

PUBLIC DISCLOSURE COPY
WICHITA COMMUNITY FOUNDATION
6/30/22



TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

Wichita Community Foundation
301 N Main St 100
Wichita, KS 67202-4801

Prepared By:

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

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

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

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

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 for instructions and the latest information.

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization WICHITA COMMUNITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 301 N MAIN ST 100 City or town, state or province, country, and ZIP or foreign postal code WICHITA, KS 67202-4801	D Employer identification number 48-1022361
	F Name and address of principal officer: SHELLY PRICHARD 301 N MAIN, SUITE 100, WICHITA, KS 67202	E Telephone number 316-264-4880
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	G Gross receipts \$ 17,862,439.
J Website: ▶ WWW.WICHITACF.ORG		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	L Year of formation: 1986	M State of legal domicile: KS

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO RECEIVE AND ACCEPT PROPERTY TO BE ADMINISTERED EXCLUSIVELY FOR CHARITABLE PURPOSES, PRIMARILY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	10
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 6,985,312.
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,822,766.	4,008,473.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	163,491.	389,950.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,971,569.	13,064,414.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,478,221.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	686,322.	768,063.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 371,570.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	611,833.	597,621.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,776,376.	7,205,725.
	19	Revenue less expenses. Subtract line 18 from line 12	3,195,193.	5,858,689.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 105,813,749.	End of Year 95,625,869.
	21	Total liabilities (Part X, line 26)	15,422,600.	13,708,182.
	22	Net assets or fund balances. Subtract line 21 from line 20	90,391,149.	81,917,687.

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 \$ 6,276,150. including grants of \$ 5,840,041.) (Revenue \$) THE COMMUNITY 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 6,276,150.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 11	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

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

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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	15	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

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 COMMUNITY FOUNDATION - 316-264-4880**
301 N MAIN ST, STE 100, WICHITA, KS 67202-4801

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, 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				199,070.	0.	19,012.
(2) HECTOR CORTEZ CHIEF FINANCIAL OFFICER	40.00			X				89,898.	0.	10,621.
(3) DEBBIE GANN CHAIR	1.00	X		X				0.	0.	0.
(4) STEVE COX PAST CHAIR	1.00	X		X				0.	0.	0.
(5) PAUL LAVENDAR TREASURER	1.00	X		X				0.	0.	0.
(6) TAMMY ALLEN SECRETARY	1.00	X		X				0.	0.	0.
(7) JAMES NASTARS VICE CHAIR	1.00	X		X				0.	0.	0.
(8) GLORIA FARHA-FLENTJE BOARD MEMBER	1.00	X						0.	0.	0.
(9) RONN MCMAHON BOARD MEMBER	1.00	X						0.	0.	0.
(10) MARGARET DECHANT BOARD MEMBER	1.00	X						0.	0.	0.
(11) CINDY MCSWAIN BOARD MEMBER	1.00	X						0.	0.	0.
(12) TODD RAMSEY BOARD MEMBER	1.00	X						0.	0.	0.
(13) AMY WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
(14) BILL PICKERT BOARD MEMBER	1.00	X						0.	0.	0.
(15) MIKE RAMSEY BOARD MEMBER	1.00	X						0.	0.	0.
(16) DAN PEARE BOARD MEMBER	1.00	X						0.	0.	0.
(17) DON SHERMAN BOARD MEMBER	1.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	8,665,991.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,046,532.				
	h Total. Add lines 1a-1f		8,665,991.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,160,587.			3160587.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		310,460.			310,460.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	5,645,911.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	4,795,933.	2,092.			
	c Gain or (loss)	7c	849,978.	-2,092.			
	d Net gain or (loss)		847,886.	847,886.			
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a ADMINISTRATIVE FEES	Business Code	561000	75,409.		75,409.	
	b CASH SURRENDER VALUE OF LIFE INSU		901101	4,081.		4,081.	
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			79,490.			
12 Total revenue. See instructions			13,064,414.	847,886.	0.	3550537.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,726,591.	5,726,591.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	113,450.	113,450.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	308,278.	111,420.	108,464.	88,394.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	347,430.	139,672.	89,434.	118,324.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,645.	14,799.	11,663.	12,183.
9 Other employee benefits	26,281.	10,064.	7,932.	8,285.
10 Payroll taxes	47,429.	19,209.	12,406.	15,814.
11 Fees for services (nonemployees):				
a Management				
b Legal	16,487.	2,752.	11,469.	2,266.
c Accounting	20,868.	7,991.	6,298.	6,579.
d Lobbying	4,500.	4,500.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	131,420.		131,420.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	54,333.	18,415.	20,757.	15,161.
12 Advertising and promotion	18,269.	2,820.	13,127.	2,322.
13 Office expenses	34,954.	8,637.	19,206.	7,111.
14 Information technology	128,161.	46,835.	42,161.	39,165.
15 Royalties				
16 Occupancy	56,486.	20,619.	18,892.	16,975.
17 Travel	29,242.	2,496.	24,691.	2,055.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	10,035.	2,298.	5,846.	1,891.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,397.	4,364.	3,440.	3,593.
23 Insurance	21,902.	3,751.	15,063.	3,088.
24 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.)				
a DUES AND SUBSCRIPTIONS	29,029.	8,519.	13,496.	7,014.
b FUNDRAISING EVENT	20,405.			20,405.
c DIRECT FISCAL SPONSORSH	5,800.	5,800.		
d MISC EXPENSE	4,333.	1,148.	2,240.	945.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	7,205,725.	6,276,150.	558,005.	371,570.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	150,190.	1	307,800.
	2 Savings and temporary cash investments	9,278,837.	2	10,746,742.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	500,052.	4	40,265.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	243,452.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 127,120.		
	b Less: accumulated depreciation	10b 104,803.	23,781.	10c 22,317.
	11 Investments - publicly traded securities	95,628,917.	11	84,029,240.
	12 Investments - other securities. See Part IV, line 11	231,972.	12	236,053.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	105,813,749.	16	95,625,869.	
Liabilities	17 Accounts payable and accrued expenses	7,665.	17	29,627.
	18 Grants payable	36,500.	18	5,250.
	19 Deferred revenue	13,319.	19	530.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	15,365,116.	25	13,672,775.
	26 Total liabilities. Add lines 17 through 25	15,422,600.	26	13,708,182.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	89,391,149.	27	80,917,687.
	28 Net assets with donor restrictions	1,000,000.	28	1,000,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	90,391,149.	32	81,917,687.
33 Total liabilities and net assets/fund balances	105,813,749.	33	95,625,869.	

