

PUBLIC DISCLOSURE COPY
WICHITA FOUNDATION
06/30/2025



Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: WICHITA FOUNDATION
D Employer identification number: 48-1022361
E Telephone number: 316-264-4880
G Gross receipts \$: 28,620,006.
H(a) Is this a group return for subordinates? Yes [X] No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: [X] 501(c)(3)
J Website: WICHITAFUNDATION.ORG
K Form of organization: [X] Corporation
L Year of formation: 1986
M State of legal domicile: KS

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature of officer: SHELLY PRICHARD, PRESIDENT & CEO
Preparer: MARSHAL HULL, CPA
Firm: REGIER CARR & MONROE, LLP

May the IRS discuss this return with the preparer shown above? See instructions [X] 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: THE WICHITA FOUNDATION INVESTS IN PEOPLE AND IDEAS TO SPARK CHANGE, AND ENVISIONS A PLACE WHERE ALL WICHITANS THRIVE AND BELONG. AS COMMUNITY CONVENERS, THE FOUNDATION LEADS WITH COURAGE, GROWS EQUITABLE RELATIONSHIPS, IGNITES PHILANTHROPY AND BELIEVES IN WICHITA.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 7,931,436. including grants of \$ 7,215,186.) (Revenue \$) THE WICHITA FOUNDATION IS A TAX-EXEMPT, PLACE-BASED COMMUNITY FOUNDATION ADVANCING THE LONG-TERM VITALITY AND UPWARD MOBILITY OF THE WICHITA REGION. THROUGH NEARLY 300 CHARITABLE FUNDS AND THE FUND FOR WICHITA, OUR UNRESTRICTED COMMUNITY RESOURCE, WE BRING TOGETHER PHILANTHROPISTS, DOLLARS, AND IDEAS TO EXPAND OPPORTUNITY AND STRENGTHEN COMMUNITY SYSTEMS. KEY INITIATIVES INCLUDE PRESS FORWARD WICHITA, WHICH STRENGTHENS LOCAL JOURNALISM AND ACCESS TO TRUSTED INFORMATION, AND NONPROFIT ELEVATION, WHICH INVESTS IN NONPROFIT CAPACITY, LEADERSHIP, AND SUSTAINABILITY TO SUPPORT COMMUNITY WELL-BEING.

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 7,931,436.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included on line 1a... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 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; 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; 16b 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?

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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
WICHITA FOUNDATION - 316-264-4880
303 S BROADWAY, STE 100, WICHITA, KS 67202-4801

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHELLY PRICHARD PRESIDENT & CEO	40.00			X			240,136.	0.	51,287.	
(2) COURTNEY BENGTON CHIEF STRATEGY OFFICER	40.00			X			131,981.	0.	6,970.	
(3) AMY WILLIAMS BOARD CHAIR	1.00	X		X			0.	0.	0.	
(4) CINDY MCSWAIN CHAIR ELECT	1.00	X		X			0.	0.	0.	
(5) MIKE RAMSEY TREASURER	1.00	X		X			0.	0.	0.	
(6) LASHONDA GARNES SECRETARY	1.00	X		X			0.	0.	0.	
(7) DEBBIE GANN PAST CHAIR	1.00	X		X			0.	0.	0.	
(8) ANTOINE AGNEW BOARD MEMBER	1.00	X					0.	0.	0.	
(9) TAMMY ALLEN BOARD MEMBER	1.00	X					0.	0.	0.	
(10) BREE COX BOARD MEMBER	1.00	X					0.	0.	0.	
(11) MARGARET DECHANT BOARD MEMBER	1.00	X					0.	0.	0.	
(12) PAT GEARHART BOARD MEMBER	1.00	X					0.	0.	0.	
(13) STEPHANIE HARDER BOARD MEMBER	1.00	X					0.	0.	0.	
(14) JENNIFER HILL BOARD MEMBER	1.00	X					0.	0.	0.	
(15) PAUL LAVENDER BOARD MEMBER	1.00	X					0.	0.	0.	
(16) TERESA LOVELADY BOARD MEMBER	1.00	X					0.	0.	0.	
(17) RONN MCMAHON BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAMES NASTARS BOARD MEMBER	1.00	X						0.	0.	0.
(19) PAMELA SWEDLUND BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								372,117.	0.	58,257.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								372,117.	0.	58,257.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATLANTA CONSULTING GROUP, LLC, 309 EAST PACES FERRY ROAD, SUITE 600, ATLANTA, GA	INVESTMENT MANAGEMENT	157,969.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	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	6,219,474.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,712,922.					
	h Total. Add lines 1a-1f		6,219,474.					
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)		3,386,465.			3386465.		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties		111,418.			111,418.		
	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	18,735,789.				
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b	16,265,852.	2,319.		
			c Gain or (loss)	7c	2,469,937.	-2,319.		
	d Net gain or (loss)		2,467,618.	2,467,618.				
	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	561000	61,124.			61,124.		
	b MISCELLANEOUS	900099	54,114.			54,114.		
	c CASH SURRENDER VALUE OF LIFE INSU	901101	51,622.			51,622.		
	d All other revenue							
	e Total. Add lines 11a-11d		166,860.					
12 Total revenue. See instructions		12,351,835.	2,467,618.	0.	3664743.			

