Form **990-EZ**

Extended to August 16, 2021 **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury

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

Open to Public 2000 Inspection

ntern	ai Reve	enue Service	do to www.iis.gov/i of insulactions and the latest informatio	• • • •	<u> </u>	1 ""	
			year, or tax year beginning OCT 1, 2019 and ending SEI	2 3	0, 2	2020	
3 C a	heck if oplicab	le C Na	me of organization	D Emp	oloyer i	dentification	number
	7		OWNTOWN KIWANIS INTERNATIONAL				
	Name	change FC	UNDATION	4	8-63	116410	
F	ī		ber and street (or P.O. box if mail is not delivered to street address) Room/suite	E Tele	phone	number	
	Final		01 N MAIN 600	3	16-2	263-82	94
	7		or town state or province, country, and ZIP or foreign postal code		up Exer		
È	7		CHITA, KS 67202		nber 🕨		
- A		nting Method:					rganization is
		e: N/A				d to attach So	-
			eck only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527		-	990-EZ, or 9	
		f organization:	X Corporation Trust Association Other		111 330,	330 EZ, 01 3	30 11).
		_	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II				
			100 or more, file Form 990 instead of Form 990-EZ	,	S		16002.
	rt I	Revenue	, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions		t I)	10002.
		_	·	Oliona	ior i ai	. 1)	X
1			organization used Schedule O to respond to any question in this Part I				<u> </u>
	1	•	gifts, grants, and similar amounts received		1		
	2	_	e revenue including government fees and contracts		2		
	3	•	ues and assessments ome See Schedule O		3		16002.
i	4	Investment inc			4		16002.
	5a		from sale of assets other than inventory 5a	-	'		
	b		ther basis and sales expenses rom sale of assets other than inventory (subtract line 5b from line 5a)		_		
- 1	C	, ,		5c_			
	6	-	ndraising events:				
9	а		from gaming (attach Schedule G if greater than		ŀ		
ē		\$15,000)					
Revenue	Ь		from fundraising events (not including \$ of contributions				
_			g events reported on line 1) (attach Schedule G if the sum of such				
		-	and contributions exceeds \$15,000)				
	C		penses from gaming and fundraising events 6c				
1	d		(loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	1	6d_		
	7a		inventory, less returns and allowances 7a				
	b	Less: cost of go					
	C		(loss) from sales of inventory (subtract line 7b from line 7a)	- 1	7c		
	8		(describe in Schedule 0)	.	8	_	16000
_	9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9		16002.
	10		ılar amounts paid (list in Schedule 0) See Schedule 0	- 1	10		8797.
ļ	11	•	or for members	- 1	11		
ès	12		compensation, and employee benefits RECEIVED		12		
eus	13		es and other payments to independent contractors	H	13		
Expenses	14		at, utilities, and maintenance ations, postage, and shipping AUG 2 3 2021	- 1	14		
<u>"</u>	15		ations, postage, and shipping	- 1	15		
	16		/		16		0707
-	17		Add lines 10 through 16 OGDEN, UT	▶			8797.
ا يو	18	•	cit) for the year (subtract line 17 from line 9)	ļ	18		7205.
Se	19		und balances at beginning of year (from line 27, column (A))	ļ			270124
Net Assets		-	th end-of-year figure reported on prior year's return)	-	19		279134.
S	20	-	in net assets or fund balances (explain in Schedule 0)		20	 	0.
	21		and balances at end of year. Combine lines 18 through 20		21		286339. 90-EZ (2019)
_на	. FOR	PaperWork Red	uction Act Notice, see the separate instructions.			rorm 95	7 0-62 (2()19)