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	13,064,414.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,205,725.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,858,689.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	90,391,149.
5	Net unrealized gains (losses) on investments	5	-14,332,151.
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	81,917,687.

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 Single Audit Act and OMB Circular A-133?
- 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
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14696804.	10057302.	7352906.	7147538.	9203335.	48457885.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14696804.	10057302.	7352906.	7147538.	9203335.	48457885.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						17525223.
6 Public support. Subtract line 5 from line 4.						30932662.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	14696804.	10057302.	7352906.	7147538.	9203335.	48457885.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2053310.	2425998.	2080569.	1604083.	3160587.	11324547.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						59782432.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	51.74 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	49.30 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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
19b 33 1/3% support tests - 2020. 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 in line 12 on 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: 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? Row 3: 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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.)

Horizontal lines for supplemental information input.

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 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

WICHITA COMMUNITY FOUNDATION

Employer identification number

48-1022361

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 WICHITA COMMUNITY FOUNDATION	Employer identification number 48-1022361
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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	 <hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>357,144.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>4,246,145.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,487,610.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>347,257.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WICHITA COMMUNITY FOUNDATION	Employer identification number 48-1022361
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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/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>249,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>233,024.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WICHITA COMMUNITY FOUNDATION	Employer identification number 48-1022361
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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
4	61,285 SHARES PUBLICLY TRADED COMPANY _____ _____ _____	\$ <u>4,246,145.</u>	<u>12/30/21</u>
5	17,842 SHARES PUBLICLY TRADED COMPANY _____ _____ _____	\$ <u>1,487,610.</u>	<u>12/20/21</u>
8	1,026 SHARES PUBLICLY TRADED COMPANY _____ _____ _____	\$ <u>249,000.</u>	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization WICHITA COMMUNITY FOUNDATION	Employer identification number 48-1022361
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

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 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 WICHITA COMMUNITY FOUNDATION	Employer identification number 48-1022361
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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) 2021

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
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.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j 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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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)).

	(a)		(b)
	Yes	No	Amount
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.			
1 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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		4,500.
j Total. Add lines 1c through 1i			4,500.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 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."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 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 expenditure next year?	4
5 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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	114	
2 Aggregate value of contributions to (during year)	3,757,096.	
3 Aggregate value of grants from (during year)	4,198,677.	
4 Aggregate value at end of year	32,075,524.	
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 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

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) 2021

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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		39,534.	38,952.	582.
d Equipment		80,611.	65,153.	15,458.
e Other		6,975.	698.	6,277.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				22,317.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" 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	13,672,775.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	13,672,775.

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.

1	Total revenue, gains, and other support per audited financial statements		1	-1,399,157.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-14,332,151.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-14,332,151.	
3	Subtract line 2e from line 1	3	12,932,994.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	131,420.	
c	Add lines 4a and 4b	4c	131,420.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,064,414.	

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.

1	Total expenses and losses per audited financial statements		1	7,074,305.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	7,074,305.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	131,420.	
c	Add lines 4a and 4b	4c	131,420.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,205,725.	

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:

WCF AND WCFs ARE ORGANIZED AS KANSAS NONPROFIT CORPORATIONS AND HAVE BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3), QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND (VIII), AND HAVE BEEN DETERMINED NOT TO BE PRIVATE FOUNDATIONS UNDER SECTIONS 509(A)(1) AND (3), RESPECTIVELY. EACH ENTITY IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ENTITIES ARE SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. EACH ENTITY HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED 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 131,420.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BANK FEES NETTED TO INVESTMENT REVENUES 131,420.

**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 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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)	12,130.	0.			GENERAL PURPOSES
AIR CAPITAL CHARITIES INC 9727 SHANNON WOODS SUITE, 100 WICHITA, KS 67226	46-2001743	501(C)(3)	6,500.	0.			KU WICHITA PEDIATRICS
ALDERSGATE UNITED METHODIST CHURCH 7901 W 21ST ST WICHITA, KS 67212	48-0854060	501(C)(3)	22,400.	0.			GENERAL PURPOSES
ALZHEIMER'S ASSOCIATION - CENTRAL & WESTERN KANSAS OFFICE - 1820 E. DOUGLAS AVENUE - WICHITA, KS 67214	13-3039601	501(C)(3)	51,759.	0.			GENERAL PURPOSES
GREAT PLAINS DIABETES ASSOCIATION 834 N. SOCORA, STE. 4 LOWER LEVEL WICHITA, KS 67212	48-0946497	501(C)(3)	27,794.	0.			GENERAL PURPOSES
AMERICAN HEART ASSOCIATION 8918 W 21ST ST N #248 WICHITA, KS 67205	13-5613797	501(C)(3)	19,705.	0.			GENERAL PURPOSES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **146.**
- 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) 2021

