

PUBLIC DISCLOSURE COPY  
WICHITA FOUNDATION  
06/30/2023



May 14, 2024

Wichita Foundation  
303 S Broadway, Suite 100  
Wichita, Kansas 67202  
Attention: Christina Valdois, Director of Accounting

Dear Christina:

Enclosed is the organization's 2022 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail as soon as possible.

Mail to:  
Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

We have also provided a Public Disclosure Copy of your Form 990.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Marshal Hull, Partner  
Regier Carr & Monroe, LLP

## PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

### TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

### PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

### PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

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Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2023

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**Prepared For:**

Wichita Foundation  
303 S. Broadway, Suite 100  
Wichita, KS 67202

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**Prepared By:**

Regier Carr & Monroe, L.L.P.  
300 W. Douglas Ave. Ste. 900  
Wichita, KS 67202-2914

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>WICHITA FOUNDATION</b>	Taxpayer identification number (TIN) <b>48-1022361</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>303 S. BROADWAY, SUITE, 100</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WICHITA, KS 67202</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**WICHITA FOUNDATION**

• The books are in the care of ▶ **303 S BROADWAY, STE 100 - WICHITA, KS 67202-4801**

Telephone No. ▶ **316-264-4880** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2022

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>WICHITA FOUNDATION</b>		<b>D</b> Employer identification number <b>48-1022361</b>
	Doing business as		<b>E</b> Telephone number <b>316-264-4880</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>49,196,031.</b>
	<b>303 S. BROADWAY, SUITE 100</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>WICHITA, KS 67202</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>F</b> Name and address of principal officer: <b>SHELLY PRICHARD</b> <b>303 S BROADWAY, SUITE 100, WICHITA, KS 6720</b>		<b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WICHITAFUNDATION.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1986</b>
<b>M</b> State of legal domicile: <b>KS</b>			

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO RECEIVE AND ACCEPT PROPERTY TO BE ADMINISTERED EXCLUSIVELY FOR CHARITABLE PURPOSES, PRIMARILY</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>10</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 8,665,991.	<b>Current Year</b> 6,984,145.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,008,473.	2,727,842.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	389,950.	536,375.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,064,414.	10,248,362.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,840,041.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		768,063.	829,854.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		383,467.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		597,621.	782,866.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,205,725.	7,534,035.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	5,858,689.	2,714,327.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 95,625,869.	<b>End of Year</b> 102,240,100.
	<b>21</b> Total liabilities (Part X, line 26)	13,708,182.	14,554,385.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	81,917,687.	87,685,715.

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>SHELLY PRICHARD, PRESIDENT &amp; CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>MARSHAL HULL</b>				<b>P00715586</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN			
	<b>REGIER CARR &amp; MONROE, L.L.P.</b>	<b>48-0573184</b>			
<b>Preparer Use Only</b>	Firm's address			Phone no.	
	<b>300 W. DOUGLAS AVE. STE. 900 WICHITA, KS 67202-2914</b>			<b>316-264-2335</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 6,450,410. including grants of \$ 5,921,315. ) (Revenue \$ ) THE FOUNDATION IS A TAX-EXEMPT, PLACE-BASED GRANT MAKER AND PHILANTHROPIC ADVISOR, FUNDED BY CHARITABLE GIFTS FROM INDIVIDUALS, BUSINESSES, BEQUESTS AND AGENCIES WHO CARE ABOUT AND WANT TO IMPACT THE WICHITA AREA. THESE CONTRIBUTIONS ARE USED FOR DONOR-DIRECTED AND UNRESTRICTED GIFTS, STRATEGIC INITIATIVES, SCHOLARSHIPS, LOAN PROGRAM AND OTHER CHARITABLE INTERESTS.

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

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

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

4e Total program service expenses 6,450,410.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' responses.



Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	15	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	15	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHELLY PRICHARD PRESIDENT & CEO	40.00			X			209,872.	0.	43,642.	
(2) COURTNEY BENGTON CHIEF STRATEGY OFFICER	40.00			X			103,004.	0.	6,592.	
(3) TABEN AZAD CHIEF FINANCIAL OFFICER	40.00			X			34,499.	0.	2,208.	
(4) HECTOR CORTEZ FORMER CHIEF FINANCIAL OFFICER	40.00			X			31,411.	0.	3,666.	
(5) DEBBIE GANN CHAIR	1.00	X		X			0.	0.	0.	
(6) STEVE COX PAST CHAIR	1.00	X		X			0.	0.	0.	
(7) PAUL LAVENDAR TREASURER	1.00	X		X			0.	0.	0.	
(8) TAMMY ALLEN SECRETARY	1.00	X		X			0.	0.	0.	
(9) JAMES NASTARS VICE CHAIR	1.00	X		X			0.	0.	0.	
(10) GLORIA FARHA-FLENTJE BOARD MEMBER	1.00	X					0.	0.	0.	
(11) RONN MCMAHON BOARD MEMBER	1.00	X					0.	0.	0.	
(12) MARGARET DECHANT BOARD MEMBER	1.00	X					0.	0.	0.	
(13) CINDY MCSWAIN BOARD MEMBER	1.00	X					0.	0.	0.	
(14) TODD RAMSEY BOARD MEMBER	1.00	X					0.	0.	0.	
(15) AMY WILLIAMS BOARD MEMBER	1.00	X					0.	0.	0.	
(16) BILL PICKERT BOARD MEMBER	1.00	X					0.	0.	0.	
(17) MIKE RAMSEY BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAN PEARE BOARD MEMBER	1.00	X						0.	0.	0.
(19) DON SHERMAN BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								378,786.	0.	56,108.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								378,786.	0.	56,108.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATLANTA CONSULTING GROUP, LLC, 309 EAST PACES FERRY ROAD, SUITE 600, ATLANTA, GA	INVESTMENT MANAGEMENT	147,513.

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	6,984,145.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 4,274,081.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		6,984,145.			
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		2,675,985.		2675985.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....		468,801.		468,801.	
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities			
				(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	38,998,836.	690.		
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	38,944,443.	3,226.		
<b>d</b>	Net gain or (loss) .....		54,393.	-2,536.			
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		51,857.	51,857.		
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	ADMINISTRATIVE FEES	Business Code	561000	60,079.	60,079.	
	<b>b</b>	CASH SURRENDER VALUE OF LIFE INSU		901101	4,540.	4,540.	
	<b>c</b>	MISCELLANEOUS		900099	2,955.	2,955.	
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			67,574.		
<b>12</b>	<b>Total revenue.</b> See instructions .....			10,248,362.	51,857.	0.	
						3212360.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,886,915.	5,886,915.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	34,400.	34,400.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	378,786.	193,930.	105,003.	79,853.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	334,671.	79,276.	110,324.	145,071.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,121.	14,598.	11,505.	12,018.
<b>9</b> Other employee benefits	27,833.	10,658.	8,400.	8,775.
<b>10</b> Payroll taxes	50,443.	20,429.	13,195.	16,819.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	14,760.	2,464.	10,268.	2,028.
<b>c</b> Accounting	22,788.	8,727.	6,877.	7,184.
<b>d</b> Lobbying	4,500.	4,500.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	186,979.		186,979.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	92,178.	41,158.	29,485.	21,535.
<b>12</b> Advertising and promotion	15,176.	2,343.	10,904.	1,929.
<b>13</b> Office expenses	60,235.	10,165.	41,701.	8,369.
<b>14</b> Information technology	100,692.	36,754.	33,234.	30,704.
<b>15</b> Royalties				
<b>16</b> Occupancy	50,963.	18,688.	16,890.	15,385.
<b>17</b> Travel	48,884.	3,756.	42,035.	3,093.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	28,372.	5,828.	17,746.	4,798.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	12,733.	4,876.	3,843.	4,014.
<b>23</b> Insurance	21,194.	3,707.	14,435.	3,052.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>MOVING EXPENSE</b>	61,092.	49,508.	5,666.	5,918.
<b>b</b> <b>DUES AND SUBSCRIPTIONS</b>	30,791.	9,100.	14,199.	7,492.
<b>c</b> <b>MISC EXPENSE</b>	22,850.	2,951.	17,469.	2,430.
<b>d</b> <b>DIRECT FISCAL SPONSORSH</b>	5,679.	5,679.		
<b>e</b> All other expenses	3,000.			3,000.
<b>25</b> Total functional expenses. Add lines 1 through 24e	7,534,035.	6,450,410.	700,158.	383,467.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	307,800.	<b>1</b>	316,549.
	<b>2</b> Savings and temporary cash investments .....	10,746,742.	<b>2</b>	9,799,674.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	40,265.	<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	243,452.	<b>7</b>	976,420.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 174,274.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 33,573.	22,317.	<b>10c</b> 140,701.
	<b>11</b> Investments - publicly traded securities .....	84,029,240.	<b>11</b>	90,719,671.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	236,053.	<b>12</b>	240,593.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	46,492.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	95,625,869.	<b>16</b>	102,240,100.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	29,627.	<b>17</b>	667.
	<b>18</b> Grants payable .....	5,250.	<b>18</b>	
	<b>19</b> Deferred revenue .....	530.	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	13,672,775.	<b>25</b>	14,553,718.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	13,708,182.	<b>26</b>	14,554,385.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	80,917,687.	<b>27</b>	86,685,715.
	<b>28</b> Net assets with donor restrictions .....	1,000,000.	<b>28</b>	1,000,000.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	81,917,687.	<b>32</b>	87,685,715.
	<b>33</b> Total liabilities and net assets/fund balances .....	95,625,869.	<b>33</b>	102,240,100.