Page 2

Pa	ırt II	Balance Sheets (see the instructions for Part II)					
 -		Check if the organization used Schedule O to resp	ond to any questic	on in this Part II			X
	,			(A) Beginning of year	1	(B) E	nd of year
22	Cash.	, savings, and investments		25722.	22		26540.
23		and buildings			23		
24		assets (describe in Schedule 0) See Schedule 0		253412.	24		259799.
25		assets		279134.	25		286339.
26		liabilities (describe in Schedule 0)		0.	26		0.
27		issets or fund balances (line 27 of column (B) must agree with line 21)		279134.	27		286339.
	ırt III		ts (see the instruc			E	xpenses
		Check if the organization used Schedule O to resp	ond to any questic	on in this Part III		(Required	for section
Wha	t is the o	organization's primary exempt purpose? PROVIDE FOR UNI					and 501(c)(4) ons; optional for
		rganization's program service accomplishments for each of its three largest program se			1	others.)	ons, optional for
		ibe the services provided, the number of persons benefited, and other relevant informati					
28	See	Schedule 0					
					_	ł	
	(Grants	s \$) If this amount includes foreign g	rants, check here	. ▶[28a	
29	See	Schedule O					
						l	
	(Grants	s \$) If this amount includes foreign g	rants, check here	▶ [29a	
30							
					_	1	
	(Grants	s \$) If this amount includes foreign g	rants, check here	▶ [30a	
31	Other p	program services (describe in Schedule O)					
	(Grants	s \$) If this amount includes foreign g	rants, check here			31a	
	T-4-1-	program service expenses (add lines 28a through 31a)				•	0.
<u>32</u>	i otai j	brogram service expenses (add intes 200 through 6 ta)				32	0.
	rt IV	List of Officers, Directors, Trustees, and Key Er		e even if not compensated - sec			
		List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp		•			
		List of Officers, Directors, Trustees, and Key Er	ond to any questic (b) Average hours	on in this Part IV	the ins	structions fo	(e) Estimated
		List of Officers, Directors, Trustees, and Key Er	ond to any questic (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	Heal	structions fo th benefits, outlons to ee benefit	(e) Estimated amount of other
	ort IV	List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp (a) Name and title	ond to any questic (b) Average hours	(c) Reportable compensation (Forms W-2/1099_MISC)	he the ins	structions fo th benefits, outions to	(e) Estimated
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JE PR DA	AN S ESII VID	List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp (a) Name and title SHULER DENT ANDERS	(b) Average hours per week devoted to position 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	he the ins	structions for th benefits, sutions to see benefit and deferred ensation	(e) Estimated amount of other compensation
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AD

DOWNTOWN KIWANIS INTERNATIONAL
990-EZ (2019) FOUNDATION

48-6116410

Dage 2

Pa	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			X
				No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
Ŷ	activity in Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			 -
5 4	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34_		x
25.	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	104	\vdash	 ^^ -
30 A	* * *	250		X
	on lines 2, 6a, and 7a, among others)?	35a	N/	_
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	11/	-
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	ا		v
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 1. 37a			-
	Did the organization file Form 1120-POL for this year?	37b	—	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			- <u>-</u> -
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	├─	X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	- ∣		}
39	Section 501(c)(7) organizations. Enter:	-	١,	[
	Initiation fees and capital contributions included on line 9 39a N/A	-		ľ
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	- '	1	l
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		'	1.3
	section 4911 ▶ 0 . ; section 4912 ▶ ; section 4955 ▶	ì. '	ĺ	1
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			<u> </u>
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			İ
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<u> </u>	X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on		ı "	<u> </u>
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			ľ
ď	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			١.
	by the organization 0.	, ,	Ì	' '
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			<u>'</u>
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed None			
42 a	The organization's books are in care of ▶ GREGG C GOODWIN Telephone no. ▶ 316263	829	4	
	Located at ▶ 301 N MAIN SUITE 600, WICHITA, KS ZIP+4 ▶ 6	720	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			•
•	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		x
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section		,	
-	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
	2 - 2 (2) 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	Form 9	00-57	/2010

FUIII	990-62 (2	(19) FOUNDATION				_	48-	61164			age 4
										Yes	No
	•	rganization engage, directly or indirect	ily, in political campaign activit	ties on behalf of	or in oppositio	n to candidates f	or public of	17			
		omplete Schedule C, Part I	ations Only			_		1	46		<u>X</u>
Pa		Section 501(c)(3) Organiz									
		All section 501(c)(3) organizations				the tables for	lines 50 a	nd 51.			
		Check if the organization used So	chedule O to respond to an	<u>y question in th</u>	nis Part VI	·				I	
									_	Yes	No
		rganization engage in lobbying activition				ear? If "Yes," com	iplete Sch. (47	\dashv	<u>X</u>
	-	anization a school as described in sec			ule E				48		<u>X</u>
		ganization make any transfers to an e	•	organization?				<u> </u>	49a	-	<u> </u>
		as the related organization a section 5	•					<u> </u>	49b		
		this table for the organization's five h	-		icers, directors	s, trustees, and k	ey employe	es) who ead	h rece	ived n	nore
	than \$100	0,000 of compensation from the organ		T		Т	1(4)	·			
		(a) Name and title of each er	nployee		ige hours devoted to	(C) Reportable compensation (Fo	orms Cont	ealth benefits, ributions to		Estimunt of	
			MONTE		ition	W-2/1099-MÌS	C) empl plans,	oyee benefit and deferred	L .	ipensa	
			NONE	Poo			con	npensation		1001100	
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						ļ					
				_							
		nber of other employees paid over \$10			<u> </u>						
51		this table for the organization's five h		ent contractors v	tho each receiv	ved more than \$	100,000 of	compensation	on fron	n the	
		on. If there is none, enter "None."	NONE					T			
	(a) N	lame and business address of each in	dependent contractor		(b)	Type of service		(c) C	ompen	sation	<u> </u>
				+		-					
								·			
								<u> </u>			
								 			