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
ARTS PARTNERS 903 S. EDGEMOOR ST WICHITA, KS 67218	48-1197171	501(C)(3)	32,400.	0.			GENERATION STEAM
ASBURY PARK 200 SW 14TH ST NEWTON, KS 67114	48-0643930	501(C)(3)	9,448.	0.			FOR THE GOOD SAMARITAN FUND
ASSISTANCE LEAGUE OF WICHITA 2431 E DOUGLAS AVE PO BOX 8072 WICHITA, KS 67208	48-0985922	501(C)(3)	9,878.	0.			GENERAL PURPOSES, BEAR HUGS PROGRAM, OPERATION SCHOOL BELL
BIKE WALK WICHITA, INC. 1134 N. COOLIDGE AVENUE WICHITA, KS 67203	46-2800001	501(C)(3)	15,000.	0.			CAPITAL CAMPAIGN
BLESSED SACRAMENT CHURCH 124 N ROOSEVELT WICHITA, KS 67208	48-0543780	501(C)(3)	33,000.	0.			GENERAL PURPOSES, TITHE
BOTANICA, THE WICHITA GARDENS 701 N AMIDON WICHITA, KS 67203-3199	48-1007736	501(C)(3)	116,916.	0.			GENERAL PURPOSES, POLLUTION SOLUTION GROUP, SUMMER EDUCATION
BOYS & GIRLS CLUBS OF HUTCHINSON PO BOX 1697 HUTCHINSON, KS 67504	48-1088026	501(C)(3)	6,000.	0.			KEYSTONE CLUB: EXPLORING CIVIL RIGHTS
CAIRN HEALTH 1514 N BROADWAY AVE WICHITA, KS 67214	48-0891620	501(C)(3)	22,940.	0.			PURCHASE OF EYEGLASSES
CAMP WOOD YMCA 1101 CAMP WOOD ROAD ELMDALE, KS 66850	48-0908238	501(C)(3)	115,595.	0.			HITCHING POST PROJECT, ENDOWMENT 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
CATHOLIC CHARITIES, INC. 437 N. TOPEKA WICHITA, KS 67202	48-0543703	501(C)(3)	23,708.	0.			GENERAL PURPOSES, FR. KAPAUN CATHEDRAL CRYPT
CENTRAL PLAINS HEALTH CARE PARTNERSHIP - 1102 S. HILLSIDE - WICHITA, KS 67211	48-1200868	501(C)(3)	18,000.	0.			AFP GOLDEN TICKET, PROJECT ACCESS-WOMEN'S HEALTH
CEREBRAL PALSY RESEARCH FOUNDATION 5111 E 21ST ST N, PO BOX 8217 WICHITA, KS 67208	23-7314938	501(C)(3)	26,600.	0.			GENERAL PURPOSES, ENDOWMENT CAMPAIGN
CHAPEL HILL UMC CHURCH 1550 N. CHAPEL HILL DRIVE WICHITA, KS 67206	48-1180033	501(C)(3)	20,200.	0.			GENERAL PURPOSES, HURRICANE RELIEF EFFORTS
CHILD ADVOCACY CENTER OF SEDGWICK COUNTY - 1211 S. EMPORIA - WICHITA, KS 67211	26-2090660	501(C)(3)	22,750.	0.			GENERAL PURPOSES, BOILER ASSISTANCE,
CHILDREN FIRST CEO KANSAS INC. PO BOX 2385 WICHITA, KS 67201	48-1235279	501(C)(3)	8,120.	0.			GRIEF CAMP AND BASIC NEEDS PANTRY FOR STUDENTS, ER/FOOD/MEAT REPLACEMENT, FREEZER
CHURCH OF THE MAGDALEN 12626 E 21ST ST N WICHITA, KS 67206	48-0561968	501(C)(3)	18,500.	0.			GENERAL PURPOSES
CITY OF WICHITA, CITY MANAGERS OFFICE - 455 N. MAIN - WICHITA, KS 67202	48-6000653	501(C)(3)	25,000.	0.			FOR FREE ADMISSION TO OLD COWTOWN MUSEUM
CLUB PARKINSONS OF KANSAS 2315 N. PARKRIDGE CT WICHITA, KS 67205	86-2420764	501(C)(3)	20,000.	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
CONGREGATION EMANU-EL 1850 N WOODLAWN WICHITA, KS 67206	23-7092568	501(C)(3)	30,000.	0.			GENERAL PURPOSES
CREATE CAMPAIGN, INC. 2333 E 21ST ST N WICHITA, KS 67214	82-0661175	501(C)(3)	100,000.	0.			RISING TIDE CAPITAL
DEAR NEIGHBOR MINISTRIES, INC. 1329 S BLUFFVIEW DR WICHITA, KS 67218-3031	48-1251656	501(C)(3)	16,107.	0.			GENERAL PURPOSES, ER ASSISTANCE-FURNACE FOR ADMIN BLDG
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.			GENERAL PURPOSES
DESERT CABALLEROS FOUNDATION - WESTERN MUSEUM - 21 N. FRONTIER STREET - WICKENBURG, AZ 85390	47-3850426	501(C)(3)	25,000.	0.			GENERAL PURPOSES
DESTINATION INNOVATION 2333 E. 21ST WICHITA, KS 67214	83-1667906	501(C)(3)	90,162.	0.			LEADERSHIP UNBOXED, FOR THE CONVERGENCE PARTNERSHIP
DOWN SYNDROME SOCIETY OF WICHITA 734 S WASHINGTON WICHITA, KS 67211	20-4863768	501(C)(3)	65,000.	0.			THE MOBILE MORNING TRUCK
DOWNTOWN WICHITA 507 E. DOUGLAS WICHITA, KS 67202	74-2824873	501(C)(3)	31,250.	0.			FRONT PORCH, FLOWERS ON DOUGLASS
DYCK ARBORETUM OF THE PLAINS 177 W. HICKORY ST HESSTON, KS 67062	48-0548361	501(C)(3)	13,545.	0.			ARBORETUM ENDOWMENT 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
EAST HEIGHTS UNITED METHODIST CHURCH - 4407 E DOUGLAS - WICHITA, KS 67218	48-0594083	501(C)(3)	67,037.	0.			GENERAL PURPOSES, UMC PERMANENT ENDOWMENT FUND
EASTMINSTER PRESBYTERIAN CHURCH 1958 N WEBB RD WICHITA, KS 67206	48-0675131	501(C)(3)	40,000.	0.			GENERAL PURPOSES
EMBERHOPE - UNITED METHODIST PO BOX 210, 900 W. BROADWAY WICHITA, KS 67214	48-0543712	501(C)(3)	19,832.	0.			GENERAL PURPOSES, HUMAN TRAFFICKING IN OUR OWN BACKYARD, ANGEL TREE
EMPOWER EVERGREEN PO BOX 4524 WICHITA, KS 67204	85-3067734	501(C)(3)	291,300.	0.			EMPOWER PROJECT, CAPITAL CAMPAIGN, ECSTATIC DANCE POPUP
ENVISION 610 N MAIN, 4TH FLOOR WICHITA, KS 67203	48-0543705	501(C)(3)	12,116.	0.			GENERAL PURPOSES, FOR HEATHERS CAMP, BVI ADVISORS FOR MAKING CIVIC ACCESSIBLE PROJECT
EISENHOWER MIDDLE SCHOOL 800 WALTERS DR MANHATTAN, KS 66502	48-0697688	501(C)(3)	8,150.	0.			INTERACTIVE MAPPING, FLEXIBLE SEATING FOR LEARNING
EPISCOPAL SOCIAL SERVICES, INC. PO BOX 670 WICHITA, KS 67201	48-0947896	501(C)(3)	10,625.	0.			RE-HOUSING BARRIER REDUCTION FUND, EMERGENCY FURNACE REPAIR, COATS & WINTER WEAR FOR
EXPLORATION PLACE, INC. 300 N MCLEAN BLVD WICHITA, KS 67203	48-1000295	501(C)(3)	27,500.	0.			GENERAL PURPOSES, HEALTH INSIDE-OUT EXHIBIT/PROGAM
FIRST CHRISTIAN CHURCH OF DOUGLASS KS, INC. - PO BOX 393 - DOUGLASS, KS 67039	48-0847803	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
FRIENDS UNIVERSITY 2100 W UNIVERSITY ST WICHITA, KS 67213	48-0547702	501(C)(3)	10,000.	0.			WOMEN'S BASKETBALL PROGRAM, ATHLETIC DEPARTMENT DISCRETIONARY FUND
FRONTENAC HIGH SCHOOL 201 SOUTH CRAWFORD FRONTENAC, KS 66763	48-0724328	501(C)(3)	5,635.	0.			THEATER WIRELESS MICS
FUNDAMENTAL LEARNING CENTER, LLC 2220 E 21ST ST N WICHITA, KS 67214-1945	31-1693508	501(C)(3)	30,500.	0.			GENERAL PURPOSES, CAPITAL CAMPAIGN
GIRL SCOUTS OF KANSAS HEARTLAND 360 LEXINGTON ROAD WICHITA, KS 67218	48-0556718	501(C)(3)	31,750.	0.			GENERAL PURPOSES, SANDY REMSBERG SCHOLARSHIP FUND, JULIETTE'S PEARLS LEADERSHIP SOCIETY
GIVING THE BASICS 10921 E. 26TH STREET N. WICHITA, KS 67226	45-3069975	501(C)(3)	7,300.	0.			GENERAL PURPOSES, GIVING THE BASICS WICHITA SCHOOL PROGRAM
GUADALUPE CLINIC, INC. 940 S ST FRANCIS WICHITA, KS 67211	20-1285208	501(C)(3)	10,511.	0.			GENERAL PURPOSES
HARVESTER ARTS 228 N RIDGEWOOD WICHITA, KS 67208	11-3451703	501(C)(3)	123,367.	0.			CHAINLINK GALLERY PLACE
HEARTSPRING, INC. 8700 E 29TH ST N WICHITA, KS 67226	48-0561969	501(C)(3)	7,500.	0.			FAMILIES FINANCIAL ASSISTANCE FUND
HONORE ADVERSIS FOUNDATION 477 N. SENECA ST., STE. 250 WICHITA, KS 67203	30-0884543	501(C)(3)	11,000.	0.			FOR WICHITA POLICE OFFICER BREANNA JOHNSON, WICHITA POLICE OFFICER PATRICK SMITH, WICHITA