**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,248,362.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,534,035.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,714,327.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	81,917,687.
5	Net unrealized gains (losses) on investments	5	3,053,701.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	87,685,715.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
1		
2a		X
b	X	
c	X	
3a		X
3b		

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b> WICHITA FOUNDATION	<b>Employer identification number</b> 48-1022361
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10057302.	7352906.	7147538.	9203335.	7513025.	41274106.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10057302.	7352906.	7147538.	9203335.	7513025.	41274106.
<b>5</b> 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) .....						12614434.
<b>6 Public support.</b> Subtract line 5 from line 4.						28659672.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	10057302.	7352906.	7147538.	9203335.	7513025.	41274106.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2425998.	2080569.	1604083.	3160587.	2675985.	11947222.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					2,956.	2,956.
<b>11 Total support.</b> Add lines 7 through 10						53224284.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	53.85 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	51.74 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022



**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule A

Identification of Excess Contributions  
Included on Part II, Line 5

2022

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
MR. CHARLIE CHANDLER	2,390,897.	1,326,411.
MR. CLAY BASTIAN	2,323,343.	1,258,857.
EVERGY	1,275,000.	210,514.
MR. AND MRS. DANIEL J. SCHEER	2,603,572.	1,539,086.
MR. AND MRS. ROGER F. WEIDMAN	2,550,634.	1,486,148.
MS. CHRISTINE C. BASTIAN	3,784,980.	2,720,494.
SANDLIAN REALTY	1,500,000.	435,514.
MARGOT SKINNER CHARITABLE FOUNDATION	4,278,772.	3,214,286.
MR. SCOTT AND MRS. REDLER	1,487,610.	423,124.

Total Excess Contributions to Schedule A, Part II, Line 5 ..... 12,614,434.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

WICHITA FOUNDATION

Employer identification number

48-1022361

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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**

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), 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.

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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization  <b>WICHITA FOUNDATION</b>	Employer identification number  <b>48-1022361</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>239,395.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,000,176.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,000,176.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>562,697.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>151,235.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>199,822.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>WICHITA FOUNDATION</b>	Employer identification number  <b>48-1022361</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 255,740.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 563,697.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 206,921.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 249,234.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 272,035.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 222,300.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>WICHITA FOUNDATION</b>	Employer identification number  <b>48-1022361</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>803,212.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>WICHITA FOUNDATION</b>	Employer identification number  <b>48-1022361</b>
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**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
2	1,866 SHARES PRIVATELY HELD STOCK _____ _____ _____	\$ <u>1,000,176.</u>	<u>05/26/23</u>
3	1,866 SHARES PRIVATELY HELD STOCK _____ _____ _____	\$ <u>1,000,176.</u>	<u>05/06/23</u>
5	4,512 SHARES PUBLICLY TRADED COMPANY _____ _____ _____	\$ <u>151,235.</u>	<u>11/16/22</u>
6	796 SHARES PUBLICLY TRADED COMPANY _____ _____ _____	\$ <u>199,822.</u>	<u>12/01/22</u>
7	19 SHARES PRIVATELY HELD STOCK _____ _____ _____	\$ <u>255,740.</u>	<u>12/19/22</u>
10	980 SHARES PUBLICLY TRADED COMPANY _____ _____ _____	\$ <u>249,234.</u>	<u>02/10/23</u>

Name of organization  <b>WICHITA FOUNDATION</b>	Employer identification number  <b>48-1022361</b>
---	---

**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
12	750 SHARES PRIVATELY HELD STOCK _____ _____ _____	\$ 222,300.	05/10/23
13	1,682 SHARES PRIVATELY HELD STOCK _____ _____ _____	\$ 803,212.	08/11/22
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



Name of organization  <b>WICHITA FOUNDATION</b>	Employer identification number  <b>48-1022361</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>WICHITA FOUNDATION</b>	Employer identification number <b>48-1022361</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		4,500.
<b>j</b> Total. Add lines 1c through 1i .....			4,500.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

MEMBER OF COMMUNITY FOUNDATION ASSOCIATION THAT CONDUCTS LOBBYING ACTIVITIES.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	119	
2 Aggregate value of contributions to (during year) .....	6,430,695.	
3 Aggregate value of grants from (during year) .....	3,373,485.	
4 Aggregate value at end of year .....	36,927,336.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection 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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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) and section 170(h)(4)(B)(ii)? .....

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment 100%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No                                  |
|---|-----|-------------------------------------|
| (i) Unrelated organizations   |     | <input checked="" type="checkbox"/> |
| (ii) Related organizations  |     | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |                                     |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		39,819.	1,362.	38,457.
d Equipment		120,505.	30,118.	90,387.
e Other		13,950.	2,093.	11,857.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				140,701.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS	14,507,226.
(3) DEFERRED COMPENSATION AGREEMENT	46,492.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	13,115,084.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	3,053,701.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,053,701.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	10,061,383.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	186,979.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	186,979.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	10,248,362.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	7,347,056.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,347,056.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	186,979.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	186,979.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	7,534,035.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

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



**Part XIII** Supplemental Information (continued)

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

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BANK FEES NETTED TO INVESTMENT REVENUES 186,979.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BANK FEES NETTED TO INVESTMENT REVENUES 186,979.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A THRIVE COMMUNITY 4407 E. DOUGLAS WICHITA, KS 67218	82-4217139	501(C)(3)	9,000.	0.			GENERAL PURPOSES
ALDERSGATE UNITED METHODIST CHURCH 7901 W 21ST ST WICHITA, KS 67212	48-0854060	501(C)(3)	24,300.	0.			GENERAL PURPOSES, VBS T-SHIRTS, QUARTERLY DISTRIBUTION
ALZHEIMER'S ASSOCIATION - CENTRAL & WESTERN KANSAS OFFICE - 1820 E. DOUGLAS AVENUE - WICHITA, KS 67214	13-3039601	501(C)(3)	5,927.	0.			GENERAL PURPOSES, MELVIN RAY LINDELL MEMORIAL, CENTRAL & WESTERN KANSAS CHAPTER
AMERICAN HEART ASSOCIATION 8918 W 21ST ST N #248 WICHITA, KS 67205	13-5613797	501(C)(3)	6,296.	0.			GENERAL PURPOSES, AMERICAN STROKE ASSOCIATION
AMERICAN RED CROSS-SOUTH CENTRAL & SE KS - 707 N. MAIN - WICHITA, KS 67201	53-0196605	501(C)(3)	8,292.	0.			CHARLES COLBY MEMORIAL, GENERAL PURPOSES, HOLIDAY GIVING
ASBURY PARK 200 SW 14TH ST NEWTON, KS 67114	48-0643930	501(C)(3)	10,028.	0.			FOR THE GOOD SAMARITAN FUND

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 131.

