMERICAN RED CROSS; EXPLORATION PLACE; HARRY HYNES HOSPICE; SALVATION ARMY; GOODWILL; SENIOR SERVICES; CATHOLIC CHARITIES

NAME OF ORGANIZATION OR GOVERNMENT: USD 259 WICHITA PUBLIC SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: NEW HIGH SCHOOL ATHLETIC UNIFORMS; INSTRUMENTS AND VISUAL ARTS EQUIPMENT; ANNUAL CLASSROOM MINI-GRANT COMPETITION; KOCH CLASSROOM MINI-GRANT DISBURSEMENT

NAME OF ORGANIZATION OR GOVERNMENT: WICHITA ART MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES; 1ST QTR EXHIBITION EXPENSES; GEORGE CATLIN'S AMERICAN BUFFALO EXHIBIT; ARTDOG 2014; ICONS OF THE MIDCENTURY SOUTHWEST EXHIBIT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: WICHITA EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES; BUSINESS EDUCATION ALLIANCE; TECHNOLOGY ENTREPRENEURSHIP; BUSINESS AT FULL THROTTLE; TALENT DIVIDEND PRIZE CHALLENGE GRANT

NAME OF ORGANIZATION OR GOVERNMENT: WICHITA SEDG. CTY. HISTORICAL MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES; SENIOR WEDNESDAY'S; ARTDOG 2014; HISTORIC OPPORTUNITY INITIATIVE; BUILDING UPKEEP

NAME OF ORGANIZATION OR GOVERNMENT: WICHITA STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES; ARTDOG 2014; ULRICH MUSEUM OF ART; VICTOR MURDOCK SCHOLARSHIP IN JOURNALISM; CENTER FOR COMBATTING HUMAN TRAFFICKING; DEPT OF GEOLOGY- FIELD CAMP

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **WICHITA COMMUNITY FOUNDATION** Employer identification number **48-1022361**

Part I		Types of Property			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	8	659,837.	MARKET PRICES
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

EXPLANATION: ORGANIZATION USES BROKERAGES TO SELL NON-CASH

CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

WICHITA COMMUNITY FOUNDATION

Employer identification number

48-1022361

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

IN, OR FOR THE BENEFIT OF, THE COMMUNITY OF WICHITA, KANSAS AND

SOUTHCENTRAL KANSAS AND TO DISTRIBUTE PROPERTY TO QUALIFIED CHARITABLE

ORGANIZATIONS OR FOR CHARITABLE PURPOSES.

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

PURPOSES.

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

EXPLANATION: A COPY OF THE TAX RETURN IS PROVIDED TO ALL BOARD MEMBERS

PRIOR TO FINANCE/AUDIT COMMITTEE REVIEW MEETING. ANY QUESTIONS BY BOARD

MEMBERS ARE REFERRED TO THE CHAIRMAN OF THE FINANCE/AUDIT COMMITTEE FOR

DISCUSSION AT THE REVIEW MEETING. THE FINANCE/AUDIT COMMITTEE THEN MEETS,

ALONG WITH THE EXTERNAL AUDITORS AND CERTAIN FOUNDATION STAFF, TO REVIEW

THE TAX RETURN. AFTER REVIEW, DISCUSSION, AND RESOLUTION OF OUTSTANDING

QUESTIONS, THE FINANCE/AUDIT COMMITTEE APPROVES THE TAX RETURN.

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

EXPLANATION: ALL POTENTIAL OR ACTUAL CONFLICTS MUST BE DISCLOSED AND MEMBER

MUST ABSTAIN FROM ALL DECISIONS REGARDING ENTITY. CONFLICTS ARE MONITORED

ANNUALLY BY THE BOARD OF DIRECTORS AND REPORTING COMMITTEES AND RECORDED IN

MINUTES.

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

EXPLANATION: COMPENSATION OF PRESIDENT & CEO IS REVIEWED BY THE BOARD OF

DIRECTORS AND COMPARED TO NATIONAL AVERAGE.

Name of the organization
WICHITA COMMUNITY FOUNDATION

Employer identification number
48-1022361

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: UPON REQUEST

PAGE 12, PART XII, LINE 2C

EXPLANATION: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

990 PAGE 5, PART V, LINE 7G

EXPLANATION: 990 PAGE 5, PART V, LINE 7G: NO CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY RECEIVED.

990 PAGE 5, PART V, LINE 7H

EXPLANATION: 990 PAGE 5, PART V, LINE 7H: NO CONTRIBUTIONS OF CARS, BOATS, AIRPLANES, OR OTHER VEHICLES RECIEVED.

**SCHEDULE R
(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. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

WICHITA COMMUNITY FOUNDATION

Employer identification number

48-1022361

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

Part II 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 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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
WCF SUPPORT FOUNDATION - 20-0666242 301 N MAIN, SUITE 100 WICHITA, KS 67202	RECEIVE/ACCEPT GIFTS SUPPORTING PROGRAMS OF WICHITA COMMUNITY	KANSAS	501(C)(3)	TYPE I	WICHITA COMMUNITY FOUNDATION		X

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

Schedule R (Form 990) 2013

SEE PART VII FOR CONTINUATIONS

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		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) WCF SUPPORT FOUNDATION	R	1,000.	CASH RECEIVED
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

WCF SUPPORT FOUNDATION

PRIMARY ACTIVITY: RECEIVE/ACCEPT GIFTS SUPPORTING PROGRAMS OF WICHITA

COMMUNITY FOUNDATION

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	OFFICE EQUIPMENT	VARIOUS	SL	.000		16	102,207.				102,207.	92,184.		3,017.	95,201.
2	WEB SITE DESIGN	VARIOUS	SL	.000		16	30,012.				30,012.	21,134.		5,500.	26,634.
3	LEASEHOLD IMPROVEMENTS	12/15/09	SL	8.00		16	24,851.				24,851.	11,389.		3,106.	14,495.
4	OFFICE EQUIPMENT	07/15/12	SL	5.00		16	1,783.				1,783.	327.		357.	684.
5	OFFICE EQUIPMENT	04/15/13	SL	5.00		16	1,259.				1,259.	42.		252.	294.
6	OFFICE EQUIPMENT	01/28/13	SL	7.00		16	156.				156.	9.		22.	31.
7	DESK	07/30/13	SL	7.00		16	493.				493.			65.	65.
8	3 GALAXY COMPUTERS	09/15/13	SL	5.00		16	2,834.				2,834.			425.	425.
9	DELL BACKUP DEVICE	10/15/13	SL	5.00		16	3,485.				3,485.			465.	465.
	* TOTAL 990 PAGE 10 DEPR						167,080.				167,080.	125,085.		13,209.	138,294.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. WICHITA COMMUNITY FOUNDATION	Employer identification number (EIN) or 48-1022361
	Number, street, and room or suite no. If a P.O. box, see instructions. 301 N MAIN ST, NO. 100	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WICHITA, KS 67202-4801	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

WICHITA COMMUNITY FOUNDATION

• The books are in the care of **301 N MAIN ST, STE 100 - WICHITA, KS 67202-4801**
Telephone No. **316-264-4880** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2015**.

5 For calendar year , or other tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension **ADDITIONAL TIME IS REQUESTED TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date