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 ...	7,170,686.	7,170,686.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	44,500.	44,500.		
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	372,116.	114,017.	111,635.	146,464.
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	625,536.	255,114.	117,825.	252,597.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	52,665.	19,486.	12,113.	21,066.
9 Other employee benefits	30,144.	11,153.	6,933.	12,058.
10 Payroll taxes	69,075.	25,558.	15,887.	27,630.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,199.	6,597.		1,602.
c Accounting	22,762.	8,422.	5,235.	9,105.
d Lobbying	4,500.	4,500.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	204,755.		204,755.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	69,730.	27,934.	28,413.	13,383.
12 Advertising and promotion	24,517.	12,607.	4,348.	7,562.
13 Office expenses	46,486.	21,776.	3,838.	20,872.
14 Information technology	103,778.	38,398.	23,869.	41,511.
15 Royalties				
16 Occupancy	92,884.	34,367.	21,363.	37,154.
17 Travel	47,290.	35,103.	3,185.	9,002.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	27,291.	18,748.	3,119.	5,424.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,440.	11,263.	7,001.	12,176.
23 Insurance	45,043.	35,555.	3,464.	6,024.
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	39,684.	15,124.	8,966.	15,594.
b DIRECT FISCAL SPONSORSH	17,081.	17,081.		
c MISC EXPENSE	9,119.	3,447.	2,071.	3,601.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	9,158,281.	7,931,436.	584,020.	642,825.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	271,669.	1	282,401.
	2 Savings and temporary cash investments	9,544,462.	2	10,296,079.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	413.	4	250.
	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	1,004,200.	7	603,241.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	426.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 169,258.		
	b Less: accumulated depreciation	10b 63,693.	131,084.	10c 105,565.
	11 Investments - publicly traded securities	94,955,189.	11	100,456,670.
	12 Investments - other securities. See Part IV, line 11	235,924.	12	287,546.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	81,084.	15	122,070.
16 Total assets. Add lines 1 through 15 (must equal line 33)	106,224,025.	16	112,154,248.	
Liabilities	17 Accounts payable and accrued expenses	29,646.	17	82,114.
	18 Grants payable	1,000,000.	18	950,000.
	19 Deferred revenue		19	
	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	15,194,166.	25	14,447,559.
	26 Total liabilities. Add lines 17 through 25	16,223,812.	26	15,479,673.
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	89,000,213.	27	95,674,575.
	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	90,000,213.	32	96,674,575.
33 Total liabilities and net assets/fund balances	106,224,025.	33	112,154,248.	