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

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

Schedule I (Form 990) 2022

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSISTANCE LEAGUE OF WICHITA 2431 E DOUGLAS AVE, PO BOX 8072 WICHITA, KS 67208	48-0985922	501(C)(3)	6,500.	0.			OPERATION CLOTHESLINE, ASSISTANCE LEAGUE OF WICHITA 2023, GENERAL PURPOSES
BEACON MEDIA INC. 300 E 39TH STREET KANSAS CITY, MO 64111	83-4587205	501(C)(3)	297,500.	0.			INNOVATION AWARD TABLE, THE HUB AND ICT NEWSROOM, STIPENDS, FINAL FY23 PAYMENT FOR WICHITA,
BLESSED SACRAMENT CHURCH 124 N ROOSEVELT WICHITA, KS 67208	48-0543780	501(C)(3)	24,500.	0.			GENERAL PURPOSES, TITHE (JUL-DEC. 2022)
BOTANICA, THE WICHITA GARDENS 701 N AMIDON WICHITA, KS 67203-3199	48-1007736	501(C)(3)	108,532.	0.			SUMMER CHILDREN'S EDUCATION, GENERAL PURPOSES
BOY SCOUTS OF AMERICA, QUIVIRA COUNCIL - 3247 N OLIVER - WICHITA, KS 67220	23-7147508	501(C)(3)	10,563.	0.			GENERAL PURPOSES, 2022 AWARENESS CAMP, TO SUPPORT THE SALARIES OF PROFESSIONAL FIELD STAFF
BOYS & GIRLS CLUBS OF HUTCHINSON PO BOX 1967 HUTCHINSON, KS 67504-1967	48-1088026	501(C)(3)	7,500.	0.			BOYS & GIRLS CLUBS OF HUTCHINSON-POSITIVE ACTIONS
BUILDING KNOWLEDGE AND OPPORTUNITIES FOUNDATION - PO BOX 8736 - WICHITA, KS 67208	83-2126390	501(C)(3)	10,000.	0.			2-\$5,000 EVERGY STEAM SCHOLARSHIP (FASHIONETTA)
CAIRN HEALTH, INC 1514 N BROADWAY AVE WICHITA, KS 67214-1106	48-0891620	501(C)(3)	49,010.	0.			GENERAL PURPOSES, 2022 GOLD COIN RECIPIENT, PURCHASE EYEGLASSES
CATHOLIC CHARITIES, INC. - DIOCESE OF WICHITA - 437 N. TOPEKA - WICHITA, KS 67202-2413	48-0543703	501(C)(3)	18,650.	0.			GENERAL PURPOSES, WENDY GLICK CCW LEGACY OF LOVE, ANSWER HIS CALL, FOOD BANK

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC DIOCESE OF WICHITA 424 N BROADWAY WICHITA, KS 67202	48-0543780	501(C)(3)	10,000.	0.			APOSTLE BUILD 4-11-23
CENTER FOR PUBLIC INTEGRITY PO BOX 392988 PITTSBURGH, PA 15251-9988	54-1512177	501(C)(3)	15,600.	0.			INV. 1-WITCHITA & INV. 2-WITCHITA
CHAPEL HILL UMC CHURCH 1550 N. CHAPEL HILL DRIVE WICHITA, KS 67206	48-1180033	501(C)(3)	20,500.	0.			GENERAL PURPOSES, END OF YEAR GIFT
CHILD ADVOCACY CENTER OF SEDGWICK COUNTY - 1211 S. EMPORIA - WICHITA, KS 67211	26-2090660	501(C)(3)	24,000.	0.			GENERAL PURPOSES, COMMUNITY OUTREACH AND EDUCATION
CHILDREN FIRST CEO KANSAS INC. PO BOX 2385 WICHITA, KS 67201	48-1235279	501(C)(3)	7,500.	0.			PURCHASE OF WHOLE HOG AND BEEF FOR THE POOR, BASIC NEEDS FOR LOW-INCOME STUDENTS
CHURCH OF THE MAGDALEN 12626 E 21ST ST N WICHITA, KS 67206	48-0561968	501(C)(3)	15,600.	0.			GENERAL PURPOSES
CITY OF WICHITA CITY MANAGERS OFFICE, 13TH FLOOR - WICHITA, KS 67202	48-6000653	501(C)(3)	25,000.	0.			FREE ADMISSION TO OLD COWTOWN MUSEUM
CLUB PARKINSONS OF KANSAS P.O. BOX 771269 WICHITA, KS 67277	86-2420764	501(C)(3)	20,000.	0.			ANONYMOUS GIFT
CONGREGATION EMANU-EL FOUNDATION, INC - 1850 N. WOODLAWN - WICHITA, KS 67206	23-7092568	501(C)(3)	30,000.	0.			GENERAL PURPOSES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEAR NEIGHBOR MINISTRIES 1329 S BLUFFVIEW DR WICHITA, KS 67218-3031	48-1251656	501(C)(3)	7,700.	0.			RENT AND UTILITY ASSISTANCE FOR FAMILIES IN CRISIS, GENERAL PURPOSES
DEL E. WEBB CENTER FOR THE PERFORMING ARTS - 2001 W. WICKENBURG WAY, SUITE 3 - WICKENBURG, AZ 85390	86-0873249	501(C)(3)	25,000.	0.			AN ANNUAL DISTRIBUTION
DESERT CABALLEROS FOUNDATION - WESTERN MUSEUM - 21 N. FRONTIER STREET - WICKENBURG, AZ 85390	47-3850426	501(C)(3)	25,000.	0.			AN ANNUAL DISTRIBUTION
DESTINATION INNOVATION P.O. BOX 17203 WICHITA, KS 67217	83-1667906	501(C)(3)	6,000.	0.			FOR SUMMER CAMP ENROLLMENT ASSISTANCE, SUPPORT OF THE WORD TO LIFE PROGRAM
EAST HEIGHTS UNITED METHODIST CHURCH - 4407 E DOUGLAS - WICHITA, KS 67218	48-0594083	501(C)(3)	70,499.	0.			FOR THE UMC PERMANENT ENDOWMENT FUND, GENERAL PURPOSES
EASTMINSTER PRESBYTERIAN CHURCH 1958 N WEBB RD WICHITA, KS 67206	48-0675131	501(C)(3)	35,200.	0.			MARVIN MARTIN MEMORIAL, GENERAL PURPOSES
EMBERHOPE - UNITED METHODIST 900 W. BROADWAY, PO BOX 210 NEWTON, KS 67114	48-0543712	501(C)(3)	10,257.	0.			GENERAL PURPOSES
EMPOWER EVERGREEN, INC PO BOX 4524 WICHITA, KS 67204	85-3067734	501(C)(3)	315,000.	0.			THE EMPOWER NOMAR PROJECT, KDI ENGAGEMENT WORK SUPPORT, COMMUNITY ENGAGEMENT, GENERAL
ENVISION 610 N MAIN, 4TH FLOOR WICHITA, KS 67203	48-0543705	501(C)(3)	8,500.	0.			GEORGE MENDOZA EXHIBITS AT THE ENVISION ARTS GALLERY & COMMUNITY ENGAGEMENT CENTER,

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPISCOPAL SOCIAL SERVICES, INC. PO BOX 670 WICHITA, KS 67201-0670	48-0947896	501(C)(3)	7,860.	0.			BASIC NEEDS FUND- FOCUS HOUSING & EMPLOYMENT, HOMELESS SERVICES, GENERAL PURPOSES
EXPLORATION PLACE, INC. 300 N MCLEAN BLVD WICHITA, KS 67203-5901	48-1000295	501(C)(3)	11,830.	0.			GENERAL PURPOSES, FOR SUMMER CAMP ENROLLMENT ASSISTANCE, THE FORT WAYNE RIVERFRONT TRIP
FAMILY PROMISE OF GREATER WICHITA INC. - 1111 N SAINT FRANCIS AVE - WICHITA, KS 67214-2813	47-5491118	501(C)(3)	453,000.	0.			TRANSITIONAL HOUSING FOR SUSTAINABLE INDEPENDENCE PROGRAM, IN MEMORY OF ROBERT C. FOULSTON, FUND
FIRST CHRISTIAN CHURCH OF DOUGLASS KS, INC. - PO BOX 393 - DOUGLASS, KS 67039	48-0847803	501(C)(3)	15,000.	0.			GENERAL PURPOSES
FREEDOM HOOVES THERAPEUTIC RIDING CENTER - PO BOX 782622 - WICHITA, KS 67278	48-1223638	501(C)(3)	6,000.	0.			ADAPTIVE SADDLE FOR INDIVIDUALS WITH DISABILITIES, GENERAL PURPOSES
FRIENDS UNIVERSITY FINANCIAL AID OFFICE, 2100 W UNIVERSITY AVENUE - WICHITA, KS 67213	48-0547702	501(C)(3)	70,687.	0.			YEARLY DISTRIBUTION FOR SCHOLARSHIP AIDE, VICTOR MURDOCK SCHOLARSHIP IN MUSIC, ATHLETICS
FUNDAMENTAL LITERACY FOUNDATION 2220 E. 21ST N. WICHITA, KS 67214	47-3123367	501(C)(3)	12,600.	0.			SCHOLARSHIP
GARAGE AT CLEVELAND CORNER INC 156 N CLEVELAND AVE WICHITA, KS 67214	83-2104349	501(C)(3)	100,000.	0.			SUPPORT FOR 2022-24
GIRL SCOUTS OF KANSAS HEARTLAND, INC. - 360 LEXINGTON ROAD - WICHITA, KS 67218	48-0556718	501(C)(3)	10,585.	0.			JPLS LEGACY PEARL SPONSOR, WINDOW TO DOOR CONVERSION FOR GIRL ENTREPRENEUR PROGRAM, FOR

