



### TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

#### FOR THE YEAR ENDING

June 30, 2019

Prepared for	
	Wichita Symphony Society 225 W Douglas Ave No. 207 Wichita, KS 67202
Prepared by	Regier Carr & Monroe, L.L.P. 300 W. Douglas Ave. Ste. 900 Wichita, KS 67202-2914
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

			** PUBLIC DISCLOSURE COPY	* *	
	Ω	00	Return of Organization Exempt Fron	n Income Tax	OMB No. 1545-0047
For	m IJ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private foundations	<b>2018</b>
		of the Treasury enue Service	Do not enter social security numbers on this form as it m		Open to Public
			► Go to www.irs.gov/Form990 for instructions and the la ar year, or tax year beginning JUL 1, 2018 and ending	JUN 30, 2019	Inspection
B	Check if applicat	ole: C Name of	forganization	D Employer identification	tion number
	Addr	ess WICH	ITA SYMPHONY SOCIETY		
	Name	ge Doing b	usiness as	48-06	71518
	Initial	n Number	and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final returr termi	n	W DOUGLAS AVE 207		267-5259
_	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	4,875,110.
	returr		ITA, KS 67202	H(a) Is this a group retu	
	Appli tion pend	<sup>IF</sup> Name a	nd address of principal officer: FOREST TIM WITSMAN	for subordinates?	
	<b>T</b> - · · · · ·	empt status:	AS C ABOVE $\mathbf{Y} = [0,1(\alpha)/(2), [0,1(\alpha)/(2), (1), \alpha]$ (insert to ) $[0,1(\alpha)/(2), (1), \alpha]$	527 H(b) Are all subordinates inclu	
		ite:  WWW.		,,,	
				H(c) Group exemption r Year of formation: 1945 M S	
	art I				
	1		e the organization's mission or most significant activities: $rac{ extsf{THE} \  extsf{LIVE}}{ extsf{LIVE}}$	PERFORMANCE O	7
Governance	1.	SYMPHON	IC AND ORCHESTRAL PRODUCTIONS.		
nar	2		x	more than 25% of its net asse	ts
ver	3				42
ဗီ	4		lependent voting members of the governing body (r art vi, interna)		42
ა ა	5		of individuals employed in calendar year 2018 (Part V, line 2a)		36
itie	6		of volunteers (estimate if necessary)		500
Activities &			d business revenue from Part VIII, column (C), line 12		58,291.
Ā			business taxable income from Form 990-T, line 38		-19,510.
				Prior Year	Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)	930,389.	952,315.
ň	9		ce revenue (Part VIII, line 2g)	1,067,170.	1,160,277.
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	315,441.	369,162.
£	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,347.	58,291.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,380,347.	2,540,045.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,116,177.	1,158,263.
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) $\blacktriangleright$ 95,761.	0.	0.
, adv	b	Total fundrais	ing expenses (Part IX, column (D), line 25)  95, 761.		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,079,579.	1,258,647.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,195,756.	2,416,910.
	19	Revenue less	expenses. Subtract line 18 from line 12	184,591.	123,135.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
sset	20	Total assets (F		7,080,327.	7,289,921.
at A:	21		(Part X, line 26)	422,603.	425,314.
			fund balances. Subtract line 21 from line 20	6,657,724.	6,864,607.
	art II	-			
			I declare that I have examined this return, including accompanying schedules and st		knowledge and belief, it is
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which pre	eparer has any knowledge.	

Sign Here	Signature of officer <b>FOREST TIM WITSMAN</b> , CH Type or print name and title	IAIR	Date	
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	MARSHAL HULL	MARSHAL HULL	11/19/19 <sup>if</sup> self-employed E	200715586
Preparer	Firm's name 🕨 REGIER CARR & MC		Firm's EIN 🕨 48	8-0573184
Use Only	Firm's address 300 W. DOUGLAS A			
	WICHITA, KS 6720	)2-2914	Phone no. 316 - 2	264-2335
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No
				= 000 (aa (a)

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

	1 990 (2018) WICHITA SYMPHONY SOCIETY	48-06715	18 Page
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	L
1	Briefly describe the organization's mission: THE WICHITA SYMPHONY SOCIETY IS PRINCIPALLY ENGAGED	N THE PERFO	RMANCE
	OF SYMPHONIC AND ORCHESTRA PRODUCTIONS AND OTHER EDUC.		
	ACTIVITIES FOR THE CITIZENS OF WICHITA, KANSAS AND SU		REAS.
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 N
	If "Yes," describe these new services on Schedule O.		\ <b>\</b> \
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces?	Yes X N
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service	s as massured by exr	000000
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.		1000, 4114
4a		Revenue \$ 1,3	29,701
	THE WICHITA SYMPHONY PRESENTS LIVE PERFORMANCES OF SY	MPHONIC AND	
	ORCHESTRAL PRODUCTIONS. A BROAD RANGE OF CULTURAL, E		
	ENTERTAINMENT ACTIVITIES ARE PLANNED EACH SEASON THAT		
	INVOLVE AN ESTIMATED 100,000 KANSANS OF ALL AGES AND		
	PROGRAMS INCLUDE TRADITIONAL CLASSICS CONCERTS, POPS CONCERTS, EDUCATIONAL PROGRAMS AND SPECIAL FREE COMMU		МТГХ
	PERFORMANCES AT CHRISTMAS, AND IN EARLY JUNE AS PART		WIDE
	WICHITA RIVERFEST, AND STATEWIDE BROADCASTING.		
4b			99,738
	THE WICHITA SYMPHONY PRESENTS MANY EDUCATIONAL PROGRA		
	SEASON, INCLUDING TWO SETS OF YOUNG PEOPLES CONCERTS THIRD THROUGH EIGHTH GRADE STUDENTS; IN-SCHOOL KINDER		
	11,000 KINDERGARTEN THROUGH SECOND GRADE STUDENTS; TH		
	THREE YOUTH ORCHESTRAS INVOLVING MORE THAN 220 TALENT.		
	TWELFTH GRADE STUDENTS FROM KANSAS AND OKLAHOMA; FREE		
		PRENTICE	
	OPPORTUNITIES FOR QUALIFIED UNDERGRADUATE AND GRADUAT		
	ATTENDING WICHITA STATE UNIVERSITY; AND THE ADMINISTR		COLLEGI
	AGE COMPETITION ON BEHALF OF THE NAFTZGER FUND FOR FI	NE ARTS.	
4c	(Code:) (Expenses \$ including grants of \$) (F	levenue \$	
4d	Other program services (Describe in Schedule O.)		
Ĩ		)	
4e	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses ►     2,102,965.	, 	
		 F	orm <b>990</b> (20
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0.1	2		
81	119 758219 67390 2018.05000 WICHITA SYMPHONY S	SOCIETY 6	57390

Form 990 (2018)

Part IV Checklist of Required Schedules

WICHITA SYMPHONY SOCIETY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		- 23
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?/f "Yes," complete	7		
U	Schedule D, Part III			x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a		148		- 23
U	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	110		<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
832003	12-31-18	Form	990	(2018)

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2018.05000 WICHITA SYMPHONY SOCIETY

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	Form 990 (2	2018)	WICHITA	SYMPHONY	S
ĺ	Part IV	Checklist	of Required School	edules (continue	d)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
<b>24</b> a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	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):	00-		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		<u></u>
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
~ 7	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		- 23
38		38	х	
Pa		50		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 39			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
832004	12-31-18	Form	990	(2018)
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2018.05000 WICHITA SYMPHONY SOCIETY

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Form 990 (	(2018)	WICHITA	SYMPHONY	SOCIETY	
Part V	Statements	s Regarding Ot	her IRS Filings	s and Tax Con	npliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Зb	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		x
-1	to file Form 8282?	7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		x
e r	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		X
	<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
8	<ul> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> <li>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the</li> </ul>			
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans 13b	-		
	Enter the amount of reserves on hand 13c	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		x
	excess parachute payment(s) during the year?	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.	10		

Form **990** (2018)

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Form 9	90 (2	018)
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#### WICHITA SYMPHONY SOCIETY

X

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.

200	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>			
Sec	tion A. Governing body and Management					Yes	N
12	Enter the number of voting members of the governing body at the end of the tax year	1.	a	4	2	res	Ľ
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year	· –	a		-		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
h	Enter the number of voting members included in line 1a, above, who are independent		b	4	2		
					-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations						Ľ
~	officer, director, trustee, or key employee?				. 2		╀
3	Did the organization delegate control over management duties customarily performed by or under						
	of officers, directors, or trustees, or key employees to a management company or other person?						╀
4	Did the organization make any significant changes to its governing documents since the prior Forn						╀
5	Did the organization become aware during the year of a significant diversion of the organization's a						╀
6	Did the organization have members or stockholders?				. 6		╞
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	• •					
	more members of the governing body?				. 7a		L
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	, stoc	kholde	ers, or			
	persons other than the governing body?				. 7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	year t	by the fo	ollowing:			
а	The governing body?				. 8a	Х	ſ
	Each committee with authority to act on behalf of the governing body?					Х	Г
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be n						T
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				. 9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal				<u> </u>		
				,		Yes	T
0a	Did the organization have local chapters, branches, or affiliates?				10a		t
	If "Yes," did the organization have written policies and procedures governing the activities of such						t
~	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		L
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing be					х	t
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ing the form:	114		t
					12a	х	l
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give r		oonflig		·	X	╀
					. <b>12</b> b	- 23	╀
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					v	l
	in Schedule O how this was done					X X	╀
13	Did the organization have a written whistleblower policy?						╀
14	Did the organization have a written document retention and destruction policy?				. 14	X	ł
15	Did the process for determining compensation of the following persons include a review and appro	oval b	by indep	pendent			L
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision						l
	The organization's CEO, Executive Director, or top management official				. 15a	Х	L
b	Other officers or key employees of the organization				. 15b	Х	l
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						L
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	geme	nt with	а			l
	taxable entity during the year?				16a		Ι
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				-		T
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	aniza	ation's				l
	exempt status with respect to such arrangements?				16b		I
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright KS$						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990,	and	990-T (	Section 501(c)	(3)s only	) avai	2
-	for public inspection. Indicate how you made these available. Check all that applicable, soo,				(2)3 Only	,	
	X       Own website       X       Another's website       X       Upon request       Other (explain the context of t	in in	Sched	ule ()			
0	Describe in Schedule O whether (and if so, how) the organization made its governing documents, of			,	and finer		
9		JOIN		terest policy, a	and indi	uld	
0	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	THE WICHITA SYMPHONY SOCIETY - 316-267-5259 225 W DOUGLAS, WICHITA, KS 67202						
					Γ	000	,
2006	6 12-31-18 C				Form	9 <b>90</b>	(
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Part VII	Compensation of Offi	cers, Directors,	Trustees,	Key Employees,	Highest	Compensate
	Employees, and Indep	pendent Contra	ctors			