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	12,351,835.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,158,281.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,193,554.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	90,000,213.
5	Net unrealized gains (losses) on investments	5	3,480,808.
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	96,674,575.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	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		

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

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

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7147538.	9203335.	7513025.	3219278.	6392016.	33475192.
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	7147538.	9203335.	7513025.	3219278.	6392016.	33475192.
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)						9392053.
6 Public support. Subtract line 5 from line 4.						24083139.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	7147538.	9203335.	7513025.	3219278.	6392016.	33475192.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1604083.	3160587.	2675985.	2878575.	3386465.	13705695.
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.)			2,956.	47,498.	105,736.	156,190.
11 Total support. Add lines 7 through 10						47337077.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	50.88	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	54.28	%
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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 (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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)

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

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

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.)

Lined area for supplemental information.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Table with 2 columns: Name of the organization (WICHITA FOUNDATION) and Employer identification number (48-1022361)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 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

- [X] 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 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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>200,226.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>197,589.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>252,983.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>2,059,627.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>1,611,292.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WICHITA 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/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 246,165.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 181,535.	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 FOUNDATION	Employer identification number 48-1022361
---	---

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
<u>2</u>	745 SHARES PUBLICLY TRADED COMPANY _____ _____ _____	\$ <u>200,226.</u>	<u>12/16/24</u>
<u>4</u>	1,984 SHARES PUBLICLY TRADED COMPANY _____ _____ _____	\$ <u>252,983.</u>	<u>04/01/25</u>
<u>6</u>	554,971 SHARES PUBLICLY TRADED COMPANY _____ _____ _____	\$ <u>1,487,119.</u>	<u>11/14/24</u>
<u>8</u>	750 SHARES PRIVATELY HELD COMPANY _____ _____ _____	\$ <u>246,165.</u>	<u>04/11/25</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

2024

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 FOUNDATION	Employer identification number (EIN) 48-1022361
---	---

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 EINs 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) 2024

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.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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)).

Table with 3 columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

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

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

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."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments, and similar amounts from members 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): 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions

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)

(Rev. December 2024)

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

**Open to Public
Inspection**

Name of the organization

WICHITA FOUNDATION

Employer identification number

48-1022361

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	118	
2 Aggregate value of contributions to (during year)	1,649,606.	
3 Aggregate value of grants from (during year)	4,116,986.	
4 Aggregate value at end of year	39,267,860.	
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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part 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

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 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 in 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 _____%
- 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? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		39,819.	15,110.	24,709.
d Equipment		115,489.	40,910.	74,579.
e Other		13,950.	7,673.	6,277.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				105,565.

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS	14,325,489.
(3) DEFERRED COMPENSATION AGREEMENT	122,070.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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	15,627,888.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,480,808.
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	3,480,808.
3	Subtract line 2e from line 1	3	12,147,080.
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	204,755.
c	Add lines 4a and 4b	4c	204,755.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,351,835.

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	8,953,526.
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	8,953,526.
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	204,755.
c	Add lines 4a and 4b	4c	204,755.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,158,281.

Part XIII Supplemental Information

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

PART X, LINE 2:

WF AND WCFS ARE ORGANIZED AS KANSAS NONPROFIT CORPORATIONS AND HAVE BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3), QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND (VIII), AND HAVE BEEN DETERMINED NOT TO BE PRIVATE FOUNDATIONS UNDER SECTIONS 509(A)(1) AND (3), RESPECTIVELY. EACH ENTITY IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ENTITIES ARE SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. EACH ENTITY HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX 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 204,755.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BANK FEES NETTED TO INVESTMENT REVENUES 204,755.