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUADALUPE CLINIC, INC. 940 S ST FRANCIS WICHITA, KS 67211	20-1285208	501(C)(3)	20,061.	0.			ENGAGING PATIENTS IN THEIR PERSONAL HEALTHCARE, GENERAL PURPOSES, FOR PURCHASE OF
HARVESTER ARTS INC 215 N WASHINGTON WICHITA, KS 67202	46-4356818	501(C)(3)	177,230.	0.			ECSTATIC DANCE WICHITA, CHAINLINK GALLERY PLACE, THE FORT WAYNE RIVERFRONT TRIP
HOLY SAVIOR CATHOLIC CHURCH 3000 E. 13TH ST. N. WICHITA, KS 67214-2412	48-0547680	501(C)(3)	6,000.	0.			GENERAL PURPOSES, WALK-IN COOLER
HONORE ADVERSIS FOUNDATION 477 N. SENECA ST., STE. 250 WICHITA, KS 67203	30-0884543	501(C)(3)	12,842.	0.			GENERAL PURPOSES AND IN SUPPORT OF YOUR ASSISTANCE WITH THE COMMITTEE OF 100 FUND, IN
HUMANKIND MINISTRIES 829 N MARKET WICHITA, KS 67214-3519	48-0559085	501(C)(3)	48,100.	0.			PURCHASE WITH A PURPOSE HUMANITARIAN AWARDS, EMERGENCY SHELTER NEEDS, GENERAL PURPOSES, FLUSH
HUNTER HEALTH 527 N. GROVE ST. WICHITA, KS 67214	48-0908355	501(C)(3)	151,600.	0.			GENERAL PURPOSES, THE CENTRAL WELLNESS CAMPAIGN, IN MEMORY OF RODOLFO A. DABALOS
IRVING ELEMENTARY 311 HARTER ST WINFIELD, KS 67156	48-6000351	501(C)(3)	10,000.	0.			COX CHARITIES EDUCATION GRANT ATTENTION FELICA METTLING
JUNCTION CITY AREA CHAMBER OF COMMERCE - PO BOX 26 - JUNCTION CITY, KS 66441	48-0285540	501(C)(3)	11,150.	0.			FLINT HILLS LEADERS RETREAT, JC LEADERSHIP / AEDL CONFERENCE, GREATER THAN LEADERSHIP
KANSAS AVIATION MUSEUM 3350 GEORGE WASHINGTON AVE WICHITA, KS 67210-2100	48-1089259	501(C)(3)	11,000.	0.			KS AVIATION MUSEUM, GENERAL PURPOSES, THE 2023 CAPITAL CAMPAIGN, NEW A/C

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS BALLET COMPANY 5240 SW 17TH STREET TOPEKA, KS 66604	46-3052726	501(C)(3)	5,500.	0.			BALLET STARS
KANSAS DENTAL CHARITABLE FOUNDATION - 5200 SW HUNTOON - TOPEKA, KS 66604	48-1260092	501(C)(3)	150,000.	0.			THE KANSAS MISSION OF MERCY, THE KIND PROGRAM
KANSAS DIALYSIS ASSOCIATION PO BOX 47095 WICHITA, KS 67201	48-0954126	501(C)(3)	5,819.	0.			GENERAL PURPOSES
KANSAS FOOD BANK WAREHOUSE, INC. 1919 E DOUGLAS WICHITA, KS 67211	48-0959213	501(C)(3)	27,300.	0.			GENERAL PURPOSES, FOR THANKSGIVING DINNERS
KANSAS HUMANE SOCIETY 3313 N HILLSIDE WICHITA, KS 67219	48-0554339	501(C)(3)	11,379.	0.			KHS SPAY/NEUTER PROGRAM, DOGS DAY OUT SUPPLIES, GENERAL PURPOSES, THE EMERGENCY MEDICAL FUND AT
KANSAS LEADERSHIP CENTER 325 E. DOUGLAS WICHITA, KS 67202	20-5953542	501(C)(3)	44,500.	0.			WICHITA JOURNALISM COLLABORATIVE-PYMT #2, THE KANSAS SPEAKS SURVEY, STIPENDS
KANSAS STATE UNIVERSITY FOUNDATION 1800 KIMBALL AVE., SUITE 200 MANHATTAN, KS 66502-3373	48-0667209	501(C)(3)	112,500.	0.			TRUSTEE EXCELLENCE FUND, CENTER FOR PRINCIPLED BUSINESS, COEN FAMILY SPECIAL EDUCATION
KANSAS WESLEYAN UNIVERSITY OFFICE OF STUDENT FINANCIAL AID, 100 E CLAFLIN AVE - SALINA, KS 67401	48-0543729	501(C)(3)	6,000.	0.			SAM'S CHAPEL RENOVATION, AND SCHOLARSHIP FUND
KAPAUN-MT. CARMEL HIGH SCHOOL 8506 E CENTRAL WICHITA, KS 67206-9926	48-6000351	501(C)(3)	6,000.	0.			SPIRIT & STRENGTH CAMPAIGN, THE ANNUAL FUND