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
HOPENET, INC. 2501 E CENTRAL, SUITE 2 WICHITA, KS 67214	48-1105407	501(C)(3)	10,500.	0.			GETTING AHEAD WORKSHOP, GENERAL PURPOSES
HUMANKIND MINISTRIES 829 N MARKET WICHITA, KS 67214	48-0559085	501(C)(3)	103,737.	0.			GENERAL PURPOSES, BLANKETS FOR EMERGENCY WINTER SHELTER, COVID ISOLATION SHELTER, 316
HUNTER HEALTH 527 N. GROVE ST. WICHITA, KS 67214	48-0908355	501(C)(3)	15,000.	0.			FOR THE CAPITAL CAMPAIGN OF THEIR NEW COMMUNITY CTR
ICT S.O.S. 535 S. EMPORIA, STE. 101 WICHITA, KS 67202	45-4569287	501(C)(3)	66,761.	0.			HOPE MEDICAL FORENSIC SERVICE/TILLER FUND, TRAFFICKING AWARENESS EDUCATION
ORPHEUM PERFORMING ARTS CENTRE, LTD - 200 N BROADWAY, SUITE 330 - WICHITA, KS 67202-2327	48-0978508	501(C)(3)	18,546.	0.			GENERAL PURPOSES, 2022 PRODUCER'S CIRCLE
JUNCTION CITY AREA CHAMBER OF COMMERCE - PO BOX 26 - JUNCTION CITY, KS 66441	48-0285540	501(C)(3)	7,500.	0.			GENERAL PURPOSES
KACF PO BOX 92 WASHINGTON, KS 66968	85-0738639	501(C)(3)	6,500.	0.			COMMUNITY FOUNDATION CONFERENCE RECEPTION, MEMBERSHIP DUES GRANT
KANSANS FOR LIFE 3301 W. 13TH ST. NORTH WICHITA, KS 67203	48-1101189	501(C)(3)	51,800.	0.			GENERAL PURPOSES
KANSAS AFRICAN AMERICAN MUSEUM 601 N. WATER ST WICHITA, KS 67203	48-0890970	501(C)(3)	124,900.	0.			GENERAL PURPOSES, FOR CAMPS AND PROGRAMS, CAPITAL CAMPAIGN/BUILDING 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
KANSAS AREA UNITED METHODIST FOUNDATION - 100 E FIRST AVE, P O BOX 605 - HUTCHINSON, KS 67504	48-0697195	501(C)(3)	6,694.	0.			ENDOWED FUND
KANSAS CHILDREN'S FOUNDATION 15410 E WINDHAM CIR WICHITA, KS 67230	47-2370410	501(C)(3)	18,000.	0.			MOBILE SENSORY CART
KANSAS DENTAL CHARITABLE FOUNDATION - 5200 SW HUNTOON - TOPEKA, KS 66604	48-1260092	501(C)(3)	150,000.	0.			FOR THE KIND PROGRAM, KANSAS MISSION OF MERCY
KANSAS DIALYSIS ASSOCIATION PO BOX 47095 WICHITA, KS 67201	48-0954126	501(C)(3)	5,558.	0.			GENERAL PURPOSES
KANSAS FOODBANK WAREHOUSE-WICHITA 1919 E DOUGLAS WICHITA, KS 67211	48-0959213	501(C)(3)	19,200.	0.			GENERAL PURPOSES
KANSAS HUMANE SOCIETY 3313 N HILLSIDE WICHITA, KS 67219	48-0554339	501(C)(3)	29,321.	0.			GENERAL PURPOSES
KANSAS LEADERSHIP CENTER 325 E. DOUGLAS WICHITA, KS 67202	20-5953542	501(C)(3)	25,000.	0.			WICHITA JOURNALISM COLLABORATIVE
KANSAS LEARNING CENTER FOR HEALTH 505 MAIN, BOX 288 HALSTEAD, KS 67056	48-0680382	501(C)(3)	21,600.	0.			THE REPRODUCTIVE SYSTEM & YOU
KANSAS STATE UNIVERSITY FOUNDATION 1800 KIMBALL AVE., STE 200 MANHATTAN, KS 66502	48-0667209	501(C)(3)	121,900.	0.			CENTER FOR PRINCIPLED BUSINESS, TRUSTEES EXCELLENCE FUND, ATHLETICS BUILDING