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(C Pos	C)	-		(D)	(E)	<b>(F)</b> Estimated
Name and Title	Average hours per week	box	not c , unle	heck ss pei	more rson i	than is botl pr/trus	h an	Reportable compensation from	Reportable compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) FOREST TIM WITSMAN	1.00	x		x				0.	0.	0.
CHAIR (2) LORI SUPINIE	1.00	^		^				0.	0.	0.
VICE CHAIR	1.00	x		x				0.	0.	0.
(3) KURT A. HARPER	2.00								0.	
SECRETARY	2.00	x		x				0.	0.	0.
(4) CHRIS CALLEN	1.00									
DIRECTOR		х						0.	0.	0.
(5) ROGER EASTWOOD	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) RACHEL DOUGLASS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) TOM ASHCOM	1.00									
DIRECTOR		Х						0.	0.	0.
(8) BILL COOK	1.00									
DIRECTOR		Х						0.	0.	0.
(9) KURT FRIESEN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) EBONY CLEMONS-ADJIBOLADE	1.00									
DIRECTOR	1	X						0.	0.	0.
(11) SHARON FEAREY	1.00								0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(12) HON. GREGORY D. KEITH	1.00	x						0.	0.	0.
DIRECTOR (13) BARBARA CROTCHETT	1.00	^						0.	0.	0.
(13) BARBARA CROTCHETT DIRECTOR	1.00	x						0.	0.	0.
(14) BRENDA LAWTON	1.00	<u>^</u>						0.	0.	
DIRECTOR	1.00	x						0.	0.	0.
(15) MIAH SCHNEIDER	1.00							0.		<b>.</b>
DIRECTOR		x						0.	0.	0.
(16) STEPHEN A ENGLISH	1.00								•••	
DIRECTOR		х						0.	0.	0.
(17) STEEN MORTENSEN	1.00									
DIRECTOR		х						0.	Ο.	0.
832007 12-31-18	•							-		Form <b>990</b> (2018)

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2018.05000 WICHITA SYMPHONY SOCIETY

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es(continued)			
(A)	(B)			•	C)			(D)	(E)		(F)	
Name and title	Average	(do			itior more	۱ than	one	Reportable	Reportable		Estimat	
	hours per	box	, unle	ss pe	rson i	is botl pr/trus	h an	compensation	compensation		amount	
	week (list any				1	1		from the	from related		other	
	hours for	direct				_		organization	organizations (W-2/1099-MISC)	C	ompens from th	
	related	e or	stee			nsated		(W-2/1099-MISC)	(00-2/1033-10100)		organiza	
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(			and rela	
	below	vidual	tution	er	Key employee	est co	Je l			0	organizat	tions
	line)	Indiv	Insti	Officer	Key (	High emp	Former					
(18) BOB SCOTT	1.00								_			_
DIRECTOR		Х						0.	0	•		0.
(19) KEN WHITE	1.00											
DIRECTOR		х						0.	0	•		0.
(20) JON TIGER	1.00											
DIRECTOR		х						0.	0	·		0.
(21) H. GUY GLIDDEN, PH. D.	1.00											
DIRECTOR		х						0.	0	•		0.
(22) JERRY JUHNKE	1.00											
DIRECTOR		х						0.	0	•		0.
(23) WILLIAM E. HERCHER	1.00											
DIRECTOR		х						0.	0	•		0.
(24) LISA VAYDA	1.00											
DIRECTOR		х						0.	0	•		0.
(25) CARLOS WRIEDT	1.00											•
DIRECTOR		х						0.	0	·		0.
(26) STACEY PETRIE	1.00								0			•
DIRECTOR		Х						0.	0			0.
1b Sub-total								0.	0			0.
c Total from continuation sheets to Part VI	I, Section A							102,810.	0			0.
d Total (add lines 1b and 1c)								102,810.	0	•		0.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	lbov	e) wl	ho r	received more than \$100	,000 of reportable			1
compensation from the organization												1
											Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,			-				-	•				v
line 1a? If "Yes," complete Schedule J for s										3	\$	X
4 For any individual listed on line 1a, is the su			•						the organization			x
and related organizations greater than \$150										4	+	
5 Did any person listed on line 1a receive or a											_	x
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Schedui	eJī	or si	ucn	pers	son .				. 5	<u>,                                     </u>	_ A
· · · · · · · · · · · · · · · · · · ·	mpapartad in	dona	nda	nt o	ont	ro ot c		that reactived more than	¢100.000 of compo			
1 Complete this table for your five highest co										Isatio		
the organization. Report compensation for (A)	ine calendar y	ear	enui	ng v	WILLI	Or w	1	(B)			(C)	
رحم) Name and business	address	N	ONE	3				رط) Description of s	ervices	Com	pensatio	on
								•			<u> </u>	
2 Total number of independent contractors (ii	ncluding but r	ot li	mite	d to	tho	se li	sted	d above) who received m	ore than			
\$100,000 of compensation from the organiz					(	0		<i>,</i>				
SEE PART VII, SECTION		r I I	NU Z	AT:	101	NS	SH	EETS		For	rm <b>990</b>	(2018)
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						8						