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KINGS CROSS CHURCH 2011 CLEMENTS FERRY ROAD CHARLESTON, SC 29492	81-0788342	501(C)(3)	60,000.	0.			GENERAL PURPOSES
KMUW - WICHITA PUBLIC RADIO 121 N. MEAD ST., SUITE 200 WICHITA, KS 67202-2747	48-6121167	501(C)(3)	21,241.	0.			COUNCIL ON LIBRARY & INFO RESOURCES, STIPENDS, GENERAL PURPOSES, FOR BROADCAST SUPPORT DUE TO
KPTS, CHANNEL 8 P.O. BOX 783100 WICHITA, KS 67278	48-0735215	501(C)(3)	5,450.	0.			GENERAL PURPOSES
KU ENDOWMENT ASSOCIATION PO BOX 928 LAWRENCE, KS 66044-0928	48-0547734	501(C)(3)	11,000.	0.			"DALE'S GIFT", HALL CENTER FOR THE HUMANITIES, KU ALUMNI ASSOCIATION
LEADERSHIP ATCHISON 200 S 10TH ATCHISON, KS 66002	48-1182944	501(C)(3)	5,215.	0.			PER REQUEST
LEAGUE OF WOMEN VOTERS OF KANSAS 618 KANSAS AVE, STE. B-1 TOPEKA, KS 66603	48-6119262	501(C)(3)	50,000.	0.			GENERAL PURPOSES
LEGACY MINISTRIES 945 SOUTH WICHITA WICHITA, KS 67213	27-4421717	501(C)(3)	7,500.	0.			LEGACYWORKS
MAIZE ELEMENTARY PTO 305 JONES ST MAIZE, KS 67101-9630	46-1931045	501(C)(3)	10,000.	0.			MES PTO COLOR RUN, MAIZE ELEMENTARY IN HONOR OF PAISLEY JAMES AND HOPE JAMES
MANHATTAN AREA RISK PREVENTION COALITION - 1221 THURSTON STREET - MANHATTAN, KS 66502	23-7305200	501(C)(3)	7,000.	0.			AN OUNCE OF PREVENTION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCADAMS ACADEMY 2821 E. 24TH ST. NORTH WICHITA, KS 67219	82-3617152	501(C)(3)	8,500.	0.			HOMEROOM PROGRAM ENHANCEMENT & EXPANSION, GENERAL PURPOSES
MEDICAL SOCIETY OF SEDGWICK COUNTY PHYSICIAN LEADERSHIP ALLIANCE - 1102 S HILLSIDE - WICHITA, KS 67211	47-3912727	501(C)(3)	10,000.	0.			THE WICHITA-SEDGWICK COUNTY FOOD & FARM COUNCIL PROGRAM
MENTAL HEALTH ASSOC. OF SOUTH CENTRAL KS - 555 N WOODLAWN, SUITE 3105 - WICHITA, KS 67208	48-0990763	501(C)(3)	8,450.	0.			COMPEER MENTORING FOR AT RISK YOUTH, ANNUAL DISTRIBUTION
MULBERRY ARTS INC. 2724 E CENTRAL AVE WICHITA, KS 67214	85-3104565	501(C)(3)	8,000.	0.			MEET THE CHALLENGE-SUMMER 2022 - ACH PYMT
MUSIC THEATRE WICHITA 225 W DOUGLAS, SUITE 202 WICHITA, KS 67202	48-0785658	501(C)(3)	15,147.	0.			GENERAL PURPOSES, NIGHT AMONG THE STARS HOST
MUSIC YOUTH PARTNERSHIP P.O. BOX 49529 WICHITA, KS 67201	85-4220589	501(C)(3)	5,480.	0.			INSTRUMENT REPAIR, GENERAL PURPOSES
NEWMAN UNIVERSITY 3100 MCCORMICK STREET WICHITA, KS 67213-2097	48-0556716	501(C)(3)	12,453.	0.			GENERAL PURPOSES, THE INTERNATIONAL STUDENT PROGRAM
NONPROFITGO 1477 N. WOODROW AVE. WICHITA, KS 67203	82-4716563	501(C)(3)	187,000.	0.			RENTAL SUPPORT FOR OFFICE AT ELEVATE, MAGNIFY 2023
ORPHEUM PERFORMING ARTS CENTRE, LTD - 200 N BROADWAY, SUITE 330 - WICHITA, KS 67202-2327	48-0978508	501(C)(3)	42,896.	0.			GENERAL PURPOSES, PAYMENT FOR CONSTRUCTION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR LADY OF PERPETUAL HELP CHURCH 2351 N MARKET ST WICHITA, KS 67219-4424	48-0794420	501(C)(3)	16,050.	0.			GENERAL PURPOSES
PASSAGEWAYS LTD 6841 W SHADE LN, #202 WICHITA, KS 67212	74-1776507	501(C)(3)	8,750.	0.			CLOTHING FOR HEROES, FALANNE'S HOUSE
PHILLIPS FUNDAMENTAL LEARNING CENTER INC. - 2220 E 21ST ST N - WICHITA, KS 67214-1945	31-1693508	501(C)(3)	45,250.	0.			FUNDING THE COACH'S OFFICE, GENERAL PURPOSES, CHILDREN LITERACY PROGRAM
PLANNED PARENTHOOD GREAT PLAINS 4401 W 109TH ST, SUITE 200 OVERLAND PARK, KS 66211-9705	44-0565390	501(C)(3)	7,410.	0.			GENERAL OPERATIONS
PRATT COMMUNITY COLLEGE FOUNDATION 348 NE STATE ROAD 61 PRATT, KS 67124	23-7315077	501(C)(3)	10,000.	0.			SCHOLARSHIP
PROJECT TEACHER, INC PO BOX 9062 WICHITA, KS 67277	46-5666663	501(C)(3)	7,500.	0.			PROJECT TEACHER CORE SUPPLIES
RAINBOWS UNITED, INC 3223 N OLIVER WICHITA, KS 67220	48-0793004	501(C)(3)	41,386.	0.			GENERAL PURPOSES, HELP FOR YOUNG CHILDREN WITH LEARNING PROBLEMS, FASHION PASSION
RIDGEPOINT CHURCH 8000 W 21ST ST WICHITA, KS 67205	48-6169584	501(C)(3)	30,000.	0.			OPERATING BUDGET AND BUILDING CAMPAIGN
ROSE HILL FRIENDS CHURCH PO BOX 431 ROSE HILL, KS 67133	48-1025932	501(C)(3)	15,000.	0.			GENERAL PURPOSES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEDGWICK COUNTY ZOOLOGICAL SOCIETY 5555 ZOO BLVD WICHITA, KS 67212-1698	48-6120530	501(C)(3)	17,541.	0.			QUARTERLY DISTRIBUTION, GENERAL PURPOSES, THE WINTER FUND CAMPAIGN
SENIOR SERVICES, INC. 200 S WALNUT WICHITA, KS 67213-4777	48-0757988	501(C)(3)	14,600.	0.			ROVING PANTRY, MEALS ON WHEELS PET PALS, GENERAL PURPOSES
SHARE THE SEASON 303 S BROADWAY STE 121 WICHITA, KS 67202	44-0545998	501(C)(3)	43,600.	0.			SHARE THE SEASON
SIMPLY HYGIENE 5440 N MILL HEIGHTS DR PARK CITY, KS 67219	83-2564688	501(C)(3)	15,180.	0.			WICHITA SHELTER PROGRAM, DIGNITY DRIVE BARRELS, GENERAL PURPOSES
SOUTH ROCK CHRISTIAN CHURCH 900 S ROCK RD DERBY, KS 67037	48-0688645	501(C)(3)	13,500.	0.			OPERATING FUND AND THE BUILDING FUND
SOUTHWESTERN COLLEGE DEVELOPMENT OFFICE, 100 COLLEGE ST WINFIELD, KS 67156-2499	48-0543715	501(C)(3)	80,228.	0.			FOR THE GENERAL ENDOWMENT FUND
ST. CATHERINE OF SIENA CATHOLIC CHURCH - 3642 N. RIDGE ROAD - WICHITA, KS 67205	26-2929794	501(C)(3)	12,000.	0.			GENERAL PURPOSES
ST. GEORGE ORTHODOX CHRISTIAN CATHEDRAL ENDOWMENT - 7515 E 13TH ST - WICHITA, KS 67206-1223	48-0792210	501(C)(3)	20,000.	0.			SCHOLARSHIP FUND OF CHRIST THE SAVIOR ACADEMY, THE BISHOP BASIL--EPISCOPAL
ST. JAMES EPISCOPAL CHURCH 3750 E DOUGLAS WICHITA, KS 67208	48-0556717	501(C)(3)	31,200.	0.			CHANGE FUND, DEACON J. ROPER DISCRETIONARY FUND, GENERAL PURPOSES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOSEPH CATHOLIC CHURCH 132 S. MILLWOOD AVE. WICHITA, KS 67213	48-0547705	501(C)(3)	25,500.	0.			DECADES OF DELANO, THE SCHOOL RENOVATION
ST. MARGARET MARY 2701 S PATTIE ST WICHITA, KS 67216	48-0599906	501(C)(3)	7,350.	0.			COX CHARITIES EDUCATION GRANT
ST. THOMAS AQUINAS CATHOLIC CHURCH 1321 STRATFORD LN WICHITA, KS 67206	48-0650425	501(C)(3)	45,500.	0.			ANNUAL PLEDGE AND MISSION OUTREACH
STEPS TO LIFE, INC. PO BOX 782828 WICHITA, KS 67278	48-1059059	501(C)(3)	45,000.	0.			GENERAL PURPOSES
STEPSTONE, INC. 1329 S BLUFFVIEW WICHITA, KS 67218	48-1177617	501(C)(3)	54,500.	0.			FOR THE KIT LAMBERTZ HONORARY FUND, GENERAL PURPOSES
SUNRISE CHARITABLE FOUNDATION PO BOX 9344 WICHITA, KS 67277	20-1351251	501(C)(3)	10,000.	0.			REPAIR AND MAINTENANCE OF EXISTING EQUIP. AND GROUNDS
TALLGRASS FILM ASSOCIATION 120 E. 1ST ST N UNIT 113 WICHITA, KS 67202	86-1056098	501(C)(3)	21,000.	0.			GENERAL PURPOSES
THE LORD'S DINER 520 N BROADWAY WICHITA, KS 67214-3504	48-0543780	501(C)(3)	7,850.	0.			FANTASY FEAST, GENERAL PURPOSES, MEALS FOR THE HUNGRY
THE OPPORTUNITY PROJECT SCHOOLS, INC. - 1625 N WATERFRONT PKWY, SUITE 100 - WICHITA, KS 67206	85-3143325	501(C)(3)	20,760.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PANDO INITIATIVE INC. 412 SOUTH MAIN, SUITE 212 WICHITA, KS 67202	48-1093130	501(C)(3)	5,500.	0.			CODING CLUB PROJECT, GENERAL PURPOSES
THE SALVATION ARMY SOUTH CENTRAL AREA COMMAND - 350 N. MARKET - WICHITA, KS 67202	44-0545998	501(C)(3)	23,546.	0.			MOBILE FOOD PANTRY, SHARE THE SEASON, GENERAL PURPOSES, FOR THE BOOTHE CHILDREN FAMILY SERVICE
UNION RESCUE MISSION, INC. 2800 N HILLSIDE ST WICHITA, KS 67219	48-0625837	501(C)(3)	8,627.	0.			GENERAL PURPOSES, PURCHASE OF A NEW WASHER (EMERGENCY ASSISTANCE)
UNITED METHODIST CHURCH OF ESTES PARK - 1509 FISH HATCHERY RD - ESTES PARK, CO 80517	84-0915905	501(C)(3)	20,057.	0.			GENERAL PURPOSES
UNITED METHODIST OPEN DOOR PO BOX 2756 WICHITA, KS 67201-2756	48-0731995	501(C)(3)	12,264.	0.			GENERAL PURPOSES
UNITED WAY OF THE PLAINS, INC. 245 N WATER WICHITA, KS 67202-9918	48-0547688	501(C)(3)	147,000.	0.			FIDELITY BANK EMPLOYEE CAMPAIGN, THE TOCQUEVILLE SOCIETY, GENERAL PURPOSES, ANNUAL GIFT
UNIVERSITY OF KANSAS ENDOWMENT - WICHITA - 1010 N KANSAS - WICHITA, KS 67214-3199	48-0547734	501(C)(3)	24,500.	0.			FBO DEPARTMENT OF ANESTHESIOLOGY AT KUSM-WICHITA, THE BEECH PRIMARY SCHOLARSHIP,
USD 259 - WICHITA PUBLIC SCHOOLS - CONTROLLER - 903 S. EDGEMOOR - WICHITA, KS 67218	48-6000351	501(C)(3)	333,800.	0.			NEW INSTRUMENTS/AUDITORIUM UPDATES (FINE ARTS FUND), TO REPLACE HEAD UNITS OF
USD 259 - MEAD MIDDLE SCHOOL 2601 E SKINNER WICHITA, KS 67211	48-6000351	501(C)(3)	6,281.	0.			THE KWAME ALEXANDER EVENT WITH WATERMARK BOOKS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VAGABOND MISSIONS PO BOX 53109 PITTSBURG, PA 15219	20-3891942	501(C)(3)	16,000.	0.			WILL AND CLARA WOODBURN, THE CAMPAIGN FOR VM WICHITA
VICTORY IN THE VALLEY, INC. 3755 E DOUGLAS WICHITA, KS 67218-1002	48-0980744	501(C)(3)	9,927.	0.			GENERAL PURPOSES, HELP FOR CANCER PATIENTS/FAMILIES
WASHBURN UNIVERSITY FOUNDATION 1729 SW MACVICAR AVENUE TOPEKA, KS 66604-3128	48-6105561	501(C)(3)	7,500.	0.			LAW SCHOOL BUILDING FUND
WICHITA ART MUSEUM 1400 W MUSEUM BLVD WICHITA, KS 67203	48-1157680	501(C)(3)	317,442.	0.			FOR THE WAM EDUCATION DEPARTMENT, DR. PATRICIA MCDONNELL AMERICAN ART ENDOWMENT, GENERAL
WICHITA CHAPTER OF LINKS, INC. PO BOX 8843 WICHITA, KS 67208	23-7167307	501(C)(3)	10,000.	0.			EVERGY STEAM SCHOLARSHIP (BEAUTILLION)
WICHITA CHILDREN'S HOME 7271 E. 37TH ST. N. WICHITA, KS 67226	48-0547706	501(C)(3)	56,084.	0.			KIDZCOPE, GENERAL PURPOSES, CHESTER'S FOR CHILDREN DONATION, BRIDGES PROGRAM
WICHITA COLLEGIATE SCHOOL 9115 E 13TH STREET NORTH WICHITA, KS 67206	48-6091046	501(C)(3)	12,500.	0.			GENERAL PURPOSES
WICHITA EDUCATIONAL FOUNDATION 350 W DOUGLAS WICHITA, KS 67202	74-2832913	501(C)(3)	34,270.	0.			FRIENDS OF MCCONNELL'S GIVE 'EM HELL, HARRY EVENT, REIMBURSEMENTS
WICHITA FAMILY CRISIS CENTER 1111 N ST FRANCIS WICHITA, KS 67214	48-0559378	501(C)(3)	166,656.	0.			THE PARENT/CHILD AND TEEN/YOUNG ADULT ADVOCACY PROGRAM IN MEMORY OF ROBERT C. FOULSTON,