Multiple horizontal lines for supplemental information.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALDERSGATE UNITED METHODIST CHURCH 7901 W 21ST ST WICHITA, KS 67212	48-0854060	501(C)(3)	25,600.	0.			VACATION BIBLE SCHOOL T SHIRTS, GENERAL PURPOSES
ALZHEIMER'S ASSOCIATION - CENTRAL & WESTERN KANSAS OFFICE - 1820 E. DOUGLAS AVENUE - WICHITA, KS 67214	13-3039601	501(C)(3)	7,217.	0.			GENERAL PURPOSES
AMERICAN HEART ASSOCIATION 8918 W 21ST ST N #248 WICHITA, KS 67205	13-5613797	501(C)(3)	11,730.	0.			2025 TEEN OF IMPACT - LAD OBORNY, GENERAL PURPOSES
AMERICAN RED CROSS-SOUTH CENTRAL & SE KS - 707 N. MAIN - WICHITA, KS 67201	53-0196605	501(C)(3)	72,196.	0.			HURRICANE HELENE RESPONSE, CALIFORNIA WILDFIRES 2025, HOLIDAY GIVING, GENERAL PURPOSE
ASBURY PARK 200 SW 14TH ST NEWTON, KS 67114	48-0643930	501(C)(3)	9,545.	0.			THE GOOD SAMARITAN FUND
BEACON MEDIA INC. 300 E 39TH STREET KANSAS CITY, MO 64111	83-4587205	501(C)(3)	93,700.	0.			LION SUSTAINABILITY CONFERENCE

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

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

Schedule I (Form 990) (Rev. 12-2024)

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
BLAZES TRIBUTE EQUINE RESCUE, INC. 21701 EAST BRITTON ROAD HARRAH, OK 73045	43-2024364	501(C)(3)	10,000.	0.			HORSE RESCUE & SANCTUARY
BLESSED SACRAMENT CHURCH 124 N ROOSEVELT WICHITA, KS 67208	48-0543780	501(C)(3)	28,000.	0.			GENERAL SUPPORT
BLUE VALLEY EDUCATIONAL FOUNDATION 15020 METCALF OVERLAND PARK, KS 66223	48-1159744	501(C)(3)	5,500.	0.			GENERAL PURPOSES
BOTANICA, THE WICHITA GARDENS 701 N AMIDON WICHITA, KS 67203-3199	48-1007736	501(C)(3)	100,056.	0.			GENERAL PURPOSES
BOY SCOUTS OF AMERICA, QUIVIRA COUNCIL - 3247 N OLIVER - WICHITA, KS 67220	23-7147508	501(C)(3)	14,653.	0.			HONOR BASH DINNER DONATION, SUPPORT THE SALARIES OF PROFESSIONAL FIELD STAFF, GENERAL
BREAKTHROUGH EPISCOPAL SOCIAL SERVICES - PO BOX 670 - WICHITA, KS 67201-0670	48-0947896	501(C)(3)	12,725.	0.			FUNDING THE TURNING POINT PROGRAM, GENERAL PURPOSE
BUILDING KNOWLEDGE AND OPPORTUNITIES FOUNDATION - PO BOX 8736 - WICHITA, KS 67208	83-2126390	501(C)(3)	10,000.	0.			EVERGY STEAM SCHOLARSHIP (FASHIONETTA)
CAIRN HEALTH, INC 1514 N BROADWAY AVE WICHITA, KS 67214-1106	48-0891620	501(C)(3)	86,000.	0.			MEDICINE 4 ALL , LIONS CLUB VISION FUND, SUPPORT OF NONPROFIT PHARMACY START-UP
CATHOLIC CHARITIES, INC. - DIOCESE OF WICHITA - 437 N. TOPEKA - WICHITA, KS 67202-2413	48-0543703	501(C)(3)	19,725.	0.			ONE FAMILY FULLY ALIVE IN CHRIST!, GENERAL PURPOSES, HARBOR HOUSE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC DIOCESE OF WICHITA 424 N BROADWAY WICHITA, KS 67202	48-0543780	501(C)(3)	197,500.	0.			ONE FAMILY FULLY ALIVE IN CHRIST!
CENTRAL COMMUNITY CHURCH OF GOD INC - 6100 W MAPLE ST - WICHITA, KS 67209	48-0556701	501(C)(3)	6,000.	0.			THE REFRESH CAMPAIGN, FAMILY LIFE COUNSELING CENTER
CENTRAL PLAINS REGIONAL HEALTH CARE FDN. - 1102 S HILLSIDE - WICHITA, KS 67211	48-1200868	501(C)(3)	10,000.	0.			GENERAL PURPOSES
CHAPEL HILL UMC CHURCH 1550 N. CHAPEL HILL DRIVE WICHITA, KS 67206	48-1180033	501(C)(3)	20,500.	0.			GENERAL PURPOSES
CHILD ADVOCACY CENTER OF SEDGWICK COUNTY - 1211 S. EMPORIA - WICHITA, KS 67211	26-2090660	501(C)(3)	167,680.	0.			GENERAL PURPOSES, OPEN DOORS CAPITAL CAMPAIGN, FOR COMFORT CARE CLOSET / BUDDY BEAR PROJECT
CHURCH OF THE MAGDALEN 12626 E 21ST ST N WICHITA, KS 67206	48-0561968	501(C)(3)	20,500.	0.			GENERAL PURPOSES
CITY BUREAU 3619 S STATE ST, SUITE 400 CHICAGO, IL 60609	81-1054499	501(C)(3)	37,500.	0.			DOCUMENTERS NETWORK FEE
CITY OF WICHITA CITY MANAGERS OFFICE, 13TH FLOOR - WICHITA, KS 67202	48-6000653	501(C)(3)	25,000.	0.			FREE ADMISSION TO OLD COWTOWN MUSEUM
CLUB PARKINSONS OF KANSAS P.O. BOX 771269 WICHITA, KS 67277	86-2420764	501(C)(3)	7,150.	0.			CLUB PARKINSONS- EMPOWERMENT THROUGH EDUCATION, THE PRESIDENT'S LUNCHEON,