2018.05000 WICHITA SYMPHONY SOCIETY 67390\_\_1

(A)     (B)     (C)     (C) <th>Part VII Section A. Officers, Directors, Trustees, Key Employees, and Hig</th> <th></th> <th>• · · – ·</th> <th></th> <th></th>	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Hig		• · · – ·		
Name and title         Average box         Position (werk (ist any) below below below below below below         Position (werk (ist any) below below below below below below below         Reportable compensation from the organization (W2/109MISC)         Estimated amount of the organization (W2/109MISC)           (27) DELMAR D KLOCKE         1.00         X         I         I         0.         0.         0.           (27) DELMAR D KLOCKE         1.00         X         I         I         0.         0.         0.           (27) DELMAR D KLOCKE         1.00         X         I         I         0.         0.         0.           (23) TRD TAMES         1.00         X         I         I         0.         0.         0.           (23) TRD TAMES         1.00         X         I         I         0.         0.         0.           (23) TRD TAMES         1.00         X         I         I         0.         0.         0.           (23) TRD TAMES         1.00         X         I         I         0.         0.         0.           (23) TRD TAMES         1.00         X         I         I         I         0.         0.         0.           (23) TRD TAMES         1.00         X         I	coolisi na chicolo, bilottolo, hadteos, key Employees, and hi	ghest	Compensated Employ	ees(continued)	
Hours week (a) and and a state organization billed organization (W2/109-MISC)         Compensation from related organizations (W2/109-MISC)         and a state organization (W2/109-MISC)           (27) DELMAR D KLOCKE         1.00         X         1         0         0         0           (28) TABLE VATA, M.D.         1.00         X         1         0         0         0           (23) TABLE WITCHAM         1.00         X         1         0         0         0           (23) TABLE WITCHAM         1.00         X         1         0         0         0           (23) TABLE WITCHAM         1.00         X         1         0         0         0         0           (23) TABLE WITCHAM         1.00         X         1         0         0         0         0 <t< td=""><td>(A) (B) (C)</td><td></td><td>(D)</td><td>(E)</td><td>(F)</td></t<>	(A) (B) (C)		(D)	(E)	(F)
Choors week (user) (27) DELMAR D KLOCKE         Check all that appy) (veek (user) (veek) (user) (veek) (user) (veek) (user) (veek) (user) (veek) (user) (veek) (user) (veek) (veek) (user) (veek)					
per (ist ary hours for related organizations below below         per (ist ary hours for related organizations below         ist ist ist ist ist ist ist ist ist ist	, , , , , , , , , , , , , , , , , , ,	oply)	-		amount of
(27) DELMAR D KLOCKE       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.         0000000       1000       X       0.       0.       0.       0.         010000000       X       0.       0.       0.       0.       0.       0.         0100000000       X       0. </td <td></td> <td>1</td> <td></td> <td></td> <td>other</td>		1			other
(27) DELMAR D KLOCKE       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.         0000000       1000       X       0.       0.       0.       0.         010000000       X       0.       0.       0.       0.       0.       0.         0100000000       X       0. </td <td>week</td> <td>Acc</td> <td>the</td> <td>organizations</td> <td>compensation</td>	week	Acc	the	organizations	compensation
(27) DELMAR D KLOCKE       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.         0000000       1000       X       0.       0.       0.       0.         010000000       X       0.       0.       0.       0.       0.       0.         0100000000       X       0. </td <td>(list any b : bit is the bit is</td> <td></td> <td></td> <td>(W-2/1099-MISC)</td> <td>from the</td>	(list any b : bit is the bit is			(W-2/1099-MISC)	from the
(27) DELMAR D KLOCKE       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.         0000000       1000       X       0.       0.       0.       0.         010000000       X       0.       0.       0.       0.       0.       0.         0100000000       X       0. </td <td>hours for 불 🐷 🔤</td> <td>a nai</td> <td>(W-2/1099-MISC)</td> <td></td> <td>organization</td>	hours for 불 🐷 🔤	a nai	(W-2/1099-MISC)		organization
(27) DELMAR D KLOCKE       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.         0000000       1000       X       0.       0.       0.       0.         010000000       1.000       X       0.       0.       0.       0.         01000000000000       X       0.       0.       0.       0.       0.       0.         0100000000000000000000000000000000000	related	hellso			
(27) DELMAR D KLOCKE       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.         0000000       1000       X       0.       0.       0.       0.         010000000       1.000       X       0.       0.       0.       0.         01000000000000       X       0.       0.       0.       0.       0.       0.         0100000000000000000000000000000000000	organizations 🚊 🚆				organizations
(27) DELMAR D KLOCKE       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.         0000000       1000       X       0.       0.       0.       0.         010000000       1.000       X       0.       0.       0.       0.         01000000000000       X       0.       0.       0.       0.       0.       0.         0100000000000000000000000000000000000		mer			
DIRECTOR       X       0.       0.       0.       0.       0.         (28) JAMES VAYDA, M.D.       1.00       X       0.       0.       0.       0.         (28) TEP VLAMIS       1.00       X       0.       0.       0.       0.       0.         (28) TEP VLAMIS       1.00       X       0.       0.       0.       0.       0.         (30) RODNEY E MILLER       1.00       X       0.       0.       0.       0.       0.         (31) SHOK KAPO SEVART       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         OITBECTOR       X       0.       0.       0.       0.       0.       0.       0.         OITBECTOR       X       0.		For			
(28) JAMES VAYDA, M.D.       1.00       X       0.00       0.00         DIRECTOR       X       0.00       0.00       0         030 RODNEY E MILLER       1.00       X       0.00       0.00         031 SHOK KATO SEVART       1.00       X       0.00       0.00         032 JERETOR       X       0.00       0.00       0.00         033 JARES WICKHAM       1.00       X       0.00       0.00         033 JARES M THOMAS       1.00       X       0.00       0.00         033 JARES M THOMAS       1.00       X       0.00       0.00         033 JARES M THOMAS       1.00       X       0.00       0.00         034 DARIEL FLYNN       1.00       X       0.00       0.00         035 JARTHWIN WEBB       1.00       X       0.00       0.00         01RECTOR       X       0.00       0.00       0.00         01					_
DIRECTOR       X       0.       0.       0.       0.         (29) TED VLAMIS       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (30) RODREY E MILLER       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         OIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         OIRECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.       0.         OIRECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.       0.			0.	0.	0
(29) TED VLAMIS       1.00       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         OIRSCTOR       X       0.       0.       0.       0.       0.         OIRSCTOR       X       0.       0.       0.       0.       0.         OIRSCTOR       X       0.       0.       0.       0.       0.       0.         OIRSCTOR       X       0.					
DIRECTOR       X       0.       0.       0.       0         (30) RODNEY E MILLER       1.00       X       0.       0.       0         DIRECTOR       X       0.       0.       0.       0         (31) SHOKO KATO SEVART       1.00       X       0.       0.       0       0         DIRECTOR       X       0.       0.       0.       0       0       0         DIRECTOR       X       0.       0.       0.       0       0       0       0         DIRECTOR       X       0.       0.       0.       0 <td< td=""><td></td><td></td><td>0.</td><td>0.</td><td>0</td></td<>			0.	0.	0
(30) RODNEY E MILLER       1.00       X       0.       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         01RECTOR       X       0.       0.       0.       0.       0.       0.         01RECTOR       X       0.       0.       0.       0.       0.       0.       0.         01RECTOR       1.00       X       0.       0.       0.       0.       0.       0.         01RECTOR       1.00       X       0.					
DIRECTOR       X       0.       0.       0.       0.       0.         (31) SHOKO KATO SEVART       1.00       X       0.       0.       0.       0.         (32) DENISE WICKHAM       1.00       X       0.       0.       0.       0.         (32) DENISE WICKHAM       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         OIRECTOR       X       0.0       0.       0.       0.       0.       0.       0.         OIRECTOR       X       1.00       X       102,810.       0.       0.       0.         OIN	DIRECTOR		0.	0.	0
(31) SHOKO KATO SEVART       1.00       x       0.0.0.0.0       0         DIRECTOR       x       0.0.0.0.0       0       0         032) DENISE WICKHAM       1.00       x       0.0.0.0       0         033) JAMES M THOMAS       1.00       x       0.0.0.0       0         033) JAMES M THOMAS       1.00       x       0.0.0.0       0         034) DANEL FLYNN       1.00       x       0.0.0.0       0         035) KATHRYN WEBB       1.000       x       0.0.0.0       0         036) JANET WESSELOWSKI       1.000       x       0.0.0.0       0         036) JANET WESSELOWSKI       1.000       x       0.0.0.0       0         037) DORALD REINNOLD       40.00       X       0.0.0.0       0         037) DORALD REINNOLD       40.00       X       102,810.0       0         04000       102,810.0       0       0       0         04000       102,810.0       0       0       0         04000       102,810.0       0       0       0         04000       100       100       100       0       0         04000       100       100       100       100	(30) RODNEY E MILLER 1.00				
DIRECTOR     X     0.     0.     0.       (32) DENISE WICKHAM     1.00     X     0.     0.       (33) JAMES M THOMAS     1.00     X     0.     0.       (34) DANEL FLYNN     1.00     X     0.     0.       DIRECTOR     X     0.     0.     0.       DIRECTOR     1.00     X     0.     0.       DIRECTOR     1.00     X     0.     0.       DIRECTOR     X     0.     0.     0.       (36) JAPHE WEBB     1.00     X     0.     0.       DIRECTOR     X     0.     0.     0.       (36) JAPHE WEBB     1.00     X     0.     0.       DIRECTOR     X     0.     0.     0.       (37) DONALD REINHOLD     40.00     X     102,810.     0.       (37) DONALD REINHOLD     X     102,810.     0.     0.       (37) DONALD REINHOLD     1     1     1     1       (38) ARTH WEBB     1     1     1     1       (39) ARTH WEBSELOWSKI     1.00     X     102,810.     0.       (31) DONALD REINHOLD     1     1     1     1       (31) ARTH WEBE     1     1     1     1	DIRECTOR		0.	0.	0
(32) DENISE WICKHAM       1.00       x       0.0.0.0       0         (33) JAMES M THOMAS       1.00       x       0.0.0.0       0         (34) DANIEL FLYNN       1.00       x       0.0.0.0       0         DIRECTOR       x       0.0.0.0       0       0         (35) KATHKIN WEBB       1.00       x       0.0.0.0       0         DIRECTOR       x       0.0.0.0       0       0         DIRECTOR       1.00       x       0.0.0.0       0         (36) JAMET WESSELOWSKI       1.00       x       0.0.0.0       0         DIRECTOR       X       102,810.0       0       0         (37) DONALD REINHOLD       X       102,810.0       0       0         (39)       X       102,810.0       0       0       0         Image: Second Cond Cond Cond Cond Cond Cond Cond C	(31) SHOKO KATO SEVART 1.00				
(32) DENISE WICKHAM       1.00       x       0.00       0.00         DIRECTOR       1.000       x       0.00       0.00         DIRECTOR       1.000       x       0.00       0.00         DIRECTOR       X       102,810       0.00       0.00         CHIEF EXECUTIVE OFFICER       X       102,810       0.00       0.00         Image: Distribution       Image: Distribution       Image: Distribution       0.00       0.00         Image: Distribution       Image: Distribution       Image: Distribution       0.00       0.00	DIRECTOR		0.	0.	0
DIRECTOR     X     0.     0.     0.     0       01RECTOR     X     102,810.     0.     0       0100ALD REINHOLD     X     102,810.     0.     0       0100ALD REINHOLD     X     102,810.     0.     0       0100ALD REINHOLD     1000ALD REINHOLD     1000ALD REINHOLD     100ALD R					
(33) JAMES M THOMAS       1.00       X       0.0.0.0       0         01RECTOR       1.00       X       0.0.0.0       0         01RECTOR       X       0.0.0.0       0       0         01RECTOR       X       0.0.0.0       0       0         01RECTOR       X       0.0.0.0       0       0         01RECTOR       1.00       X       0.0.0.0       0         01RECTOR       40.00       X       102,810.0       0         01RECTOR       X       102,810.0       0       0         01RECTOR       X       102,810.0       0       0         0101       101       101       101       101       101         0101       101       101       101       101       101       101         0101       101       101       101       101       101       101       101         0101       101       101       101       101       101 <t< td=""><td></td><td></td><td>0.</td><td>0.</td><td>0</td></t<>			0.	0.	0
DIRECTOR       X       0.       0.       0.       0.         01RECTOR       X       0.0       0.       0.       0.         01RECTOR       X       102,810.       0.       0.       0.         0130 DANLD REINHOLD       40.00       X       102,810.       0.       0.       0.         0131 DELECTOR       X       102,810.       0.       0.       0.       0.       0.         0131 DELECTOR       X       102,810.       0.       0.       0.       0.       0.         0131 DELECTOR <td< td=""><td></td><td></td><td></td><td>•••</td><td></td></td<>				•••	
(34) DANIEL FLYNN       1.00       X       0.       0.       0         01RECTOR       X       0.       0.       0       0         (35) KATHRYN WEBB       1.00       X       0.       0.       0         030 JANET WESSELOWSKI       1.00       X       0.       0.       0         0317 JONALD REINHOLD       40.00       X       102,810.       0.       0         (37) JONALD REINHOLD       40.00       X       102,810.       0.       0         (37) JONALD REINHOLD       40.00       X       102,810.       0.       0         (37) JONAL REINHOLD       40.00       X       102,810.       0.       0         (37) JONAL REINHOLD       40.00       X       102,810.       0.       0         (38) (38) (38) (38) (38) (38) (38) (38)			0.	0.	0
DIRECTOR     X     0.     0.     0.     0.       01RECTOR     X     102,810.     0.     0.       01RETURE OFFICER     X     102,810.     0.     0.       01RECTOR     X     102,810.     0.     0.       01RET     1     1     1     1       01RET     1     1     1     1       01RET     1     1     1					<b>v</b>
(35) KATHRYN WEBB       1.00       X       0.0.0.0       0         DIRECTOR       X       0.0.0.0       0       0         CHIEF EXECUTIVE OFFICER       X       102,810.0       0       0         CHIEF EXECUTIVE OFFICER       X       X       0       0       0         CHIEF EXECUTIVE OFFICER       X       X			0	0	0
DIRECTOR     X     0.0.0.0     0       (36) JANET WESSELOWSKI     1.00     X     0.0.0.0     0       DIRECTOR     X     0.0.0.0     0       (37) DONALD REINHOLD     40.00     X     102,810.0.0     0       CHIEF EXECUTIVE OFFICER     X     102,810.0     0     0       Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer       Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer       Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer       Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer       Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer       Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer       Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer       Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executiv					•
(36) JANET WESSELOWSKI       1.00       X       0.0.0.0       0         DIRECTOR       40.00       X       102,810.0.0       0         CHIEF EXECUTIVE OFFICER       X       102,810.0.0       0         Image: Chief Executive officer       Image: Chief Executive officer       Image: Chief Executive officer       Image: Chief Executive officer         Image: Chief Executive officer       Image: Chief Executive officer       Image: Chief Executive officer       Image: Chief Executive officer         Image: Chief Executive of Ficer       Image: Chief Executive officer       Image: Chief Executive officer       Image: Chief Executive officer         Image: Chief Executive of Ficer         Image: Chief Executive of Ficer       Image: Chief Executive of Ficer       Image: Chief Executive of Ficer       Image: Chief Executive of Ficer         Image: Chief Executive of Ficer       Image: Chief Executive of Ficer       Image: Chief Executive of Ficer       Image: Chief Executive of Ficer         Image: Chief Executive of Ficer       Image: Chief Executive of Ficer       Image: Chief Executive of Ficer       Image: Chief Executive of Ficer         Image: Chief Executive of Ficer       Image: Chief Executive of Ficer       Image: Chief Executive of Ficer       Image: Chief Executive of Ficer			0	0	0
DIRECTOR     X     0.     0.     0       (37) DONALD REINHOLD     40.00     X     102,810.     0.     0       CHIEF EXECUTIVE OFFICER     X     102,810.     0.     0       Image: State of the sta		_			0
(37) DONALD REINHOLD     40.00     X     102,810.     0.     0       CHIEF EXECUTIVE OFFICER			0	0	0
CHIEF EXECUTIVE OFFICER     X     102,810.     0.     0       Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer     0.     0       Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer     0.     0       Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer     0.     0       Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer     0.     0       Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer     0.     0       Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer     0.     0.       Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer     0.       Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer     0.       Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer     0.       Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer     0.       Image: Chief Executive officer     Image: Chief Executive officer     Image: Chief Executive officer       Image: Chief Executive officer     <		_	0.	0.	0
			102 010		0
	CHIEF EXECUTIVE OFFICER		102,010.	0.	0
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		_			
		1			
		+			
		1			
	Total to Part VII, Section A, line 1c		102,810.		