								1			
				+				 			
	Takal assa		b	-				L			
		nber of other independent contractors				-				-	
		ganization complete Schedule A? Not	e; All section 50 I(c)(3) organ	izations must att	acn a			⊾ Г⊽	Yes		٦.,,
		d Schedule A							_		<u>No</u>
		of perjury, I declare that I have exam						y knowleage	ano o	ellet,	IT IS
true,	correct, at	nd complete, Declaration of preparer (otherstnan officer) is based on	all information o	i wnich prepar	er nas any know	leoge.	115/5			
Sigi		Signature of office					Date	13/2	<u>vo</u>		
Her		GREGG GOODWIN,	TREASURER								
		Type or print name and title	IKEASUKEK								
		Print/Type preparer's name	Preparer's signature	1	Date	Check	☐ If	PTIN			
		THIN TYPE PIEPAICI S HAIRE	Freparer S Signature	,	Date		mployed	ETHA			
Paid	t				00/13	1	iipioyeu				
	parer	Firm's name >		·	08/13		N	L			
Use	Only	Firm's name		·····-			s EIN 🕨				
		Firm's address ▶				Phon	e no.				
		<u> </u>							٠		
May t	ne IRS di	scuss this return with the preparer sho	own above? See instructions						Yes		<u>No</u>
								Fo	rm 99	0-EZ (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

DOWNTOWN KIWANIS INTERNATIONAL

Employer identification number 48-6116410

FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is, (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

48-6116410 Page 2

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	625.	667.		175.		1467.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	625.	667.		175.		1467.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	l	ļ				
	on line 1 that exceeds 2% of the				Ì		
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4	'		·			1467.
	ction B. Total Support			-			 -
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	625.	667.	<u> </u>	175.		1467.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3374.	5992.		12899.		22265.
9	Net income from unrelated business						
	activities, whether or not the				1		
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			······································			23732.
12		etc. (see instructio	ns)			12	
13	First five years. If the Form 990 is for	•	•	l. fourth. or fifth ta	ax vear as a section		
	organization, check this box and stop	=	,		•	```	
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) div	vided by line 11, co	olumn (f))		14	6.18 %
15	Public support percentage from 2018	Schedule A, Part I	I, line 14			15	10.73 %
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box on	line 13, and line	14 is 33 1/3% or me	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				ightharpoons
b	33 1/3% support test - 2018. If the	organization did no	t check a box on lii	ne 13 or 16a, and	i line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organizat	tion			
17a	10% -facts-and-circumstances test	- 2019. If the orga	anızatıon dıd not cl	heck a box on lin	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstand	es" test, check this	s box and stop	here. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	dorganization		. ▶□
b	10% -facts-and-circumstances test	- 2018. If the orga	anızatıon dıd not cl	heck a box on lin	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circur	nstances" test, che	eck this box and	stop here. Explain	in Part VI how the	•
	organization meets the "facts-and-circ	umstances" test. T	The organization qu	ualifies as a public	cly supported organ	ization .	
18	Private foundation. If the organization	n did not check a b	oox <u>on line</u> 13, 16a	, 16b, 17a, or 17	b, check this box ar	nd see instructions	X
					Sche	dule A (Form 990	or 990-EZ) 2019

48-6116410 Page 8 Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (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 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) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (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 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include/gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 19c, 11, and 12.) 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 2019 (line 8, column (f), divided by line 13, column (f)) 15 16 Public support percentage from 2018 Schedule A, Part III, line 15 % 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 Investment income percentage from 2018 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2019. 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 - 2018. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Yes No