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WICHITA GRAND OPERA, INC. 300 W. DOUGLAS AVE., SUITE 325 WICHITA, KS 67202	48-1239185	501(C)(3)	15,000.	0.			GENERAL FUND
WICHITA POLICE DEPARTMENT, FISCAL AFFAIRS - 455 N MAIN, 4TH FLOOR - WICHITA, KS 67202	48-6000653	501(C)(3)	8,251.	0.			FOR THE WPD EDUCATIONAL TRUST SCHOLARSHIP, GENERAL PURPOSES
WICHITA PUBLIC LIBRARY FOUNDATION, INC - 711 W. 2ND ST. N. - WICHITA, KS 67203	48-1042418	501(C)(3)	62,587.	0.			PRESERVATION ASSESSMENT GRANT, REPLACE STORYWALK BOARDS/VANDALIZED, GENERAL PURPOSES, FOR
WICHITA STATE UNIVERSITY OFFICE OF FINANCIAL AID BOX 24, 1845 FAIRMOUNT - WICHITA, KS 67260-0024	48-1124839	501(C)(3)	6,500.	0.			SCHOLARSHIPS
WICHITA STATE UNIVERSITY FOUNDATION AND ALUMNI ENGAGEMENT - 1845 FAIRMOUNT, CAMPUS BOX 2 - WICHITA, KS 67260-0002	48-6121167	501(C)(3)	115,720.	0.			UPWARD BOUND WICHITA PREP (FOOD INSECURITY), STUDENT SERVICE ASSISTANCE WITH
WICHITA SYMPHONY SOCIETY 225 W DOUGLAS, SUITE 207 WICHITA, KS 67202	48-0671518	501(C)(3)	47,874.	0.			SYMPHONY IN THE PARK AT BOTANICA, GENERAL PURPOSES
WICHITA WOMEN'S INITIATIVE NETWORK 510 E THIRD ST WICHITA, KS 67202	48-1189632	501(C)(3)	6,500.	0.			EMPLOYMENT BARRIER REDUCTION FUNDS
YMCA FOUNDATION OF WICHITA 402 N. MARKET WICHITA, KS 67202	48-0554440	501(C)(3)	17,950.	0.			STRONG COMMUNITY CAMPAIGN, THE BENEFIT OF SINGLE PARENTS AND LOW INCOME FAMILIES, GENERAL



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HIGHER EDUCATION	22	34,400.	0.		