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# Form 990 (2018) WICHITA SYMPHONY SOCIETY Part VIII Statement of Revenue Statement Statement

		Check if Schedule O cont	ains a respo	onse or note to	o any lin	e in this Part VIII			
						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts si	1 a	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		)					
D°,G		Fundraising events		;					
ar /		Related organizations		I					
inil,		Government grants (contribut		67	7,447.				
it S		All other contributions, gifts, gran							
ibu		similar amounts not included abo	ve 1f	884	4,868.				
ld tr	g	Noncash contributions included in lines	1a-1f: \$						
<u>a ö</u>	h	Total. Add lines 1a-1f		·····	🕨	952,315.			
				Busines					
ice	2 a			71119		996,549.	996,549.		<u> </u>
ue	b	YOUTH ORCHESTRA FEES	71119		88,268.	88,268.			
s us	c	MISCELLANEOUS		71119		40,460.	40,460.		
gra Re	d	ORCHESTRA FEES		/1119	0	35,000.	35,000.		
Program Service Revenue	e			_					
_		All other program service reve				1,160,277.			
$\rightarrow$	<u> </u>	Total. Add lines 2a-2f			🚩	1,100,277.			
	3	other similar amounts)				104,658.	104,658.		
	4	Income from investment of tax				,	,		
	5	Royalties							
	-		(i) Rea		sonal				
	6 a	Gross rents							
	b	Less: rental expenses							
		Rental income or (loss)							
	d	Net rental income or (loss)			🕨				
	7 a	Gross amount from sales of	(i) Securit	ies (ii) Ot	ther				
		assets other than inventory	2,599,	569.					
	b	Less: cost or other basis							
		and sales expenses	2,335,	065.					
		Gain or (loss)							
		Net gain or (loss)			🕨	264,504.	264,504.		
en	8 a	Gross income from fundraising		ot					
Other Reven		including \$	of						
Re		contributions reported on line	,						
her	h	Part IV, line 18							
đ		Less: direct expenses Net income or (loss) from func							
		Gross income from gaming ac			🚩				
	5 4	Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from gam		-	🕨				
		Gross sales of inventory, less							
		and allowances		. a					
	b	Less: cost of goods sold							
ļ	с	Net income or (loss) from sales of inventory							
		Miscellaneous Revenu	е	Busines					
	11 a	PROGRAM ADVERTISING		54180	0	58,291.		58,291.	<u> </u>
	b			_					<u> </u>
	С			_					
		All other revenue				F0 004			
		Total. Add lines 11a-11d			🟲	58,291.	1 500 430	E9 001	
	12	Total revenue. See instructions			🕨	2,540,045.	1,529,439.	58,291.	0 . Form <b>990</b> (2018)
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#### Form 990 (2018) Part IX Statement of Functional Expenses

WICHITA SYMPHONY SOCIETY

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 respor	nse or note to any line in	this Part IX		X
	not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	102,811.	35,984.	51,405.	15,422.
•	trustees, and key employees	102,011.	55,904.	51,405.	13,422.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	1,003,732.	967,495.	27,736.	8,501.
7	Other salaries and wages	I,00J,/JZ.	301,433.	41,130.	0,501.
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	22,652.	14,290.	6,421.	1,941.
9 10	Other employee benefits	22,052.	26,361.	2,079.	628.
10	Payroll taxes	49,000.	20,301.	4,013.	020.
11	Fees for services (non-employees):				
	Management				
b	3	63,150.		63,150.	
c	0	05,150.		05,150.	
	Lobbying				
e	ů ,				
f	Investment management fees				
g		433,534.	433,534.		
10	column (A) amount, list line 11g expenses on Sch 0.)	261,222.	231,807.	4,375.	25,040.
12	Advertising and promotion	201,222.	251,007.	=,575.	25,040.
13	Office expenses				
14 45	Information technology				
15 16	Royalties	15,680.		15,680.	
		105,749.	105,749.	15,000	
17 18	Travel Payments of travel or entertainment expenses	105,745.	105,745.		
10	, , , , , , , , , , , , , , , , , , , ,				
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20					
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization	925.		925.	
22		27,324.	13,662.	13,662.	
23 24	Insurance Other expenses. Itemize expenses not covered	_,,521.	20,0020		
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	RENTAL AND MAINTENANCE	99,514.	89,876.	9,638.	
a b	SALES TAX	71,033.	71,033.	2,000	
c c	CONCERT FACILITY RENTAL	52,013.	52,013.		
d d	PRINTING AND PUBLICATIO	47,734.	6,707.		41,027.
e e	A.II	80,769.	54,454.	23,113.	3,202.
25	Total functional expenses. Add lines 1 through 24e	2,416,910.	2,102,965.	218,184.	95,761.
26	Joint costs. Complete this line only if the organization	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here $\blacktriangleright$ if following SOP 98-2 (ASC 958-720)				
	•				- 000

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11 2018.05000 WICHITA SYMPHONY SOCIETY Form **990** (2018)

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га			<u> </u>				
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			461,628.	2	443,467.
	3	Pledges and grants receivable, net			18,000.	3	18,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-				
		employers and sponsoring organizations of sect					
ស		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
¥8	8	Inventories for sale or use				8	
	9				74,160.	9	76,953.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	68,580.			
	b	Less: accumulated depreciation	10b	65,525.	3,980.	10c	3,055.
	11	Investments - publicly traded securities			6,075,493.	11	6,296,959.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			447,066.	15	451,487.
	16	Total assets. Add lines 1 through 15 (must equ			7,080,327.	16	7,289,921.
	17	Accounts payable and accrued expenses			50,761.	17	53,427.
	18	Grants payable				18	
	19	Deferred revenue			371,842.	19	371,887.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
iab		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D			400 600	25	405 214
	26	Total liabilities. Add lines 17 through 25			422,603.	26	425,314.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔽 and			
sec		complete lines 27 through 29, and lines 33 an	d 34.		2 065 072		2 207 569
lano	27				2,065,972. 73,998.	27	2,307,568. 39,285.
Ва	28	Temporarily restricted net assets			4,517,754.	28	
Net Assets or Fund Balances	29				±,JI/,/J4.	29	4,517,754.
Ę		Organizations that do not follow SFAS 117 (A	SC 958	sj, cneck here ▶ ∟			
S OI		and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net	32	Retained earnings, endowment, accumulated in			6,657,724.	32	6,864,607.
_	33	Total net assets or fund balances			7,080,327.	33	7,289,921.
	34	Total liabilities and net assets/fund balances			1,000,541.	34	7,209,921.

Form 990 (2018)

Form	990 (2018) WICHITA SYMPHONY SOCIETY	48-06	71518	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,54		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,41		
3	Revenue less expenses. Subtract line 2 from line 1	3			35.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,65		
5	Net unrealized gains (losses) on investments	5	8	3,7	48.
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	6,86	4,6	07.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L

Form **990** (2018)

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public Inspection

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Nan	ie oi	i une	e organization WT CU	ITA SYMPHO	NV COCTERV					8-0671518		
Pa	rt I		Reason for Public C			omploto th	ic part ) S	oo instruction		0-00/1510		
									5.			
1 1	Grga	1	ation is not a private found									
2		1	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .									
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>										
3 4		1	• •					•	Viii) Entor	the bespital's name		
4			medical research organizative, and state:	ation operated in co	njunction with a nospita					the hospital's hame,		
5		1	n organization operated for	or the bonefit of a co	llogo or university owne	d or opora	tod by a d	ovornmontal	unit doscrik	and in		
5			section 170(b)(1)(A)(iv). (C		liege of university owne	u or opera	led by a g	oveninentar				
6		1			nontal unit described in	contion 17	70(6)(4)(4)	(u)				
6 7			federal, state, or local gov	-					the general	public described in		
'			n organization that norma	-	initial part of its support	nom a gov	ennenia		ule general	public described in		
0		1	ection 170(b)(1)(A)(vi). (Co		(1)(A)(ui) (Complete Der	+ 11 \						
8		1	community trust describe				d in coniu	upotion with o	land grant			
9			n agricultural research org									
			r university or a non-land-g	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state o	i the colleg	je or		
40	X	1	niversity:	11			4 - 11 41		- l- :			
10	Δ		n organization that norma	•	-	-						
			ctivities related to its exem									
			come and unrelated busir		(less section 511 tax) fr	om busine	sses acqu	lired by the or	ganization	after June 30, 1975.		
		1	ee section 509(a)(2). (Cor				/					
11			n organization organized a	-	•	•						
12			n organization organized a		-				-			
			nore publicly supported or							Sheck the box in		
			nes 12a through 12d that						-			
а			Type I. A supporting orga		-	•	-					
			the supported organization			a majority	of the dire	ctors or trust	ees of the s	supporting		
			organization. You must c	-								
b			Type II. A supporting org	-				-		-		
			control or management o			same perso	ons that co	ontrol or mana	age the sup	ported		
			organization(s). You mus	-								
с			Type III functionally inte						ally integrat	ed with,		
			its supported organization									
d			Type III non-functionally						-			
			that is not functionally int	•	• •	•		•	d an attent	iveness		
			requirement (see instructi									
е			Check this box if the orga					a Type I, Type	e II, Type III			
			functionally integrated, or									
Ť			he number of supported o									
g	Pro		e the following informatior Jame of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	fmonetary	(vi) Amount of other		
		(., .	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)		
			-		above (see instructions))	163						
Tota	al											
2.44												

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

2018.05000 WICHITA SYMPHONY SOCIETY

67390\_\_1

# Schedule A (Form 990 or 990-EZ) 2018 WICHITA SYMPHONY SOCIETY 48-0671518 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
_	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
	fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	etc. (see instructi	ons)	•		12	
	First five years. If the Form 990 is fo						
	organization, check this box and <b>stop</b>						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				·····
	Public support percentage for 2018 (			column (f))		14	%
	Public support percentage from 2017					15	%
	33 1/3% support test - 2018. If the					nore, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	1			
b	33 1/3% support test - 2017. If the						nis box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
				, ,		dulo A (Form 990	