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
COLLEGE HILL UNITED METHODIST CHURCH - 2930 E 1ST ST - WICHITA, KS 67214	48-0923917	501(C)(3)	12,000.	0.			GENERAL PURPOSES, THE SUMMER MATCH CAMPAIGN
COMING TOGETHER FOR A CURE PO BOX 782564 WICHITA, KS 67278	47-2585356	501(C)(3)	25,000.	0.			GENERAL PURPOSES
CONGREGATION EMANU-EL 1850 N. WOODLAWN WICHITA, KS 67206	48-0625985	501(C)(3)	33,700.	0.			SPONSORSHIP OF RABBI EVENT, GENERAL PURPOSES
CONGREGATION EMANU-EL FOUNDATION, INC - 1850 N. WOODLAWN - WICHITA, KS 67206	23-7092568	501(C)(3)	45,000.	0.			GENERAL PURPOSES
DEAR NEIGHBOR MINISTRIES 1329 S BLUFFVIEW DR WICHITA, KS 67218-3031	48-1251656	501(C)(3)	7,500.	0.			THE FOOD PANTRY
DEL E. WEBB CENTER FOR THE PERFORMING ARTS - 2001 W. WICKENBURG WAY, SUITE 3 - WICKENBURG, AZ 85390	86-0873249	501(C)(3)	25,000.	0.			AN ANNUAL DISTRIBUTION
DESERT CABALLEROS WESTERN MUSEUM 21 N. FRONTIER STREET WICKENBURG, AZ 85390	86-0204201	501(C)(3)	25,000.	0.			AN ANNUAL DISTRIBUTION
DOWN SYNDROME SOCIETY OF WICHITA 734 S WASHINGTON WICHITA, KS 67211	20-4863768	501(C)(3)	9,950.	0.			JOB SKILLS DEVELOPMENT PROGRAM, DREAM FORWARD, IUPUI JANUARY 2025 TRAINING
DOWNTOWN WICHITA 505 E. DOUGLAS WICHITA, KS 67202	48-1252583	501(C)(3)	25,000.	0.			FOR PROJECT DOWNTOWN MASTERPLAN 2035

