d	i Fy	cempt Organi	ization	Rus	siness In	come			GRAN	
Form 990-T			roxy tax	cun	der sectio	n 6033(e))	1906) G	3 No 1545-0687
	For cale	Go to www.irs.gi						_ , 20		<u> </u>
Department of the Treasury Internal Revenue Service	▶no	not enter SSN numbers						01(c)(3)	Open to	Public Inspection for 3) Organizations Only
A Check box if	1 50	Name of organization (_		me changed and s					ification number
address change	ď	, ,			-			(Em	ployees' trust,	see instructions)
B Exempt under section		ENVISION, IN	ic.							
X 501(C)(3)	Print	Number, street, and room		lf a P O	box, see instruction	ons			1392721	L
408(e) 220(or or							E Unr	elated busin	ness activity code
408A _ = 530(1) be	610 N MAIN,	4TH FLO	OR				(See	instructions)	
529(a)	۵)	City or town, state or pr			ZIP or foreign posta	al code		\dashv		
C Book value of all assets	-	WICHITA, KS		•	· ·			812	930	
at end of year		up exemption number	_	ions)	<u> </u>					
86.410.604		ck organization type	` , 			501/0	:) trust	401/2	a) trust	Other trust
H Enter the number						1 1001(0			nly (or first)	
trade or business h	-	_	acs or busine	3363		f only one			•	e, describe the
		end of the previous s	entence co	molete		,	•			o, deserte are
			entence, co	inpiete	rans ranon, o	ompiete a c	Caredate III Tor	Caon additi	Onto	
trade or business,		corporation a subsidia	ru in an affil	ated a	roup or a parent	eubeidian	controlled arou	ın?		Yes X No
= -						·subsidial y	controlled grou	φ		163 110
		identifying number of t CHAEL MONTEFE		porau	JII P	Telephor	ne number 🕨	316-26	7-2244	_
		or Business Incom			(A) Inco			penses		(C) Net
				I	(A) Inco		(6, 5)	periodo		(0) 1101
1a Gross receipts o			c Balance ▶							
b Less returns and allo			•	1c 2			-		-	-
-	•	ule A, line 7)		3			· · · · · ·		-	
•		2 from line 1c		<u> </u>				 -		
		ttach Schedule D)		4a					+	
- , , ,		Part II, line 17) (attach Fo		4b				•		
•		rusts		4c	_		-			
		r an S corporation (attach state			1	6,050.				16,050.
•	-			6		.0,030.				10,000.
		come (Schedule E) .		7					+	
	-	nts from a controlled organizat								
		1(c)(7), (9), or (17) organization							+	
·		ncome (Schedule I)		10						
_	•	lule J)		11						
		tions, attach schedule)		12	1	6,050.				16,050.
13 Total. Combine	lines 3 thre	ough 12	/Coo.inoti	13			lodustions	/Event	for cont	
		be directly connec) (Except	, IOI COIN	ibulions,
								14.		
14 Compensation of	or officers,	directors, and trustees ((Schedule K)	· † ·	・KLしL	INFA		14	<u> </u>	
15 Salalies allo wa	ges							15		
				ៈង្គ្រ	MAR 1.	6 2020	S-08(16		
		· · · · · · · · · · · · · · · · · · ·		١٩	· MAU T	W FYES.	. 181	18		
·		(see instructions)		. W	1	· · · · · ·	≟	· · · · -	1	602.
19 Taxes and licens	ses		• • • • • • • • • • • • • • • • • • •	. 1	OGDE	N. U		19		
								• • • •	'	
		4562)				21			_	
•		on Schedule A and els			_	22a		22		
								1		
		compensation plans .								
		3								
		Schedule I)						T T		
		chedule J)								
		chedule)							_	602.
		s 14 through 28								15,448.
		le income before ne								13,440.
	•	g loss arising in tax ye	-	_		-				15 440
32 Unrelated busin	ess taxable	e income. Subtract line	31 from line	30 .	<u> </u>	<u> </u>	<u></u>	31 3	2	15,448.