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Section	Ι Α.	AII	Supporting	Oro	anizations
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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11 Has the organization accepted a grift or contribution from any of the following persons? a A parson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization? b A family member of a person described in (c) above? If 'Yes' to a b. or a provide detail in Part VI. 110 Cartifold and the following organizations 1 Did the directions, mustees, or membership of one or more supported organizations have this power to regularly appoint or elect at least a majority of the organization directions or directions of the control of the organization and the supported organizations have the power to english yappoint or elect at least a majority of the organization directions or		edule A (Form 990 or 990-EZ) 2019 FOUNDATION	48-6116410	<u>) Pa</u>	age 5
11 Has the organization accepted a gift or contribution from any of the following persons? 2 A person with directly or indirectly controls, either claime or together with persons described in (b) and (c) below, the governing body of a supported organization? 5 A family member of a person discribed in (a) do (b) above? 5 A 35% controlled either of a person discribed in (a) or (b) above? 6 A 35% controlled or the controlled organizations 1 Did the directors, instees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or frustees at all times during the tax yea? If "No," describe in Part VI how the supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or frustees at all times during the tax yea? If "No," describe in Part VI how the supported organization is directors or frustees at all times during the tax yea? If "No," describe in Organization organization organization organization and what conditions or restrictions, if any, applied to supported organization, organization and what conditions or restrictions in any, applied to supported organization org	Pa	rt IV Supporting Organizations _(continued)			
a A person who directly or indirectly controls, ether alone or together with persons described in (p) and (c) below, the governing body of a supported organization? b A family member of a person described in (p) above? c A 35% controlled entity of a person described in (p) above? c A 35% controlled entity of a person described in (p) or (p) above? It b I Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? I Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? I Will the organization organization is activities. If the organization directively operated, supervised, or controlled the organization or a structure of wedcom or trustees were allocated among the supported organization, describe how the powers to appoint antifor emotive directions or trustees at a majority of the organization organ				Yes	No
below, the governing body of a supported organization? A family member of a person described in (a) above? c. A 35% controlled entity of a genson described in (a) or (b) above? // Yes' to a.b. or c. provide data/in Part Vi. 110 Section B. Type I Supporting Organizations 1 Did the directors, trustees, or memberahip of one or more supported organizations have the power to regulatly appoint or elect at least a majority of the organization of enterties at all times during the tax year? // "No," describe in Part VI how the supported organizations feature by operated, supervised, or controlled the organizations activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization organization of the tax is supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization organization of the tax is supported organization organization organization organization organization organization organization organization or controlled the supporting organization organization organization or controlled the supporting organization organization organization or controlled organization organization organization organization or controlled organization organi	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a purson described in (a) above? A 35% controlled entity of a person described in (a) or to) above? If yes "to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or fusitees at all times during the tax year. 1 Did the directors, trustees, or membership of one or more supported organizations have the power to requirely appoint organization. The Part VI have the supported organization at the supported organization of the controlled the organization or a Part VI have described and most the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization or trustees organization organizations organizations or trustees organizations or trustees organizations organizations organizations or trustees organizations organiza	`а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
c. A 35% controlled entity of a parson described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. Section B. Type I Supporting Organizations 1. Did the directors, trustees, or membarship of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization's directors or trustees were allocated among the supported organization, describe how the power to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions," and, applied to suph powers during the tax year. 2. Did the organization operate for the benefit of any supported organization and the supported organization and the supported organization and the purposes of the supported organization(s) that operated, superiological constitution organization organizations and part VI how providing such benefit carend out the purposes of the supported organization(s) that operated, superiological the supported organization organization organizations. 1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization organization as vested in the same persons that controlled or management of the supported organization organization and the same persons that controlled or management of the supported organization organization and the same persons that controlled or management of the supported organization organization and the same supported organization organiza		below, the governing body of a supported organization?	11a		
1 Did the directors, tustiess, or memberathy of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 1*No,* describe in Part VI how the supported organization's directors or trustees at all times during the tax year. If 1*No,* describe in Part VI how the supported organization's directors or trustees at all times during the tax year. On the power to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operated for the benefit of any supported organization of the than the supported organization of organization. If 1*No,* describe in the supported organization of the supported organization of the supported organization of the supported organization of the supported organization. 3 No and the amagenty of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization provide to each of its supported organization of the supported organization. 3 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organization, and (ii) copies of the organization provide to each of its supported organization, and (ii) copies of the organization provide to each of its supported organization? If 'No,' explain in Part VI how the organization is majority of the o	b	A family member of a person described in (a) above?	11b		
Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization than the supported organization operated, supported organization or strustees and organization with the purposes of the supported organization () "Yes," "explain in Part VI how providing such benefit camed out the purposes of the supported organization(s) that operated, successed, or controlled the supporting organization is supported organization(s) to "Yes," "explain in Part VI how control or insulation or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s) if "Yes," describe in Part VI how control or insulation or management of the supporting organization was vested in the same persons that controlled or managed the supported organization and the supported during the prior tax year. (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization organization is powering documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's exception of the supported organization organization or supported organization's powering of the supported organization's powering of the evidence of the exception of the extent of the evidence of the evidence of the evidence of the evidence	c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
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92005 08 25 10. Schedule A (Form 990 or 990 E7) 2010		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	[3b]		