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 UNIVERSITY ENDOWMENT ASSOCIATION - 1800 KIMBALL AVE., STE 200 - MANHATTAN, KS 66502	48-0667209	501(C)(3)	7,000.	0.			GENERAL PURPOSES, WICHITA PEDIATRIC RESEARCH MATCH - ONE DAY, ONE KU
KANSEL 1650 N FAIRVIEW AVE WICHITA, KS 67203	48-1072585	501(C)(3)	42,500.	0.			ALL IN
KINGS CROSS CHURCH 2011 CLEMENTS FERRY ROAD CHARLSTON, SC 29492	81-0788342	501(C)(3)	60,000.	0.			GENERAL PURPOSES
KTWU-TV/WASHBURN UNIVERSITY 1700 SW COLLEGE AVE TOPEKA, KS 67208	48-6030115	501(C)(3)	11,500.	0.			MAKE 48
LEAGUE 42 FOUNDATION P.O. BOX 20026 WICHITA, KS 67208	46-3488795	501(C)(3)	11,618.	0.			KIDS FIRST CAMPAIGN, BILL C. KECKLER FIELD
LIFELINE ANIMAL PLACEMENT & PROTECTION - 310 W. 45TH ST. N. - WICHITA, KS 67204	48-1221562	501(C)(3)	16,947.	0.			GENERAL PURPOSES
MAMAFILM 156 S PINECREST ST WICHITA, KS 67218	83-3761010	501(C)(3)	10,000.	0.			PRO-REPRODUCTION FILM SCREENING
MANHATTAN HIGH SCHOOL EAST CAMPUS 901 POYNTZ AVENUE MANHATTAN, KS 66502	48-0697688	501(C)(3)	14,520.	0.			AUDITORIUM MEDIA IMPROVEMENTS, MINDFULNESS AND SOCIAL/EMOTIONAL LEARNING
MARK ARTS 1307 N ROCK RD WICHITA, KS 67206	48-0616251	501(C)(3)	7,100.	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
MENTAL HEALTH ASSOC. OF SOUTH CENTER - 555 N WOODLAWN SUITE 3105 - WICHITA, KS 67208	48-0990763	501(C)(3)	7,784.	0.			YEARLY DISTRIBUTION
UNIVERSITY OF KANSAS 1502 IOWA ST LAWRENCE, KS 66045	48-0547734	501(C)(3)	11,000.	0.			HALL CENTER FOR THE HUMANITIES, REMSBERG FACULTY SUPPORT FUND, KU ALUMNI ASSOCIATION
MID-KANSAS JEWISH FEDERATION 1850 N WOODLAWN WICHITA, KS 67208	48-6119344	501(C)(3)	10,000.	0.			GENERAL PURPOSES
EARTHJUSTICE 50 CALIFORNIA ST, STE 500 SAN FRANCISCO, CA 94111	94-1730465	501(C)(3)	10,000.	0.			GENERAL PURPOSES
MUSIC THEATRE WICHITA, INC. 225 W DOUGLAS, SUITE 202 WICHITA, KS 67202	48-0785658	501(C)(3)	128,660.	0.			WAYNE BRYAN ENDOWMENT FUND, ANNUAL DISTRIBUTION, GENERAL PURPOSES
NAF - NATIONAL ABORTION FEDERATION - CALL CENTER - 1090 VERMONT AVENUE, NW - WASHINGTON, DC 20005	43-1097957	501(C)(3)	20,000.	0.			DR. TILLER PATIENT ASSISTANCE FUND
NONPROFITGO 1477 N. WOODROW AVE. WICHITA, KS 67203	82-4716563	501(C)(3)	8,693.	0.			GRIOTS, SOFTWARE PURCHASE, FBO WICHITA HEARTS FOR HEALERS
NEWMAN UNIVERSITY 3100 MCCORMICK STREET WICHITA, KS 67213-2097	48-0556716	501(C)(3)	13,374.	0.			GENERAL PURPOSES
NORTHERN PINES OF MINNESOTA INC. PO BOX 1864 MINNETONKA, MN 55345	23-7350979	501(C)(3)	15,000.	0.			AGE THREE AND UNDER KIDS