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

**PART I, LINE 2:**

FOR GRANTS MADE FROM THE DISCRETIONARY GRANT POOL, WE REQUIRE A WRITTEN  
 PROGRESS REPORT WITHIN TWELVE MONTHS OF THE DATE OF THE AWARD, STATING WHAT  
 HAS BEEN ACHIEVED AND HOW THE FUNDS HAVE BEEN EXPENDED. GRANTS MADE FROM  
 AGENCY, DESIGNATED AND FIELD OF INTEREST FUNDS ARE NORMALLY TARGETED FOR  
 PRE-DETERMINED PURPOSES AND ACKNOWLEDGED FOR SAID PURPOSE BY THE GRANTEE.  
 GRANTS FROM DONOR ADVISED FUNDS CAN BE RESTRICTED TO SPECIFIC PURPOSES AND  
 THESE RESTRICTIONS ARE NOTED AS PART OF THE GRANT AWARD. CURRENTLY  
 STAFFING DOES NOT ALLOW FOR AND WCF DOES NOT REQUIRE FORMAL REPORTS ON

**Part IV** Supplemental Information

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BEACON MEDIA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: INNOVATION AWARD TABLE, THE HUB AND ICT NEWSROOM, STIPENDS, FINAL FY23 PAYMENT FOR WICHITA, DISTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT: EMPOWER EVERGREEN, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE EMPOWER NOMAR PROJECT, KDI ENGAGEMENT WORK SUPPORT, COMMUNITY ENGAGEMENT, GENERAL PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT: ENVISION

(H) PURPOSE OF GRANT OR ASSISTANCE: GEORGE MENDOZA EXHIBITS AT THE ENVISION ARTS GALLERY & COMMUNITY ENGAGEMENT CENTER, GENERAL PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY PROMISE OF GREATER WICHITA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSITIONAL HOUSING FOR SUSTAINABLE INDEPENDENCE PROGRAM, IN MEMORY OF ROBERT C. FOULSTON, FUND A NEED - 2022 GALA

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: YEARLY DISTRIBUTION FOR SCHOLARSHIP AIDE, VICTOR MURDOCK SCHOLARSHIP IN MUSIC, ATHLETICS DEPARTMENT, THE RISE UP CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: GIRL SCOUTS OF KANSAS HEARTLAND, INC.

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: JPLS LEGACY PEARL SPONSOR, WINDOW TO DOOR CONVERSION FOR GIRL ENTREPRENEUR PROGRAM, FOR EMERGENCY ASSISTANCE / CLIMBING WALL AT CAMP STARWOODS, GENERAL PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT: GUADALUPE CLINIC, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGING PATIENTS IN THEIR PERSONAL HEALTHCARE, GENERAL PURPOSES, FOR PURCHASE OF THE NCT AND RETINAL CAMERA

NAME OF ORGANIZATION OR GOVERNMENT: HONORE ADVERDIS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES AND IN SUPPORT OF YOUR ASSISTANCE WITH THE COMMITTEE OF 100 FUND, IN MEMORY OF SHERIFFS DEPUTY SIDNEE TAYLOR CARTER

NAME OF ORGANIZATION OR GOVERNMENT: HUMANKIND MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE WITH A PURPOSE HUMANITARIAN AWARDS, EMERGENCY SHELTER NEEDS, GENERAL PURPOSES, FLUSH AWAY POVERTY, PET INCLUSION FUND, OPERATION HOLIDAYS

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS HUMANE SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: KHS SPAY/NEUTER PROGRAM, DOGS DAY OUT SUPPLIES, GENERAL PURPOSES, THE EMERGENCY MEDICAL FUND AT KHS

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TRUSTEE EXCELLENCE FUND, CENTER FOR PRINCIPLED BUSINESS, COEN FAMILY SPECIAL EDUCATION SCHOLARSHIP, AHEARN FUND BUILDING CHAMPIONS

NAME OF ORGANIZATION OR GOVERNMENT: KMW - WICHITA PUBLIC RADIO

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: COUNCIL ON LIBRARY & INFO RESOURCES, STIPENDS, GENERAL PURPOSES, FOR BROADCAST SUPPORT DUE TO WSU INTERNET HACKING

NAME OF ORGANIZATION OR GOVERNMENT:  
ST. GEORGE ORTHODOX CHRISTIAN CATHEDRAL ENDOWMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIP FUND OF CHRIST THE SAVIOR ACADEMY, THE BISHOP BASIL--EPISCOPAL RETIREMENT FUND

NAME OF ORGANIZATION OR GOVERNMENT:  
THE SALVATION ARMY SOUTH CENTRAL AREA COMMAND

(H) PURPOSE OF GRANT OR ASSISTANCE: MOBILE FOOD PANTRY, SHARE THE SEASON, GENERAL PURPOSES, FOR THE BOOTHE CHILDREN FAMILY SERVICE CENTER, CHRISTMAS HOLIDAY ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT:  
UNIVERSITY OF KANSAS ENDOWMENT - WICHITA

(H) PURPOSE OF GRANT OR ASSISTANCE: FBO DEPARTMENT OF ANESTHESIOLOGY AT KUSM-WICHITA, THE BEECH PRIMARY SCHOLARSHIP, GENERAL PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT:  
USD 259 - WICHITA PUBLIC SCHOOLS - CONTROLLER

(H) PURPOSE OF GRANT OR ASSISTANCE: NEW INSTRUMENTS/AUDITORIUM UPDATES (FINE ARTS FUND), TO REPLACE HEAD UNITS OF SOUND SYSTEM / UNIFORM REPLACEMENT PROGRAM, FOR CLASSROOM MINI-GRANTS AWARDED

NAME OF ORGANIZATION OR GOVERNMENT: WICHITA ART MUSEUM  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE WAM EDUCATION DEPARTMENT,

**Part IV** Supplemental Information

DR. PATRICIA MCDONNELL AMERICAN ART ENDOWMENT, GENERAL PURPOSES, THE  
MCDONNELL LECTURE SERIES, WAM ART ACCESS FUND

NAME OF ORGANIZATION OR GOVERNMENT: WICHITA FAMILY CRISIS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PARENT/CHILD AND TEEN/YOUNG  
ADULT ADVOCACY PROGRAM IN MEMORY OF ROBERT C. FOULSTON, CONSTRUCTION OF  
THE NEW FACILITY, NEW SHELTER PLAYGROUND EQUIPMENT, GENERAL PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT:

WICHITA PUBLIC LIBRARY FOUNDATION, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PRESERVATION ASSESSMENT GRANT,  
REPLACE STORYWALK BOARDS/VANDALIZED, GENERAL PURPOSES, FOR SUPPORT OF  
MOBILE LIBRARY PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:

WICHITA STATE UNIVERSITY FOUNDATION AND ALUMNI ENGAGEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: UPWARD BOUND WICHITA PREP (FOOD  
INSECURITY), STUDENT SERVICE ASSISTANCE WITH NON-TUITION HARDSHIPS,  
N.A.C. WICHITA, FOR THE VICTOR MURDOCK SCHOLARSHIP IN JOURNALISM,  
SCHOLARSHIPS, W. FRANK BARTON STUDENT EXPERIENCE & SUCCESS FUND

NAME OF ORGANIZATION OR GOVERNMENT: YMCA FOUNDATION OF WICHITA

(H) PURPOSE OF GRANT OR ASSISTANCE: STRONG COMMUNITY CAMPAIGN, THE  
BENEFIT OF SINGLE PARENTS AND LOW INCOME FAMILIES, GENERAL PURPOSES,  
TRIANGLE DONOR

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

WICHITA FOUNDATION

Employer identification number

48-1022361

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract          |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHELLY PRICHARD PRESIDENT & CEO	(i)	209,872.	0.	0.	32,670.	10,972.	253,514.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 7:

THE CEO RECEIVED NONFIXED PAYMENT IN THE FORM OF AN ANNUAL BONUS WHICH IS APPROVED BY THE BOARD OF DIRECTORS. THE VALUE OF THE BONUS IS VARIABLE AND BASED UPON AN EVALUATION OF PERFORMANCE TO STATED ORGANIZATIONAL GOALS FOR THE FISCAL YEAR WHICH ARE NON-FINANCIAL IN NATURE.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	41	995,477.	MARKET PRICES
10 Securities - Closely held stock	X	5	3,278,604.	APPRAISAL
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2022

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

SCHEDULE M, LINE 32B:

ORGANIZATION USES BROKERAGES TO SELL NON-CASH CONTRIBUTIONS.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

WICHITA FOUNDATION

Employer identification number

48-1022361

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

IN, OR FOR THE BENEFIT OF, THE COMMUNITY OF WICHITA, KANSAS AND  
SOUTHCENTRAL KANSAS AND TO DISTRIBUTE PROPERTY TO QUALIFIED CHARITABLE  
ORGANIZATIONS OR FOR CHARITABLE PURPOSES.