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

### Schedule A (Form 990 or 990-EZ) 2018 WICHITA SYMPHONY SOCIETY

#### 48-0671518 Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calenda	ar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
<b>1</b> Gi	ifts, grants, contributions, and						
m	embership fees received. (Do not						
in	clude any "unusual grants.")	1025045.	1043978.	1181372.	930,388.	952,315.	5133098.
m fo ar	ross receipts from admissions, erchandise sold or services per- rmed, or facilities furnished in ny activity that is related to the ganization's tax-exempt purpose	1098189.	959,869.	986,965.	1067170.	1160277.	5272470.
	ross receipts from activities that		,				
ar	e not an unrelated trade or bus-						
	ess under section 513						
	ax revenues levied for the organ- ation's benefit and either paid to						
	r expended on its behalf						
5 Th	ne value of services or facilities						
fu	rnished by a governmental unit to						
	e organization without charge					0110500	
	otal. Add lines 1 through 5	2123234.	2003847.	2168337.	1997558.	2112592.	10405568.
	mounts included on lines 1, 2, and received from disqualified persons						0.
fro exe	nounts included on lines 2 and 3 received m other than disqualified persons that ceed the greater of \$5,000 or 1% of the						
	nount on line 13 for the year						0.
	dd lines 7a and 7b						10405568.
<u>8 Pi</u> Sooti	ublic support. (Subtract line 7c from line 6.) on B. Total Support						10405500.
	ar year (or fiscal year beginning in)	(-) 0014	(1-) 0015	(-) 0010	(4) 0017	(-) 0010	
<b>9</b> Ar	mounts from line 6	(a) 2014 2123234.	(b) 2015 2003847.	(c) 2016 2168337.	(d) 2017 1997558.	(e) 2018 2112592.	(f) Total 10405568 •
di se	ross income from interest, vidends, payments received on ecurities loans, rents, royalties, nd income from similar sources	429,798.	319,115.	191,829.	315,442.	369,161.	1625345.
<b>b</b> Ur	nrelated business taxable income						
(le	ess section 511 taxes) from businesses						
ac	quired after June 30, 1975						
<b>c</b> Ad	dd lines 10a and 10b	429,798.	319,115.	191,829.	315,442.	369,161.	1625345.
ac wl	et income from unrelated business ctivities not included in line 10b, hether or not the business is gularly carried on						
or	ther income. Do not include gain r loss from the sale of capital ssets (Explain in Part VI.)	54,633.	60,661.	73,525.	67,347.	58,291.	314,457.
13 To	otal support. (Add lines 9, 10c, 11, and 12.)	2607665.	2383623.	2433691.	2380347.	2540044.	12345370.
	<b>rst five years.</b> If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	neck this box and stop here						▶∟_
	on C. Computation of Publi						04 00
	ublic support percentage for 2018 (I			column (f))		15	84.29 %
	ublic support percentage from 2017 on D. Computation of Inves					16	85.09 %
	vestment income percentage for 20			ne 13 column (fi)		17	13.17 %
	vestment income percentage from 2					18	12.26 %
	3 1/3% support tests - 2018. If the						7 -
	ore than 33 1/3%, check this box ar						► X
	<b>3 1/3% support tests - 2017.</b> If the						
	ne 18 is not more than 33 1/3%, che						
	rivate foundation. If the organizatio						
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2018.05000 WICHITA SYMPHONY SOCIETY

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#### Schedule A (Form 990 or 990-EZ) 2018 WICHITA SYMPHONY SOCIETY

#### 48-0671518 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990 or 990-EZ) 2018

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

832024 10-11-18

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17 2018.05000 WICHITA SYMPHONY SOCIETY

67390 1

# Schedule A (Form 990 or 990-EZ) 2018 WICHITA SYMPHONY SOCIETY Part IV Supporting Organizations (continued)

he organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> <i>how you supported a government entity</i> (see instrues Test. <b>Answer (a) and (b) below.</b> Instantially all of the organization's activities during the tax year directly further the exempt purposes of ported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> <b>supported organizations and explain</b> <i>how these activities directly furthered their exempt purposes,</i> <i>e organization was responsive to those supported organizations, and how the organization determined</i> <i>se activities constituted substantially all of its activities.</i> activities described in (a) constitute activities that, but for the organization's involvement, one or more organization's supported organization(s) would have been engaged in? If "Yes," <i>explain in</i> <b>Part VI</b> <i>the</i> <i>s for the organization's position that its supported organization(s) would have engaged in these</i> <i>s but for the organization's involvement.</i> of Supported Organizations. <b>Answer (a) and (b) below.</b> organization have the power to regularly appoint or elect a majority of the officers, directors, or s of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	2a 2b 3a		
es Test. Answer (a) and (b) below. estantially all of the organization's activities during the tax year directly further the exempt purposes of ported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> <b>Part VI identify</b> supported organizations and explain how these activities directly furthered their exempt purposes, a organization was responsive to those supported organizations, and how the organization determined as activities constituted substantially all of its activities. activities described in (a) constitute activities that, but for the organization's involvement, one or more arganization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> the is for the organization's involvement. of Supported Organizations. <b>Answer (a) and (b) below.</b>	2a		
es Test. Answer (a) and (b) below. estantially all of the organization's activities during the tax year directly further the exempt purposes of ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify supported organizations and explain how these activities directly furthered their exempt purposes, a organization was responsive to those supported organizations, and how the organization determined se activities constituted substantially all of its activities. activities described in (a) constitute activities that, but for the organization's involvement, one or more arganization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the is for the organization's involvement.	2a		
es Test. Answer (a) and (b) below. estantially all of the organization's activities during the tax year directly further the exempt purposes of ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify supported organizations and explain how these activities directly furthered their exempt purposes, a organization was responsive to those supported organizations, and how the organization determined use activities constituted substantially all of its activities. activities described in (a) constitute activities that, but for the organization's involvement, one or more organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the is for the organization's position that its supported organization(s) would have engaged in these	2a		
es Test. Answer (a) and (b) below. estantially all of the organization's activities during the tax year directly further the exempt purposes of ported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> <b>Part VI identify</b> supported organizations and explain how these activities directly furthered their exempt purposes, <i>e organization was responsive to those supported organizations, and how the organization determined</i> <i>ise activities constituted substantially all of its activities.</i> activities described in (a) constitute activities that, but for the organization's involvement, one or more organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> <i>the</i>			
es Test. <b>Answer (a) and (b) below.</b> estantially all of the organization's activities during the tax year directly further the exempt purposes of ported organization(s) to which the organization was responsive? <i>If "Yes," then in</i> <b>Part VI identify</b> <b>supported organizations and explain</b> <i>how these activities directly furthered their exempt purposes,</i> <i>e organization was responsive to those supported organizations, and how the organization determined</i> <i>se activities constituted substantially all of its activities.</i> activities described in (a) constitute activities that, but for the organization's involvement, one or more			
es Test. <b>Answer (a) and (b) below.</b> estantially all of the organization's activities during the tax year directly further the exempt purposes of ported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> <b>Part VI identify</b> <b>supported organizations and explain</b> <i>how these activities directly furthered their exempt purposes,</i> <i>e organization was responsive to those supported organizations, and how the organization determined</i> <i>se activities constituted substantially all of its activities.</i>			
es Test. Answer (a) and (b) below. estantially all of the organization's activities during the tax year directly further the exempt purposes of ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify supported organizations and explain how these activities directly furthered their exempt purposes, e organization was responsive to those supported organizations, and how the organization determined			
es Test. <b>Answer (a) and (b) below.</b> estantially all of the organization's activities during the tax year directly further the exempt purposes of ported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> <b>supported organizations and explain</b> how these activities directly furthered their exempt purposes,	uctions		
es Test. <b>Answer (a) and (b) below.</b> estantially all of the organization's activities during the tax year directly further the exempt purposes of ported organization(s) to which the organization was responsive? <i>If "Yes," then in</i> <b>Part VI identify</b>	ructions		
es Test. <b>Answer (a) and (b) below.</b> Instantially all of the organization's activities during the tax year directly further the exempt purposes of	ructions		
es Test. Answer (a) and (b) below.	uctions		
	ructions		
he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	ructions	Yes	No
		).	
he organization is the parent of each of its supported organizations. Complete line 3 below.			
he organization satisfied the Activities Test. Complete line 2 below.			
the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions).			
Type III Functionally Integrated Supporting Organizations			
ted organizations played in this regard.	3		
or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
ant voice in the organization's investment policies and in directing the use of the organization's			
on of the relationship described in (2), did the organization's supported organizations have a			
anization maintained a close and continuous working relationship with the supported organization(s).	2		
ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
ation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
ation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
organization provide to each of its supported organizations, by the last day of the fifth month of the			
		Yes	No
All Type III Supporting Organizations			
ported organization(s).	1		
agement of the supporting organization was vested in the same persons that controlled or managed			
ees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
majority of the organization's directors or trustees during the tax year also a majority of the directors			
		Yes	No
Type II Supporting Organizations		I	
sed, or controlled the supporting organization.	2		
how providing such benefit carried out the purposes of the supported organization(s) that operated,			
ation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
organization operate for the benefit of any supported organization other than the supported	-		
ations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
e how the powers to appoint and/or remove directors or trustees were allocated among the supported			
ed the organization's activities. If the organization had more than one supported organization,			
r? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
y appoint or elect at least a majority of the organization's directors or trustees at all times during the			
directors, trustees, or membership of one or more supported organizations have the power to		100	110
		Yes	No
controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Type I Supporting Organizations	11c		
/ member of a person described in (a) above?	11b		
the governing body of a supported organization?	11a		
e organization accepted a gift or contribution from any of the following persons?			
		Yes	No
n	who directly or indirectly controls, either alone or together with persons described in (b) and (c)	rganization accepted a gift or contribution from any of the following persons? who directly or indirectly controls, either alone or together with persons described in (b) and (c)	rganization accepted a gift or contribution from any of the following persons? who directly or indirectly controls, either alone or together with persons described in (b) and (c)

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18 2018.05000 WICHITA SYMPHONY SOCIETY

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#### Schedule A (Form 990 or 990-EZ) 2018 WICHITA SYMPHONY SOCIETY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lv integrate	d Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