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
NXTUS 245 N WACO, STE 230A WICHITA, KS 67202	47-4095131	501(C)(3)	177,000.	0.			SILVER SUPPORT-WICHITA STARTUP WEEK 2022, GENERAL PURPOSES
OPERA KANSAS PO BOX 8811 WICHITA, KS 67208	48-1020882	501(C)(3)	11,000.	0.			FOR OPERA STAGGERWING
PAXTON'S BLESSING BOX 911 W. 13TH ST. N. WICHITA, KS 67203	83-1098094	501(C)(3)	6,200.	0.			GENERAL PURPOSES
PHYSICIANS FOR REPRODUCTIVE HEALTH 1430 BROADWAY, FLOOR 16 STE. 1614 NEW YORK, NY 10018	13-3693391	501(C)(3)	20,000.	0.			LEADERSHIP TRAINING ACADEMY
PLANNED PARENTHOOD GREAT PLAINS 4401 W 109TH ST, SUITE 200 OVERLAND PARK, KS 66211	44-0565390	501(C)(3)	10,000.	0.			GIVING PATIENTS A "LYFT"
POWER CDC 1802 N HYDRAULIC WICHITA, KS 67214	48-1160429	501(C)(3)	48,422.	0.			THE HISTORIC DUNBAR THEATER REVITALIZATION PROJECT
RAINBOWS UNITED, INC. 3223 N OLIVER WICHITA, KS 67220	48-0793004	501(C)(3)	74,496.	0.			GENERAL PURPOSES, CHAMPION FOR CHILDREN LEGACY FUND
RISE UP FOR YOUTH PO BOX 1256 WICHITA, KS 67201	47-1381305	501(C)(3)	11,000.	0.			GENERAL PURPOSES, COLLEGE PREVIEW WEEKEND
RONALD MCDONALD HOUSE 551 N HILLSIDE, STE 100 WICHITA, KS 67214	48-0918101	501(C)(3)	5,500.	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
ROSE HILL FRIENDS CHURCH PO BOX 431 ROSE HILL, KS 67133	48-1025932	501(C)(3)	15,000.	0.			GENERAL PURPOSES
SEDGWICK COUNTY ZOOLOGICAL FOUNDATION - 5555 ZOO BLVD - WICHITA, KS 67212-1698	48-6120530	501(C)(3)	13,000.	0.			ZOOBILEE DONATION, GENERAL PURPOSES
SEDGWICK COUNTY ZOOLOGICAL SOCIETY 5555 ZOO BLVD WICHITA, KS 67212	48-6120530	501(C)(3)	13,923.	0.			GENERAL PURPOSES
SHEPHERDS WAY, INC. 2407 S. SPRING HOLLOW ST WICHITA, KS 67230	81-2837618	501(C)(3)	25,000.	0.			INDEPENDENT LIVING SKILLS PROGRAM
SOUTH ROCK CHRISTIAN CHURCH 900 S ROCK RD DERBY, KS 67037	48-0688645	501(C)(3)	18,000.	0.			OPERATING AND BUILDING FUND
SOUTHERN COUNCIL, KANSAS CHAPTER OF THE TELECOM PIONEERS - 2434 S CYPRESS ST - WICHITA, KS 67210	16-1634095	501(C)(3)	16,947.	0.			GENERAL PURPOSES
SOUTHWESTERN COLLEGE 100 COLLEGE ST WINFIELD, KS 67156-2499	48-0543715	501(C)(3)	75,586.	0.			FOR THE GENERAL ENDOWMENT FUND
SPECIAL OLYMPICS KANSAS 3153 W. MAPLE WICHITA, KS 67213	48-0573808	501(C)(3)	100,000.	0.			IN SUPPORT OF THE UPCOMING 2022 SUMMER GAMES
ST. CATHERINE OF SIENA CATHOLIC CHURCH - 3642 N. RIDGE ROAD - WICHITA, KS 67205	26-2929794	501(C)(3)	11,000.	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
ST. GEORGE ORTHODOX CHRISTIAN CATHEDRAL ENDOWMENT - 7515 E 13TH ST - WICHITA, KS 67206-1223	48-0792210	501(C)(3)	36,000.	0.			BISHOP BASIL ENDOWMENT FUND, CHRIST THE SAVIOR ACADEMY
ST. JAMES EPISCOPAL CHURCH 3750 E DOUGLAS WICHITA, KS 67208	48-0556717	501(C)(3)	148,000.	0.			GENERAL PURPOSES, 100TH ANNIVERSARY CAPITAL CAMPAIGN
ST. PAUL UNIVERSITY PARISH - WSU 1810 N. ROOSEVELT WICHITA, KS 67208	48-0803852	501(C)(3)	12,000.	0.			GENERAL PURPOSES
ST. STEPHENS EPISCOPAL CHURCH 7404 E. KILLARNEY PL. WICHITA, KS 67206	48-6107723	501(C)(3)	8,863.	0.			GENERAL PURPOSES, ANNUAL DISTRIBUTION
ST. THOMAS AQUINAS CATHOLIC CHURCH 1321 STRATFORD LN WICHITA, KS 67206	48-0650425	501(C)(3)	48,750.	0.			GENERAL PURPOSES, CHRISTMAS CALL TO SHARING
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)	16,500.	0.			RENT ASSISTANCE FOR DOMESTIC VIOLENCE SURVIVORS, GENERAL PURPOSES
STORYTIME VILLAGE PO BOX 21104 WICHITA, KS 67208	90-0450507	501(C)(3)	51,000.	0.			STORYTIME VILLAGE LITERACY CENTER, GENERAL PURPOSES
SUSAN B. ANTHONY MIDDLE SCHOOL 2501 BROWNING AVE MANHATTAN, KS 66502	48-0697688	501(C)(3)	7,550.	0.			CROSS CURRICULAR RUBE GOLDBERG, NEWS TO EXCITE ESOL LEARNERS