	990-T (2018)		Page Z
Par		_	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions),	33	15,448.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	15,448.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	3,7	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36		
	enter the smaller of zero or line 36		14,448.
Par	t IV Tax Computation	$\neg \vdash$	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	3,034.
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	46	
41	Proxy tax. See instructions		
42	Alternative minimum tax (trusts only).	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		3,034.
Par		<u> </u>	.,
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
þ	Other credits (see instructions)		
C	General business credit Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	450	
	Total credits. Add lines 45a through 45d		3,034.
46	Subtract line 45e from line 44	46	3,034.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	3,034.
48	Total tax. Add lines 46 and 47 (see instructions)		3,034.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments A 2017 overpayment credited to 2018	, i	
b	2018 estimated tax payments		
C	Tax deposited with Form 8868		
d	Foreign organizations Tax paid or withheld at source (see instructions) 50d		
е	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941) 50f		
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g	\	
	Total payments. Add lines 50a through 50g	51	14,065.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	131.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	\$ 3	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	10,900.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶10,900. Refunded ▶	55	
Par		5)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		authority Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the		
	here ▶	_	, x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	an trus	t? X
٠.	If "Yes," see instructions for other forms the organization may have to file	5	
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of n	ny knowledge and belief, it is
Sign	true, correct, and complete Declaration of propharer (other than taxpayer) is based on all information of which preparer has any knowledge		
Her			IRS discuss this return preparer shown below
11611			ions)? X Yes No
	Pront/Type preparers name Preparers signature . Date	Т	PTIN
Paid	a) ha II Jumb		7 201662000
Prep	arer	mployed	44-0160260
-	Firms name DRD, DB:	EIN ►	16-265-2811
	Firm's address 1001 N WATERTROWL FRWI, SIE 300, WICHITA, NO 0/200-0001 Phone	no J	
JSA			Form 990-T *(2018)

JSA

Page 3 Form 990-T (2018) Schedule A - Cost of Goods Sold. Enter method of inventory valuation > 6 Inventory at end of year Inventory at beginning of year. Purchases Cost of goods sold. Subtract line 2 2 3 6 from line 5 Enter here and in Cost of labor 7 Part I, line 2 4a Additional section 263A costs No Yes Do the rules of section 263A (with respect to (attach schedule) 4a b Other costs (attach schedule) . 4b property produced or acquired for resale) apply X to the organization? 5 Total. Add lines 1 through 4b . 5 Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property PARKING LOT RENT TO GENERAL PUBLIC (1) (2) (3) (4) 2 Rent received or accrued (a) From personal property (if the percentage of rent 3(a) Deductions directly connected with the income (b) From real and personal property (if the for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule) 50% or if the rent is based on profit or income) more than 50%) 16,050. (1) (2) (3) (4) 16,050. Total (b) Total deductions. (c) Total income Add totals of columns 2(a) and 2(b) Enter Enter here and on page 1, Part I, line 6, column (B) ▶ 16,050. here and on page 1, Part I, line 6, column (A) ▶ Schedule E - Unrelated Debt-Financed Income (see instructions) 3 Deductions directly connected with or allocable to 2 Gross income from or debt-financed property 1 Description of debt-financed property allocable to debt-financed (b) Other deductions (a) Straight line depreciation property (attach schedule) (attach schedule) (1) (2) (3) (4) 5 Average adjusted basis 4 Amount of average 8 Allocable deductions 6 Column of or allocable to acquisition debt on or 7 Gross income reportable 4 divided (column 6 x total of columns allocable to debt-financed debt-financed property (column 2 x column 6) by column 5 3(a) and 3(b)) property (attach schedule) (attach schedule) % (1) % (2) % (3) % (4) Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B)