### Schedule A (Form 990 or 990 EZ) 2018 WICHITA SYMPHONY SOCIETY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe						
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose						
4	Amounts paid to acquire exempt-use assets						
_5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	he organization is responsive	e				
	(provide details in <b>Part VI</b> ). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount		1				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
_1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2018						
a	From 2013						
b	From 2014						
C	From 2015						
d	From 2016						
e	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
1	Excess distributions carryover to 2019. Add lines 3j						
•	and 4c. Breakdown of line 7:						
8	Excess from 2014						
	Excess from 2014 Excess from 2015						
-	Excess from 2015 Excess from 2016						
-	Excess from 2016 Excess from 2017						
-							
e	Excess from 2018			Form 000 or 000 EZ) 0019			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A	(Form 990 or 990-E	Z) 2018 WICHIT	A SYMPHONY	SOCIETY		48-0671518 Page
Part VI	Supplemental Part IV, Section A line 1; Part IV, Sec	<b>I Information.</b> Pro , lines 1, 2, 3b, 3c, 4k ction D, lines 2 and 3; , 6, and 8; and Part V	ovide the explanatior o, 4c, 5a, 6, 9a, 9b, 9 ; Part IV, Section E, I	ns required by Part II ic, 11a, 11b, and 110 ines 1c, 2a, 2b, 3a, a	l, line 10; Part II, line 17a c c; Part IV, Section B, lines and 3b; Part V, line 1; Part ete this part for any additi	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, : V, Section B, line 1e; Part V,
332028 10-11-1	8			21	Schedu	le A (Form 990 or 990-EZ) 2
81119	758219 67	390	2018.0500		SYMPHONY SOC	IETY 67390

### Schedule B

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

Name of the organization

Organization type (check one):

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### **Schedule of Contributors**

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

OMB No. 1545-0047

2018

Employer identification number

48-	06	71	518	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

WICHITA SYMPHONY SOCIETY

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

#### General Rule

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

#### Special Rules

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

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

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

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

WICHITA SYMPHONY SOCIETY

Name of organization

Employer identification number

48-0671518

#### Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 63,705. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 40,000. Noncash \$ (Complete Part II for noncash contributions.) 823452 11-08-18 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) 23

67390\_\_1

2018.05000 WICHITA SYMPHONY SOCIETY

WICHITA SYMPHONY SOCIETY

Name of organization

Employer identification number

48-0671518

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$22,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-08-	-18	Schedule B (Form	990, 990-EZ, or 990-PF) (2018)

2018.05000 WICHITA SYMPHONY SOCIETY 67390\_1

24

Name of organization

Employer identification number

WICHITA SYMPHONY SOCIETY

48-0671518

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14		\$ <u>20,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>		\$ <u>32,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$ <u>11,500.</u>	Person X Payroll (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018

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

67390\_\_1

25 2018.05000 WICHITA SYMPHONY SOCIETY

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

Name of organization

Employer identification number

48-0671518

#### WICHITA SYMPHONY SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$66,699.	Person       Payroll       Noncash       X       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	-18	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018
	26		

Page 2

67390\_\_1

Name of organization

Employer identification number

WICHITA SYMPHONY SOCIETY

48-0671518

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018

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

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27 2018.05000 WICHITA SYMPHONY SOCIETY

67390\_\_1

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

Name of organization

Employer identification number

48-0671518

#### WICHITA SYMPHONY SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions           -           \$           5,000.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		- \$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		- \$\$5,500. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for
No. 34 (a)	Name, address, and ZIP + 4	Total contributions       -     \$ 35,000.       -     (c)	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 34 (a) No.	Name, address, and ZIP + 4	Total contributions Total contributions (c) Total contributions	Type of contribution         Person       X         Payroll       Image: Colspan="2">Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       Colspan="2">Colspan="2"Co
No. 34 (a) No. 35 (a)	Name, address, and ZIP + 4           (b)           Name, address, and ZIP + 4           (b)           Name, address, and ZIP + 4	Total contributions         \$       35,000.         (c)       Total contributions         \$       11,809.         (c)       Total contributions         (c)       Total contributions         \$       11,809.         (c)       Total contributions         (c)       5         (c)       5	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X       Payroll       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash contributions.)       X       Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       X       Complete Part II for noncash contributions.)         (d)       X

67390\_\_1

2018.05000 WICHITA SYMPHONY SOCIETY

Name of organization

Employer identification number

48-0671518

#### WICHITA SYMPHONY SOCIETY

37       s       6,575.       G         (a)       Name, address, and ZIP + 4       Total contributions       T         38       s       10,000.       G         (a)       Name, address, and ZIP + 4       Total contributions       T         (a)       Name, address, and ZIP + 4       Total contributions       T         (b)       Name, address, and ZIP + 4       Total contributions       T         (a)       Name, address, and ZIP + 4       Total contributions       T         (a)       Name, address, and ZIP + 4       Total contributions       T         (b)       Name, address, and ZIP + 4       Total contributions       T         (a)       Name, address, and ZIP + 4       Total contributions       T         (b)       Name, address, and ZIP + 4       Total contributions       T         (b)       Name, address, and ZIP + 4       Total contributions       T         (a)       Name, address, and ZIP + 4       Total contributions       T         (b)       Name, address, and ZIP + 4       Total contributions       T         (c)       Name, address, and ZIP + 4       Total contributions       T	(d) Type of contribution Person X Payroll I Noncash I Complete Part II for concash contributions.) (d) Type of contribution
(a)       (b)       (c)         38       (c)       Total contributions       T         38       (c)       (c)       (c)         (a)       (b)       (c)       (c)         No.       Name, address, and ZIP + 4       Total contributions       T         (a)       (b)       (c)       (c)       (c)         No.       Name, address, and ZIP + 4       Total contributions       T         (a)       (b)       (c)       (c)       (c)         (a)       (b)       (c)       (c)       (c)         (a)       Name, address, and ZIP + 4       Total contributions       T         (a)       (b)       (c)       (c)       (c)         (a)       Name, address, and ZIP + 4       Total contributions       T         (a)       (b)       (c)       (c)       (c)         (a)       Name, address, and ZIP + 4       Total contributions       T         (a)       Name, address, and ZIP + 4       Total con	Payroll Noncash Complete Part II for oncash contributions.)
No.         Name, address, and ZIP + 4         Total contributions         T           38	
(a)(b)(c) $39$ (b)(c) $39$ (c) $10,000.$ (c) <td></td>	
No.         Name, address, and ZIP + 4         Total contributions         T           39	Person     X       Payroll
(a)       (b)       (c)         No.       Name, address, and ZIP + 4       Total contributions         40       (c)       (c)         40       (c)       (c)         (c)       Name, address, and ZIP + 4       Total contributions         (a)       (b)       (c)       (c)         (a)       (b)       (c)       (c)         41       (c)       (c)       (c)         41       (c)       (c)       (c)         (c)       (c)       (c)       (c)	(d) Type of contribution
No.Name, address, and ZIP + 4Total contributionsT $40$	Person     X       Payroll
(a)       (b)       (c)         No.       Name, address, and ZIP + 4       Total contributions         41       (s)       35,200.	(d) Type of contribution
No.     Name, address, and ZIP + 4     Total contributions     T       41	Person X Payroll Noncash Complete Part II for poncash contributions.)
\$ \$ \$	(d) Type of contribution
	Person X Payroll
(a)     (b)     (c)       No.     Name, address, and ZIP + 4     Total contributions     T	Noncash Complete Part II for oncash contributions.)
42         \$ 5,175.         \$ (Column           823452 11-08-18         \$ Schedule B (Form 990, 9         \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Complete Part II for

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29 2018.05000 WICHITA SYMPHONY SOCIETY

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

Name of organization

Page 2
Employer identification number

48-0671518

#### WICHITA SYMPHONY SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
43		\$     5,000.       \$     5,000.   Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
44		S     5,500.       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u>45</u>		\$     7,983.       \$     7,983.         Person       X       Payroll       Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
46		\$     6,000.       \$     6,000.   Person Payroll Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person     Payroll     Noncash     (Complete Part II for     noncash contributions.)
823452 11-08	-18	Schedule B (Form 990, 990-EZ, or 990-PF) (2018

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30 2018.05000 WICHITA SYMPHONY SOCIETY

Name of organization

Page 3

Employer identification number

48-0671518

WICHITA SYMPHONY SOCIETY

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
22	500 SHARES JOHNSON & JOHNSON STOCK	_	
		\$ 66,699.	08/23/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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2018.05000 WICHITA SYMPHONY SOCIETY

67390\_\_1

Page **4** 

Name of o	rganization		Employer identification number		
WICHI	TA SYMPHONY SOCIETY		48-0671518		
Part III	Exclusively religious, charitable, etc., contri from any one contributor. Complete columns completing Part III, enter the total of exclusively religio Use duplicate copies of Part III if additio	a) through (e) and the following line er us, charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yeatry. For organizations less for the year. (Enter this info. once.) \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gi	ft		
-	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 gi	[		
-	Transferee's name, address		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	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
-	(e) Transfer of gift				
-	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee		
323454 11-08	3-18	32	Schedule B (Form 990, 990-EZ, or 990-PF) (201		

16081119 758219 67390 2018.05000 WICHITA SYMPHONY SOCIETY

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SCHEDULE D

Department of the Treasury Internal Revenue Service

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

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



Name	of the	organization
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WICHITA SYMPHONY SOCIETY