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
TALLGRASS FILM ASSOCIATION 212 N MARKET, 2ND FLOOR WICHITA, KS 67202	86-1056098	501(C)(3)	20,000.	0.			UNDER THE DUNBAR STARS, GENERAL PURPOSES
THE CENTER, INC. 1914 E. 11TH ST. N. WICHITA, KS 67214	83-2487438	501(C)(3)	32,621.	0.			THE CENTER'S EDUCATION OUTREACH PROGRAM
THE FOUNDATION FOR ANDOVER SCHOOL 1401 WEST 13TH ST ANDOVER, KS 67002	43-1767238	501(C)(3)	11,000.	0.			ROGER ELLIOTT MEMORIAL, ANDOVER TORNADO/PRAIRIE CREEK ELEMENTARY
THE GARAGE AT CLEVELAND CORNER 156 N CLEVELAND AVE WICHITA, KS 67214	83-2104349	501(C)(3)	53,160.	0.			GARAGE EXPANSION, BRIGHT PORCH PROPERTIES GIFT
THE NATURE CONSERVANCY KANSAS CHAPTER - 2420 NW BUTTON ROAD - TOPEKA, KS 66618	53-0242652	501(C)(3)	10,000.	0.			GENERAL PURPOSES
THE SALVATION ARMY 350 N. MARKET WICHITA, KS 67202	44-0545998	501(C)(3)	79,935.	0.			SHARE THE SEASON, FOR FOSTER CARE, GENERAL PURPOSES
THRIVE ALLEN COUNTY 9 S. JEFFERSON AVE. IOLA, KS 66749	32-0198379	501(C)(3)	17,500.	0.			BIKE-SHARE PROGRAM, MOBILITY FOR MOTHERS: TRANSPORTATION ACCESS FOR WOMENS HEALTHCARE
TOP EARLY LEARNING CENTERS 1625 N WATERFRONT PKWY, SUITE 100 WICHITA, KS 67206	48-0959396	501(C)(3)	17,500.	0.			GENERAL PURPOSES
UNION RESCUE MISSION, INC. 2800 N HILLSIDE ST WICHITA, KS 67219	48-0625837	501(C)(3)	38,687.	0.			GENERAL PURPOSES, CAPITAL CAMPAIGN-DOWNTOWN PROJECT

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
UNITED METHODIST CHURCH OF ESTES PARK - 1509 FISH HATCHERY RD - ESTES PARK, CO 80517	84-0915905	501(C)(3)	18,896.	0.			GENERAL PURPOSES
UNITED METHODIST OPEN DOOR PO BOX 2756 WICHITA, KS 67201-2756	48-0731995	501(C)(3)	14,008.	0.			GENERAL PURPOSES
UNITED WAY OF THE PLAINS, INC. 245 N WATER WICHITA, KS 67202-9918	48-0547688	501(C)(3)	138,889.	0.			GENERAL PURPOSES, FOR THE ANDOVER TORNADO, DISASTER RELIEF FUND, FOR THE TOCQUEVILLE SOCIETY
USD259 WICHITA PUBLIC SCHOOLS 903 S. EDGEMOOR WICHITA, KS 67218	48-6000351	501(C)(3)	16,129.	0.			AUTHORS IN SCHOOL/VARIAN JOHNSON, COURTYARD PROJECT/EAST HIGH CLASS OF 64
VAGABOND MISSIONS PO BOX 53109 PITTSBURG, PA 15219	20-3891942	501(C)(3)	15,000.	0.			THE CAMPAIGN FOR VM WICHITA
VALEO BEHAVIORAL HEALTH CARE, INC 5401 SW 7TH ST. TOPEKA, KS 66606	48-0730326	501(C)(3)	7,500.	0.			FOOD ASSISTANCE FOR CRISIS CLIENTS
VICTORY IN THE VALLEY, INC. 3755 E DOUGLAS WICHITA, KS 67218	48-0980744	501(C)(3)	9,987.	0.			GENERAL PURPOSES
WASHBURN UNIVERSITY FOUNDATION 1729 SW MACVICAR AVENUE TOPEKA, KS 66604	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)	432,003.	0.			PATRICIA MCDONNELL ANNUAL LECTURE ENDOWMENT, GENERAL PURPOSES, WAM ART ACCESS 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
WICHITA CHILDREN'S HOME 7271 E. 37TH ST. N. BEL AIRE, KS 67226	48-0547706	501(C)(3)	40,173.	0.			WATER HEATER EMERGENCY ASSISTANCE, GENERAL PURPOSES, KIDS CLUB, HOUSING/SHELTER, BRIDGES
WICHITA EDUCATIONAL FOUNDATION 350 W DOUGLAS WICHITA, KS 67202	74-2832913	501(C)(3)	6,192.	0.			REIMBURSE FOR BOOK ORDER - CALLINGS: THE PURPOSE
WICHITA FAMILY CRISIS CENTER 1111 N ST FRANCIS WICHITA, KS 67214	48-0559378	501(C)(3)	7,568.	0.			GENERAL PURPOSES
WICHITA HABITAT FOR HUMANITY, INC. PO BOX 114 WICHITA, KS 67201	58-1735540	501(C)(3)	10,434.	0.			GENERAL PURPOSES, RAISE THE ROOF
WICHITA INDEPENDENT NEIGHBORHOODS 2755 E 19TH ST N, #6 WICHITA, KS 67214	48-1161750	501(C)(3)	10,000.	0.			COMMUNITY EDUCATION EMPOWERMENTS-COMMUNITY WORKSHOPS
WICHITA SEDG. CTY. HISTORICAL MUSEUM - 204 S MAIN - WICHITA, KS 67202	48-0618433	501(C)(3)	7,083.	0.			GENERAL PURPOSES, BUSINESS PATRON
WICHITA STATE UNIVERSITY FOUNDATION - 1845 FAIRMOUNT, BOX 2 - WICHITA, KS 67260-0002	48-6121167	501(C)(3)	192,750.	0.			GENERAL PURPOSES, COHEN HONORS COLLEGE, ART & DESIGN ADVOCATES, FOR THE EVELYN HENDREN SPEECH
WICHITA SYMPHONY SOCIETY 225 W DOUGLAS, SUITE 207 WICHITA, KS 67202	48-0671518	501(C)(3)	164,955.	0.			GENERAL PURPOSES, SUPPORT FOR THE OLD COWTOWN SUTE VIDEO PROJECT
WICHITA WOMEN'S INITIATIVE NETWORK 510 E THIRD ST WICHITA, KS 67202	48-1189632	501(C)(3)	6,000.	0.			EMPLOYMENT BARRIER REDUCTION FUNDS