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION

Check here if the organization satisfied the Integral Part Tost as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	Pa	rt.V.: Type III Non-Functionally Integrated 509(a)(3) Supportin	<u>ig Orga</u>	anizations	
Section A - Adjusted Net Income (A) Pnor Year (B) Current Year (optional) 1 Net short-term capital gain 1 Net short-term capital gain 2 Recoverse of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets 1b 0 Total (add lines 1a, 1b, and 1c) 1 De Discount claimed for blockage or other factors (explain in detail in Part Vi): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1 d. 4 Cash deemed held for exempt use. Either 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by, 035. 7 Recoverse of prior-year distributions 7 Recoverse of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount for prior year (from Section A, line 8, Column A) 1 Adjusted net income for prior year (from Section B, line 8, Column A) 1 Adjusted net income for prior year (from Section B, line 8, Column A) 1 Current Year 6 Distributable Amount. Subtract line 6 from line 4, unless subject to emergency tempo	1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ig trust o	n Nov. 20, 1970 (explain in P	art VI). See instructions. All
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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION 48-6116410 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 9 Line 8 amount divided by line 9 amount (i) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) i Remainder, Subtract lines 3g, 3h, and 3i from 3f, 4 Distributions for 2019 from Section D, line 7. a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3) and 4c. 8 Breakdown of line 7 a Excess from 2015 b Excess from 2016

Schedule A (Form 990 or 990-EZ) 2019

c Excess from 2017 d Excess from 2018 e Excess from 2019

Schedule A	(Form 990 or 990-EZ) 2019 FOUNDATION	48-6116410 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1	r 17b, Part III, line 12; and 2: Part IV. Section C.
	line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	7, Section B, line 1e, Part V, nal information.
		
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

DOWNTOWN KIWANIS INTERNATIONAL FOUNDATION

Open to Public Inspection **Employer identification number**

OMB No 1545-0047

48-6116410 Form 990-EZ, Part I, Line 4, Other Investment Income: Description of Property: Amount: STIFEL 16002. Form 990-EZ, Part I, Line 10, Grants and Similar Amounts Paid: Activity Classification: GRANT FOR CHILDREN'S PROGRAMS Grantee Name: CHILDREN FIRST Grantee Address: PO BOX 2385 WICHITA, KS 67201 Property Description: CASH Date of Gift: 03/10/20 Amount Given: 547. Activity Classification: GRANT FOR CHILDREN'S PROGRAMS Grantee Name: CEREBRAL PALSY RESEARCH FOUNDATION Grantee Address: 5111 E 21ST STREET N WICHITA, KS 67208 Property Description: CASH Date of Gift: 03/10/20 Amount Given: 1000. Activity Classification: GRANT FOR CHILDREN'S PROGRAMS Grantee Name: DOWNTOWN YMCA Grantee Address: 402 N MARKET ST WICHITA, KS 67202 Property Description: CASH Date of Gift: 03/10/20 Amount Given: 1500. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

<u>Amount Given:</u>

Schedule O (Form 990 or 990-EZ) (2019)

500.

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

CONJUNCTION WITH THE GREAT PLAINS NATURE CENTER IN WICHITA, KANSAS.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly,

or indirectly, to pay premiums on a personal benefit contract.

11020813 751525 7825.0000

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

		DOWNTOWN I		INTE	RNATIO	NAL			Empl 48	oyer identification number -6116410
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	indirectly, or									
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