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

PURPOSES.

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

A COPY OF THE TAX RETURN IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO  
FINANCE/AUDIT COMMITTEE REVIEW MEETING. ANY QUESTIONS BY BOARD MEMBERS ARE  
REFERRED TO THE CHAIRMAN OF THE FINANCE/AUDIT COMMITTEE FOR DISCUSSION AT  
THE REVIEW MEETING. THE FINANCE/AUDIT COMMITTEE THEN MEETS, ALONG WITH THE  
EXTERNAL AUDITORS AND CERTAIN FOUNDATION STAFF, TO REVIEW THE TAX RETURN.  
AFTER REVIEW, DISCUSSION, AND RESOLUTION OF OUTSTANDING QUESTIONS, THE  
FINANCE/AUDIT COMMITTEE APPROVES THE TAX RETURN.

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

ALL POTENTIAL OR ACTUAL CONFLICTS MUST BE DISCLOSED AND MEMBER MUST ABSTAIN  
FROM ALL DECISIONS REGARDING ENTITY. CONFLICTS ARE MONITORED ANNUALLY BY  
THE BOARD OF DIRECTORS AND REPORTING COMMITTEES AND RECORDED IN MINUTES.

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

COMPENSATION OF PRESIDENT & CEO IS REVIEWED BY THE BOARD OF DIRECTORS AND  
COMPARED TO NATIONAL AVERAGE.

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

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

UPON REQUEST

PAGE 12, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

990 PAGE 5, PART V, LINE 7G

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

990 PAGE 5, PART V, LINE 7H

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
WCF SUPPORT FOUNDATION - 20-0666242 301 N MAIN, SUITE 100 WICHITA, KS 67202	RECEIVE/ACCEPT GIFTS SUPPORTING PROGRAMS OF WICHITA COMMUNITY	KANSAS	501(C)(3)	TYPE I	WICHITA FOUNDATION		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



**Part VII** Supplemental Information

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

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME OF RELATED ORGANIZATION:**

WCF SUPPORT FOUNDATION

**PRIMARY ACTIVITY:** RECEIVE/ACCEPT GIFTS SUPPORTING PROGRAMS OF WICHITA

COMMUNITY FOUNDATION

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	OFFICE EQUIPMENT	VARIOUS	SL	.000		16	290.				290.	289.		0.	289.
3	(D)LEASEHOLD IMPROVEMENTS	12/15/09	SL	8.00		16	24,851.				24,851.	24,851.		0.	24,851.
5	3 DELL LAPTOPS	07/01/22	SL	5.00		16	5,409.				5,409.			1,082.	1,082.
6	(D)OFFICE EQUIPMENT	01/28/13	SL	7.00		16	156.				156.	156.		0.	156.
7	(D)DESK	07/30/13	SL	7.00		16	493.				493.	493.		0.	493.
13	(D)TENANT INCENTIVE - OFFICE BUILDOUT	06/01/16		76M		HY43	13,438.				13,438.	12,909.		529.	13,438.
15	(D)FURNITURE	05/01/16	SL	5.00		16	825.				825.	825.		0.	825.
17	FURNITURE	10/01/16	SL	7.00		16	4,454.				4,454.	3,660.		636.	4,296.
18	(D)FURNITURE	12/01/16	SL	7.00		16	2,500.				2,500.	1,993.		298.	2,291.
19	(D)FURNITURE	09/01/16	SL	7.00		16	1,827.				1,827.	1,523.		261.	1,784.
20	FURNITURE	03/01/17	SL	7.00		16	2,365.				2,365.	1,803.		338.	2,141.
21	(D)OFFICE REMODEL	10/01/16	SL	6.00		16	1,245.				1,245.	1,196.		49.	1,245.
22	SERVER	09/01/17	SL	5.00		16	6,795.				6,795.	6,569.		226.	6,795.
23	COMPUTERS	01/31/18	SL	5.00		16	1,940.				1,940.	1,713.		227.	1,940.
24	(D)WIFI	05/31/18	SL	5.00		16	1,671.				1,671.	1,364.		279.	1,643.
25	COMPUTER	06/01/18	SL	5.00		16	1,780.				1,780.	1,454.		326.	1,780.
26	DELL COMPUTER	09/01/18	SL	5.00		16	1,507.				1,507.	1,154.		301.	1,455.
27	CANON CAMERA	10/01/18	SL	5.00		16	949.				949.	712.		190.	902.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
30	MONITORS	05/13/19	SL	5.00		16	1,719.				1,719.	1,089.		344.	1,433.
31	IPAD	11/02/18	SL	5.00		16	1,412.				1,412.	1,034.		282.	1,316.
32	4 DELL COMPUTERS	07/01/19	SL	5.00		16	1,244.				1,244.	863.		249.	1,112.
33	DELL LAPTOP	11/01/20	SL	5.00		16	1,832.				1,832.	610.		366.	976.
34	2 DELL LAPTOPS, 1 SONIC WALL	05/01/21	SL	5.00		16	2,492.				2,492.	581.		498.	1,079.
35	2 DELL LAPTOPS	08/11/21	SL	5.00		16	3,538.				3,538.	537.		708.	1,245.
36	WEBSITE DESIGN	01/06/22	SL	5.00		16	6,978.				6,978.	698.		1,396.	2,094.
37	NETGEAR GS752TP SWITCH/LABOR	03/08/23	SL	5.00		16	3,483.				3,483.			232.	232.
38	MERAKI CLOUD CONTROLLER LICENSE/LABOR	03/08/23	SL	5.00		16	4,099.				4,099.			273.	273.
40	4 TV'S	04/01/23	SL	5.00		16	6,549.				6,549.			327.	327.
41	FURNITURE	04/01/23	SL	5.00		16	28,981.				28,981.			1,449.	1,449.
42	CABINETS	05/01/23	SL	5.00		16	8,356.				8,356.			279.	279.
43	OWL CAMERAS	07/01/23	SL	5.00		16	2,317.				2,317.			0.	
44	BLADE SIGN	03/01/24	SL	5.00		16	27,994.				27,994.			0.	
45	ART	06/01/23	SL	5.00		16	1,000.				1,000.			17.	17.
46	OFFICE MOVE DESIGN FEES	04/01/23	SL	6.00		16	32,681.				32,681.			1,362.	1,362.
47	SIGNAGE WINDOW COVERINGS	07/01/23	SL	5.00		16	7,137.				7,137.			0.	
48	WEBSITE DESIGN	01/03/23	SL	5.00		16	6,975.				6,975.			698.	698.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
49	(D)3 DELL COMPUTER CY DISPOSAL	07/01/19	SL	5.00		16	4,060.				4,060.	2,437.		677.	3,114.
50	(D)1 DELL CY DISPOSAL	01/31/18	SL	5.00		16	1,565.				1,565.	1,383.		182.	1,565.
51	(D)FURNITURE CY DISPOSAL	10/01/16	SL	7.00		16	1,438.				1,438.	1,181.		171.	1,352.
52	(D)FURNITURE CY DISPOSAL	VARIOUS	SL	.000		16	33,760.				33,760.	31,846.		0.	31,846.
	* TOTAL 990 PAGE 10 DEPR & AMORT						262,105.				262,105.	104,923.		14,252.	119,175.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						127,124.			0.	127,124.	104,923.			113,456.
	ACQUISITIONS						97,533.			0.	97,533.	0.			5,719.
	DISPOSITIONS/RETIRED						87,829.			0.	87,829.	82,157.			84,603.
	ENDING BALANCE						136,828.			0.	136,828.	22,766.			34,572.
	ENDING ACCUM DEPR LESS DISPOSITIONS											34,572.			
	ENDING BOOK VALUE											102,256.			

Form **4562**

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

990

OMB No. 1545-0172

**2022**

Attachment  
Sequence No. **179**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

WICHITA FOUNDATION

FORM 990 PAGE 10

48-1022361

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,700,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	13,723.

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

**Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	13,723.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy and use questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2022 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2022 tax year STMT 1 43 529.

44 Total. Add amounts in column (f). See the instructions for where to report 44 529.

FORM 4562

PART VI - AMORTIZATION

STATEMENT 1

(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.
TENANT INCENTIVE - OFF	06/01/16	13,438.		76M	12,909.	529.
TOTAL TO FORM 4562, LINE 43						529.