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
WSU TECH FOUNDATION 4005 N WEBB RD WICHITA, KS 67226-8102	13-4360469	501(C)(3)	28,711.	0.			PROJECT CULINARY ARTS PROGRAM
Y.M.C.A. FOUNDATION OF WICHITA 402 N. MARKET WICHITA, KS 67202	48-0554440	501(C)(3)	23,325.	0.			TO BENEFIT THE YOUTH, STRONG COMMUNITY CAMPAIGN, GENERAL PURPOSES
YOUNG LIFE - WICHITA 6505 E CENTRAL, #318 WICHITA, KS 67206	84-0385934	501(C)(3)	7,208.	0.			YOUNG LIFE COLLEGE, ANNUAL DISTRIBUTION FOR OPERATIONAL EXPENSES
YOUTH HORIZONS 125 S. WASHINGTON ST. STE. #200 WICHITA, KS 67202	48-0846374	501(C)(3)	7,500.	0.			YOUTH HORIZONS MENTORING PROGRAM

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	36	113,450.	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: CHILDREN FIRST CEO KANSAS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRIEF CAMP AND BASIC NEEDS PANTRY FOR STUDENTS, ER/FOOD/MEAT REPLACEMENT, FREEZER ISSUE

NAME OF ORGANIZATION OR GOVERNMENT: EPISCOPAL SOCIAL SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RE-HOUSING BARRIER REDUCTION FUND, EMERGENCY FURNACE REPAIR, COATS & WINTER WEAR FOR HOMELESS/VERY LOW-INCOME MEN

NAME OF ORGANIZATION OR GOVERNMENT: HONORE ADVERSIS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR WICHITA POLICE OFFICER BREANNA JOHNSON, WICHITA POLICE OFFICER PATRICK SMITH, WICHITA COMMITTEE 100-IN HONOR OF OFFICER MELLARD

NAME OF ORGANIZATION OR GOVERNMENT: HUMANKIND MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES, BLANKETS FOR EMERGENCY WINTER SHELTER, COVID ISOLATION SHELTER, 316 PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CENTER FOR PRINCIPLED BUSINESS, TRUSTEES EXCELLENCE FUND, ATHLETICS BUILDING CHAMPIONS

NAME OF ORGANIZATION OR GOVERNMENT: WICHITA CHILDREN'S HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: WATER HEATER EMERGENCY ASSISTANCE,

Part IV Supplemental Information

GENERAL PURPOSES, KIDS CLUB, HOUSING/SHELTER, BRIDGES PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: WICHITA STATE UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES, COHEN HONORS

COLLEGE, ART & DESIGN ADVOCATES, FOR THE EVELYN HENDREN SPEECH CENTER,

FOR THE SCHOOL OF MUSIC (MUSIC ASSOCIATION)

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2021

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

WICHITA COMMUNITY 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

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)	184,070.	15,000.	0.	9,953.	9,059.	218,082.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17	6,046,532.	MARKET PRICES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
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 three 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.		

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.

Multiple horizontal lines for supplemental information.

**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 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

WICHITA COMMUNITY FOUNDATION

Employer identification number

48-1022361

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

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

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

PURPOSES.

FORM 990, PART VI, SECTION B, LINE 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 COMMUNITY FOUNDATION	Employer identification number 48-1022361
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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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WCF SUPPORT FOUNDATION	C	147,257.	CASH RECEIVED
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

WCF SUPPORT FOUNDATION

PRIMARY ACTIVITY: RECEIVE/ACCEPT GIFTS SUPPORTING PROGRAMS OF WICHITA
COMMUNITY FOUNDATION

EL DORADO	117 W. CENTRAL AVE	EL DORADO, KS 67042-0847	316-321-1150
TUCSON	4801 E. BROADWAY BLVD., STE. 501	TUCSON, AZ 85711-3648	520-624-8229
TULSA	4200 E. SKELLY DR., STE. 560	TULSA, OK 74135-3209	918-494-8700
WAGONER	509 S. MCQUARRIE AVE	WAGONER, OK 74467-6223	918-485-5531
WICHITA	300 W. DOUGLAS AVE., STE. 900	WICHITA, KS 67202-2914	316-264-2335