Total dividends-received deductions included in column 8

Schedule F—Interest, Anni	urties, Royalties	` 		ontrolled Org			auc) 11 3 (366	instruction.	1113)	_	
Name of controlled organization	2 Employer identification numb	e,		ated income instructions)	4 Total of spec payments ma		ecified included		of column 4 that is in the controlling ion's gross income		6 Deductions directly connected with income in column 5	
(1)			_									
(2)					_							
(3)												
(4)												
Nonexempt Controlled Organiz	 -					10	Part	of column	0 that is	4	1 Deductions directly	
7 Taxable Income	e 8 Net unrelated income (loss) (see instructions)		9 Total of specified payments made			10 Part of column 9 that is included in the controlling organization's gross income			ntrolling	connected with income in column 10		
(1)						-						
(2)						_				-		
(3)									_			
(4)				_			44	olumns 5 a		_	dd columns 6 and 11	
Totals	ncome of a Sec	tion 501(: : · c)(7),	(9), or (17		Pá	art I, I		mn (A)		ter here and on page 1, int I, line 8, column (B)	
1 Description of income	2 Amount of	ıncome		directly cor (attach sch	nected	4 Set-asides (attach schedule)			and set-asides (col 3 plus col 4)			
(1)										\rightarrow		
(2)	-									\rightarrow		
(3)			-							\rightarrow		
(4) Totals ▶	Enter here and o Part I, line 9, co	olumn (A)									Enter here and on page 1 Part I, line 9, column (B)	
Schedule I – Exploited Exe	empt Activity In	come, Oth	er Th	an Adverti	ising In	com	e (se	e instru	ctions)		·	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expension directly connected production unrelate business in	/ with n of ed	4 Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ed trade (column umn 3) ompute	5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)	-											
(2)	<u> </u>											
(3)												
(4)												
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,								Enter here and on page 1, Part II, line 26	
Schedule J-Advertising In												
Part I Income From Per	iodicals Report	ed on a Co	onsol	idated Bas	sis				т			
Name of periodical	2 Gross advertising income		3 Direct advertising costs		4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)				1								
(3)			-	1								
(4)	-			1							7	
	 											
Totals (carry to Part II, line (5))							_				Form 990-T (2018)	

Page 5

(4)

Total. Enter here and on page 1, Part II, line 14,

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 7 Excess readership 4 Advertising gain or (loss) (col costs (column 6 2 Gross 3 Direct 5 Circulation 6 Readership 2 minus col 3) If minus column 5, but 1 Name of periodical advertising advertising costs income costs not more than a gain, compute ıncome cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I. Enter here and Enter here and on Enter here and on on page 1, page 1, Part I, page 1, Part I, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 4 Compensation attributable to unrelated business time devoted to 1 Name business (1) % (2) ATCH 2 % % (3) %

ת	תיתי זי	CHMENT	1
м	$\perp \perp \vdash$	CUMPNI	

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

PARKING LOT RENTAL TO THE GENERAL PUBLIC

ATTACHMENT 2

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
MICHAEL MONTEFERRANTE 610 N MAIN, 4TH FLOOR WICHITA, KS 67203	CEO/DIRECTOR/OFFICER	0	0.
MARK EATON 610 N MAIN, 4TH FLOOR WICHITA, KS 67203	CFO/OFFICER	0	`0.
SAM WILLIAMS 610 N MAIN, 4TH FLOOR WICHITA, KS 67203	CHAIRMAN/DIRECTOR	0	0.
RANDY SUMMERS 610 N MAIN, 4TH FLOOR WICHITA, KS 67203	SECRETARY/DIRECTOR	0	0.
ALBERT DENNY 610 N MAIN, 4TH FLOOR WICHITA, KS 67203	DIRECTOR/TREASURER	0	0.
DOUGLAS HOBBS 610 N MAIN, 4TH FLOOR WICHITA, KS 67203	DIRECTOR	0	0.
GREG KLENDA 610 N MAIN, 4TH FLOOR WICHITA, KS 67203	DIRECTOR	0	0.
BOB RING 610 N MAIN, 4TH FLOOR WICHITA, KS 67203	DIRECTOR	0	0.
JOSEPH SULLIVAN 610 N MAIN, 4TH FLOOR WICHITA, KS 67203	DIRECTOR	0	0.
JEFF RONEN 610 N MAIN, 4TH FLOOR WICHITA, KS 67203	DIRECTOR	. 0	0.

ATTACHMENT 2 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
MOJI ROSSON 610 N MAIN, 4TH FLOOR WICHITA, KS 67203	DIRECTOR	0	0.
CARLA POWERS 610 N MAIN, 4TH FLOOR WICHITA, KS 67203	DIRECTOR	0	0.
SKIP COOMBER 610 N MAIN, 4TH FLOOR WICHITA, KS 67203	DIRECTOR	0	0.
JEFF MACDOWELL 610 N MAIN, 4TH FLOOR WICHITA, KS 67203	DIRECTOR	0	0.
NIKKI FREEMAN 610 N MAIN, 4TH FLOOR WICHITA, KS 67203	VP/CHRO/OFFICER	0	0.
TOTAL COMPENSATION			0.