Employer identification number 48-0671518

(a) Donor advised tunds       (b) Funds and other accounts         Aggregate value of ontributions to (during year)       (c)         Aggregate value of ontributions to (during year)       (c)         Comparization inform all donors and donor advisors in writing that the assets held in donor advised funds       (c)         File of the organization inform all grantese, donors, and donor advisors in writing that grant funds can be used only       (c)         File of the organization inform all grantese, donors, and donor advisors in writing that grant funds can be used only       (c)         File of the organization inform all grantese, donors, and donor advisors in writing that grant funds can be used only       (c)         Part III       Conservation assements held by the organization is exclusive legal control?       (c)         Part III       Conservation assements held by the organization is exclusive largely.       (c)       (c)         Preservation of land for public use (e.g., recreation or education)       (c)       Preservation of a conservation assements.         Complete lines 2 at through 2 if the organization's exclusive line/used (c) that acceage restricted by conservation easements.       (c)         I value of conservation easements included in (c) acquired atter 723006, and net on a historic structure       (c)         2 a       (c)       (c)         3 under of organization insegregaters.       (c)         S to accervation easements includ	Pa			r Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 4 Aggregate value of ant from (during year) 4 Aggregate value of ant from (during year) 4 Aggregate value of ant of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization is writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or of onor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible of conservation easements. Complete if the organization nanswered 'Ves' on Form 980, Part IV, line 7.  Percentation easements held by the organization (heck all that apply).  Preservation of an instructure Preservation of a historically important land area Protection of natural habitat Protection of conservation easements are official acreage restricted by conservation easements by Total acreage restricted by conservation easements in located by by and enforcement of the conservation easements included in (a) acreating conservation easements modified, transferred, released, extinguished, or terminated by the organization's accusity is a suffice hybely was by any entry purpose of the conservation easement is located by by and enforcement of the conservation easements included in (b) was by any entry purpose. Complete lines on the conservation easement is located by bo Does the organization resorted on manatoring, inspecting, handling of violations, and enforcing c		organization answered "Yes" on Form 990, Part IV, lin		(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all choices and denor advisions in writing that the assets held in donor advised funds are the organization inform all grantees, comes, and denor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the denor of choice advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the denor of choice advisor, for any other purposes of not for the benefit of the denor of choice advisor. For any other purposes 7 Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (helds all that apply). 2 Complete integ 2 through 25 If the organization held a qualified conservation or a heliotically important fund area 2 Protection of natural habitat 3 Protection of conservation easements 3 Did at the End of the Tax Year 4 Total number of conservation easements 4 Did at the End of the Tax Year 4 Number of conservation easements 4 Did at the End of the Tax Year 4 Number of conservation easements 4 Did at the End of the Tax Year 4 Number of conservation easements 4 Did at the Right of the conservation easements 4 Did at the Right of the conservation easements 4 Did at the Right of the conservation easements 4 Did at the Right of the conservation easements 4 Did at the Right of the conservation easements 4 Did at the Right of the conservation easements 4 Did at the Right of the conservation easements 4 Did the conservation easements 4	1	Total number at end of year		
Aggregate value of grants from (during year)     Aggregate value of grants from (during year)     Aggregate value at end of year     Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds     are the organization inform all 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?     Persevation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.     Persevation of and for public use (e.g., ecreation or education)     Preservation of a historically important land area     Protection of natural habitat     Preservation of and for public use (e.g., ecreation or education)     Preservation of a certified historic structure     Preservation of a netry and instance in the last.     Aggregate value of onservation easements included in (c) acquired after 725/06, and not on a historic structure     Aumber of conservation easements     a Total number of conservation easements     a total acreage restricted by conservation easements     b obs the organization inform all donord (c) acquired after 725/06, and not on a historic structure     a total acreage restricted by conservation easements in todade in (a)     worker of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax     year      water of states where property subject to conservation easements in todade in      years     b obs each conservation easement reported on line 2(d) above satisfy the requirement		E E E E E E E E E E E E E E E E E E E		
4 Aggregate value at end of year	-			
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised tunds are the organization's representation's property, subject to the organization's accusive legal control?		F		
are the organization's property, subject to the organization's exclusive legal control?       Yes       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?       No         PartIII Conservation Easements. Complete If the organization answered "Yes" on Form 990, Part IV, line 7.       No         Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of a for public use (e.g., recreation or education)       Preservation of a for for public use (e.g., recreation or education)         Preservation of open space       2       Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements         a Total number of conservation easements.       2a       1       Edid the Edid of the Tax Year         a Total number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year /       2d       2d         Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year /       2d       No         A Number of states where property subject to conservation easements during inspection, handling of violations, and enforcing conservation easements during the year       X         5 Staff and volumeter houre advited, transferred, released, extinguished, or termin		-	writing that the assets held in donor advised	l funde
<ul> <li>G bid the organization inform all grantees, donore, and donor advisor, in writing that grant funds can be used only for charitable purposes and not for the benefit?</li></ul>	5	-	-	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	6			
Impermissible private benefit?       Yes       No         Part II       Conservation Easements. Complete if the organization (check all that apply).       Proposel() of conservation easements held by the organization (check all that apply).       Preservation of land for public use (e.g., recreation or education)       Preservation of a certified historic structure         Preservation of open space       Complete lines 2a through 2d if the organization held a qualified conservation or a conservation easement on the last day of the tax year.       Total arcmage restricted by conservation easements       2a         Data number of conservation easements       2a       2a       2a       2a         A number of conservation easements       2a       2a       2a       2a         A Number of conservation easements       2a       2a       2a       2a       2a         A Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2a       2a <th>U</th> <th></th> <th></th> <th></th>	U			
Part III Conservation Easements. Complete If the organization answered "Yes" on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization (check all that apply).         □       Preservation of and for public use (s.g., recreation or education)         □       Preservation of natural habitat         □       Preservation of a certified historic structure         □       Preservation of a certified historic structure         □       Preservation of a certified by conservation easements         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.       2a         1       Total anreservation easements         2       2a         2       2a         2       2a         2       2a         2       2a         2       2a         3       Number of conservation easements         2       2a         4       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         4       Number of conservation easement reported on line 2(d) above satisfy the requirements of section			• • • •	
1       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of an distorically important land area         Preservation of land for public use (e.g., recreation or education)       Preservation of a certified historic structure         Preservation of open space       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.         a       Total number of conservation easements       2a         b       Total acreage restricted by conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2a         d       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       2a         3       Number of states where property subject to conservation easement is located ▶       5         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         ▶	Pa	rt II Conservation Easements. Complete if the oro	anization answered "Yes" on Form 990 Pa	rt IV line 7
Preservation of land for public use (e.g., recreation or education) Preservation of a acertified historically important land area Preservation of natural habitat Preservation of a certified historic structure 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. a Total acreage restricted by conservation easements b Total acreage restricted by conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on certified historic structure included in (a) d Number of conservation easements and certified historic structure included in (a) d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements is located ▶ S taff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i) Yes No 9 In Part XIII, describe how the organization nervers on servation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the forp M90, Part K, line 8. 14 If the organization answered 'Yes' on Form 990, Part K, line 8. 15 If a revenue statement and balance sheet works of art, historical treasures, or Other Similar Assets. Complete if the organization nerver's '116 (ASC 958), not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, ducation, or research in furtherance of public service, provide, in Part XIII, the text of the o				
Protection of natural habitat Preservation of a conservation easements Total arcsage restricted by conservation easements Number of conservation easements included in (a) Total arcsage restricted by conservation easements included in (a) Total arcsage restricted by conservation easements Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Year >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	•			cally important land area
□       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.       Idel at the End of the Tax Year         a       Total acreage restricted by conservation easements       2a         b       Total acreage restricted by conservation easements       2b         c       Number of conservation easements on certified historic structure included in (a)       2c         d       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year >         2       Number of states where property subject to conservation easements included in (c) acquired after 7/25/06, and not on a historic structure include of the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements modified, transferred, released, extinguished, or terminated by the organization fave a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         > \$       Does the organization have a written policy regarding the periodic monitoring conservation easements during the year         > \$       Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(0)         and section 170(h)(4)(B)(0)       and section 170(h)(4)(B)(0)         and section 170(h)(4)(B)(0)       Yes       No				
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.   a Total number of conservation easements   b Total acreage restricted by conservation easements   c Number of conservation easements on a certified historic structure included in (a)   d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶   3 Number of states where property subject to conservation easements is located ▶   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 enforcing conservation easements during the year ▶   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶   6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$   5 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   a If the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the foorthe to the organization's financial statements that describes the organization's accounting for conservation easements. <b>Part IIII Organization Rubintaining Collections of Art, Historical Treasures, or Other Si</b>				
day of the tax year.       Held at the End of the Tax Year.         a Total number of conservation easements       2a         b Total accage restricted by conservation easements       2b         c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2c         listed in the National Register       2d         3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         3 Number of states where property subject to conservation easement is located >	2		ind conservation contribution in the form of	a consonvation assemant on the last
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b Total acreage restricted by conservation easements   c Number of conservation easements on a certified historic structure included in (a)   d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure   isted in the National Register   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax   year b   4 Number of states where property subject to conservation easement is located b   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of   violations, and enforcement of the conservation easements it holds?   6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   b				
c       Number of conservation easements on a certified historic structure included in (a)       2c         d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶       2d         4       Number of states where property subject to conservation easement is located ▶				
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure isted in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶       4         4 Number of states where property subject to conservation easement is located ▶       5         5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements it holds?       Number of states where property subject to conservation easements it holds?         6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶          7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)       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 IIII Organization Smaintaining Collections of Art, Historical Treasures, or Other Similar Assets.       Complete if the organization answered "Yes" on Form 990, Part V, line 8.         1a If the organization elected, as permitted under SFAS 116 (ASC 958), nor toreport in its				
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?         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶         7       Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)         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 is financial statements that describes the organization's accounting for conservation easements.         Part IIII       Organization answered "Yes" on 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 the				
<ul> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li></ul>	u			
<ul> <li>year ▶</li></ul>	2			
<ul> <li>A Number of states where property subject to conservation easement is located ▶</li></ul>	3		eased, extinguished, or terminated by the o	rganization during the tax
<ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶</li> <li>S</li> <li>B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>Yes</li> <li>No</li> <li>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.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a 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, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>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:</li> <li>c) Revenue included on Form 990, Part X</li> <li>\$</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial</li></ul>	4		soment is located	
<ul> <li>violations, and enforcement of the conservation easements it holds?</li> <li>Yes No</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>			·	
<ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year </li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year </li> <li>\$</li></ul>	Ŭ			
<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>	6			
<ul> <li>\$</li></ul>	Ŭ		handling of violations, and chloreing conset	valion casements during the year
<ul> <li>\$</li></ul>	7	Amount of expenses incurred in monitoring inspecting hand	lling of violations, and enforcing conservation	on easements during the year
<ul> <li>B 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)?</li></ul>	•			
<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>No</li> <li>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.</li> <li>Part III</li> <li>Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>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.</li> <li>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, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>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: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>\$</li> </ul> </li> <li>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:</li> <li>a Revenue included on Form 990, Part X</li> <li>\$</li> <li>Asse</li></ul>	8		e satisfy the requirements of section 170(h)	(4)(B)(i)
<ul> <li>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.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>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.</li> <li>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, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>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: <ul> <li>(i) Revenue included on Form 990, Part X</li> </ul> </li> <li>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: <ul> <li>a Revenue included on Form 990, Part X</li> <li>\$</li> </ul> </li> <li>b Assets included in Form 990, Part X</li> <li>\$</li> </ul>	•			
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" on 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, 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: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>\$</li> <li>(ii) Assets included in Form 990, Part X</li> <li>\$</li> <li>(iii) Assets included on Form 990, Part X</li> <li>\$</li> <li>(iii) Assets included on Form 990, Part X</li> <li>\$</li> <li>(ii) Assets included on Form 990, Part X</li> <li>\$</li> <li>(ii) Assets</li></ul>	9			
conservation easements.          Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.         Complete if the organization answered "Yes" on 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, 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: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>\$</li> <li>(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:</li> <li>a Revenue included on Form 990, Part X</li> <li>\$</li> <li>Assets included in Form 990, Part X</li> <li>\$</li> <li>Ass</li></ul>	•		•	
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a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	-			, ,,
b Assets included in Form 990, Part X 🕨 \$	а	- · · ·		▶ \$

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832051 10-29-18

2018.05000 WICHITA SYMPHONY SOCIETY

Sche	Schedule D (Form 990) 2018 WICHITA SYMPHONY SOCIETY 48-0671518 Page 2								
Pa	t III Organizations Maintaining Co	ollections of Art	t, Historical Tre	easures, or Oth	ner Simi	ar Asset	S (contir	nued)	
3	Using the organization's acquisition, accessic	on, and other record	s, check any of the	following that are a	a significar	t use of its	collectio	n iten	าร
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they further t	he organization's e	xempt pur	pose in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	asures, or other sim	ilar assets		_	_	_
	to be sold to raise funds rather than to be ma	intained as part of t	ne organization's co	ollection?		L	Yes		No
Pa	reported an amount on Form 990, Part		te if the organizatic	on answered "Yes"	on Form 9	90, Part IV,	line 9, o	r	
<b>1</b> a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributior	ns or other assets n	ot include	d			
	on Form 990, Part X?						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a								
		·	C C				Amoun	t	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on Fo				ability?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Pa	rt V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	orm 990, Part IV, lin	e 10.				
	_	(a) Current year	(b) Prior year	(c) Two years back	- · ·	years back			
1a	Beginning of year balance	6,093,493.	6,012,928.			193,927.	5	,245,	
b	Contributions	42,433.	22,672.			300,969.			035.
с	Net investment earnings, gains, and losses	452,909.	416,390.	615,457	•	-51,757.		138,	839.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	273,876.	358,497.	269,375	•	233,014.		199,	093.
f	Administrative expenses								
g	End of year balance	6,314,959.	6,093,493.		• 5,	210,125.	5	,193,	927.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
	Permanent endowment ► 28.00	<u>%</u>							
с	Temporarily restricted endowment ► 72								
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	ıld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	ind administered fo	r the orgar	nization	г		
	by:							Yes	No X
	(i) unrelated organizations						3a(i)		л Х
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organizat						3b		
	t VI Land, Buildings, and Equipme		wment funds.						
1 0	Complete if the organization answered		Dort IV line 11e 9	Soo Form 000 Dort	V line 10				
	Description of property	(a) Cost or ot basis (investm			Accumula lepreciatio		( <b>d)</b> Boo	k valu	е
	Land		Dabis		opiecialio				
	Land								
	Buildings								
	Leasehold improvements		6	8,580.	65,5	525		3,0	55.
	Equipment				5575			-, -	
	Other I. Add lines 1a through 1e. (Column (d) must eq		X column (R) line 1	(0c)				3,0	55.
TOLA		uan onn 330, Falls			<u></u>	Schedule			
						Concould			,

#### Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) NON-DEPRECIABLE ASSETS MUSIC LIBRARY	224,418.
(2) NON-DEPRECIABLE ASSETS	227,069.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	451,487.

#### Part X Other Liabilities.

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

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

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

#### Schedule D (Form 990) 2018

832053 10-29-18

Sche	dule D (Form 990) 2018 WICHITA SYMPHONY SOCIETY			48-	0671518	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re			0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.				
1	Total revenue, gains, and other support per audited financial statements			1	2,623,	793.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	83,748.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		748.
3	Subtract line 2e from line 1			3	2,540,	045.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,540,	045.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per	Retur	m.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	2,416,	910.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	-				•
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	2,416,	910.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				-
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,416,	910.
Pa	rt 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:

THE WICHITA SYMPHONY SOCIETY HAS RECEIVED A DETERMINATION LETTER FROM THE
INTERNAL REVENUE SERVICE THAT RECOGNIZES AS A PUBLICLY SUPPORTED
NOT-FOR-PROFIT CORPORATION AND IS EXEMPT, EXCEPT FOR UNRELATED BUSINESS
INCOME, FROM TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.
THE WICHITA SYMPHONY SOCIETY FILES A FORM 990-T TO REPORT UNRELATED
BUSINESS TAXABLE INCOME, IF ANY. THE WICHITA SYMPHONY SOCIETY BELIEVES
THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH,
DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE
FINANCIAL STATEMENTS. THE WICHITA SYMPHONY SOCIETY'S FEDERAL FORMS 990
AND 990-T AND KANSAS INCOME TAX RETURNS FOR PERIODS ENDED JUNE 30, 2019,
2018 AND 2017 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE
832054 10-29-18 Schedule D (Form 990) 2018
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ARE INCLUDED IN OPERATING EXPENSES.

PART V, LINE 4

THE WICHITA SYMPHONY SOCIETY ESTABLISHED AN ENDOWMENT FUND TO ASSIST IN THE MANAGEMENT OF PERMANENTLY RESTRICTED NET ASSETS AND TO PROVIDE AN OPPORTUNITY TO INTERNALLY DESIGNATE FUNDS TO PROVIDE LONG TERM BENEFIT OF THE SOCIETY WHICH IS THE PERFORMANCE OF SYMPHONIC AND ORCHESTRA PRODUCTIONS AND OTHER EDUCATIONAL ACTIVITIES FOR THE CITIZENS OF WICHITA,

KS AND THE SURROUNDING AREAS.

Schedule D (Form 990) 2018

832055 10-29-18

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.



Employer identification number 48-0671518

WICHITA SYMPHONY SOCIETY

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

COPY OF THE 990 IS PROVIDED TO THE GOVERNING BODY BEFORE IT IS FILED.

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

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY

INTERESTS THAT COULD GIVE RISE TO CONFLICTS.

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

THE EXECUTIVE DIRECTOR IS EVALUATED ON AN ANNUAL BASIS.

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

PROVIDED UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

GUEST ARTIST FEES:

225,359. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES Ο. 0. FUNDRAISING EXPENSES 225,359.

TOTAL EXPENSES

SECURITY:

PROGRAM SERVICE EXPENSES	5,972.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,972.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

16081119 758219 67390 2018.05000 WICHITA SYMPHONY SOCIETY

38

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2 Employer identification number
WICHITA SYMPHONY SOCIETY	48-0671518
RECORDING ENGINEER:	
PROGRAM SERVICE EXPENSES	2,200.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,200.
CONDUCTOR EXPENSE:	
PROGRAM SERVICE EXPENSES	122,520.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	122,520.
PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	77,483.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	77,483.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	433,534.
832212 10-10-18 School 3 9	edule O (Form 990 or 990-EZ) (2018

Schedule O (Form 990 or 990-EZ) (2018) 39 2018.05000 WICHITA SYMPHONY SOCIETY 67390\_\_1

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

OMB No. 1545-0047

2018 Open to Public Inspection

Name of the organization

# WICHITA SYMPHONY SOCIETY

Employer identification number 48-0671518

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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
SYMPHONY MANAGEMENT, INC 48-0673776							
225 W DOUGLAS, SUITE 207					WICHITA SYMPHONY		
WICHITA, KS 67202	ORCHESTRA MUSICIANS	KANSAS	501(C)(3)	509(A)(3)	SOCIETY		Х
	-						
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	-						

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

Schedule R (Form 990) 2018

#### Schedule R (Form 990) 2018 WICHITA SYMPHONY SOCIETY

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

	(b)	(c)	(d)		(e)	(	(f)	(	g)	(ł	ו)	(i)		(j)	(1					
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomina (related, excluded fro	ant income unrelated, om tax under 512-514)	Share inc	ome end		al Share of end-of-year assets		ortionate tions?	Code V-UE amount in b 20 of Sched	ox <sup>m</sup>	anaging partner?						
		country)		Sections	512-514)					Yes	No	K-1 (Form 10	165) <b>Y</b>	esNo	<u>)</u>					
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Identification of Related Or	ganizations Taxable	as a Corpo	<b></b> pration or Trust.C	omplete if t	he organizati	ion ansv	vered "Yes	s" on For	m 990. P	art IV.	line 34	I 4. because it ł	nad or	ne or r	nore re					
organizations treated as a co	prporation or trust duri	ng the tax	year.							,		.,								
(a)			(b)	(c)	(d)		(e)		(f)			(g)		h)	Sec 512(1					
	ZINI I			(state or entity		(state or	Direct controlling Ty entity (C		Type of entity (C corp, S corp,		Type of entity		olling Type of er				Share of	Perce	entage	512(l contr ent
(م) Name, address, and E of related organizatio	on	Phili	ary activity	(state or	Direct cont entity	trolling /	(C corp, S	S corp,	Share o incor	ne		end-of-year	owne	ərsnip						
Name, address, and E	on	Philli	ary activity	Legal domicile (state or foreign country)	Direct cont entity	trolling /	Type of (C corp, S or tru	S corp,	Share o incor	ne	e	end-of-year assets	owne	ersnip						
Name, address, and E		Phili	ary activity	(state or foreign	Direct cont entity	trolling /	(C corp, S	S corp,	Share o incor	ne		end-of-year	owne	ersnip	Yes					
Name, address, and E			ary activity	(state or foreign	Direct cont entity	trolling /	(C corp, S	S corp,	Share o incor	ne	•	end-of-year	owne	ersnip						
Name, address, and E		Phili	ary activity	(state or foreign	Direct cont entity	trolling /	(C corp, S	S corp,	Share o incor	ne		end-of-year	owne	ersnip						
Name, address, and E			ary activity	(state or foreign	Direct cont entity	trolling /	(C corp, S	S corp,	Share o incor	ne		end-of-year	owne							
Name, address, and E		P1111	ary activity	(state or foreign	Direct cont entity	trolling /	(C corp, S	S corp,	Share o incor	ne		end-of-year	owne	ersnip						

#### Schedule R (Form 990) 2018 WICHITA SYMPHONY SOCIETY

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

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) WICHITA SYMPHONY MANAGEMENT	Р	634,967.	CASH AMOUNT OF REIMBURSEMENTS
_(2)			
<u>(</u> 3)			
<u>(6)</u>	12		Calcadula D (Faura 000) 0010

#### Schedule R (Form 990) 2018 WICHITA SYMPHONY SOCIETY

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes	) s sec. (3) ? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(F Dispr tior alloca	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn <b>Yes</b>	) ral or iging ner? <b>NO</b>	<b>(k)</b> Percentage ownership

Schedule R (Form 990) 2018

#### WICHITA SYMPHONY SOCIETY

1	Part VII	Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

832165 10-02-18

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