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)	66,812.	0.			THE UMC PERMANENT ENDOWMENT FUND
EASTMINSTER PRESBYTERIAN CHURCH 1958 N WEBB RD WICHITA, KS 67206	48-0675131	501(C)(3)	85,000.	0.			GENERAL PURPOSES
EMBERHOPE - UNITED METHODIST PO BOX 210, 900 W. BROADWAY NEWTON, KS 67114	48-0543712	501(C)(3)	9,961.	0.			IN LIEU OF ANGEL TREE GIFTS, GENERAL PURPOSES
EMPOWER EVERGREEN, INC PO BOX 4524 WICHITA, KS 67204	85-3067734	501(C)(3)	80,100.	0.			CAPITAL CAMPAIGN, GENERAL PURPOSES
EXPLORATION PLACE, INC. 300 N MCLEAN BLVD WICHITA, KS 67203-5901	48-1000295	501(C)(3)	12,173.	0.			SUPPORT OF DEATH BY CHOCOLATE, FOR DRONE LIGHT SHOW, FOR WICHITA FOUNDATION AMPHITHEATER
FAMILY PROMISE OF GREATER WICHITA INC. - 1111 N SAINT FRANCIS AVE - WICHITA, KS 67214-2813	47-5491118	501(C)(3)	113,000.	0.			GENERAL PURPOSES
FIRST CHRISTIAN CHURCH OF DOUGLASS KS, INC. - PO BOX 393 - DOUGLASS, KS 67039	48-0847803	501(C)(3)	15,000.	0.			GENERAL PURPOSES
FOOD ON THE STOVE 1026 COOK DR. SE WASHINGTON, DC 20003	82-4248331	501(C)(3)	10,000.	0.			MEALS FOR FIRST RESPONDERS / AA 5342 / ICT TOGETHER
FREEDOM HOOVES THERAPEUTIC RIDING CENTER - PO BOX 782622 - WICHITA, KS 67278	48-1223638	501(C)(3)	51,000.	0.			HOPE IN MOTION CAMPAIGN, EQUIPMENT TO SERVE PEOPLE WITH DISABILITIES

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 OF THE TOPEKA ZOO 635 GAGE BLVD TOPEKA, KS 66606	48-6117369	501(C)(3)	7,500.	0.			DREAM NIGHT
FRIENDS UNIVERSITY FINANCIAL AID OFFICE, 2100 W UNIVERSITY AVENUE - WICHITA, KS 67213	48-0547702	501(C)(3)	66,651.	0.			ATHLETIC DEPARTMENT, GENERAL PURPOSES, ANNUAL DISTRIBUTION FOR SCHOLARSHIP AIDE, WOMEN'S
GIRL SCOUTS OF KANSAS HEARTLAND, INC. - 360 LEXINGTON ROAD - WICHITA, KS 67218	48-0556718	501(C)(3)	8,992.	0.			EMERGENCY ASSISTANCE / BOILER PROJECT, ANNUAL DISTRIBUTION, JPLS SPONSORSHIP,
GOODWILL INDUSTRIES OF KANSAS, INC. - 3351 N. WEBB RD - WICHITA, KS 67226	48-0673284	501(C)(3)	7,670.	0.			GOLD COIN SOCIETY GIFT, 2024 ANNUAL AWARD CELEBRATION
GREATER WASHINGTON COMMUNITY FOUNDATION - 1325 G STREET NW, SUITE 480 - WASHINGTON, DC 20005	23-7343119	501(C)(3)	105,000.	0.			ADMINISTRATIVE SUPPORT ICT TOGETHER / DCA RELIEF FUND COLLABORATION
GUADALUPE CLINIC, INC. 940 S ST FRANCIS WICHITA, KS 67211	20-1285208	501(C)(3)	15,613.	0.			VISION FOR THE UNDERSERVED, GENERAL PURPOSES
HARVESTER ARTS INC 120 E. FIRST ST. N. WICHITA, KS 67202	46-4356818	501(C)(3)	53,231.	0.			CHAINLINK GALLERY PLACE
HEARTSPRING, INC. 8700 E 29TH ST N WICHITA, KS 67226-2169	48-0561969	501(C)(3)	8,025.	0.			GENERAL PURPOSES EMERGENCY ASSISTANCE, HEARTSPRING GALA
HOPENET, INC 2501 E CENTRAL, SUITE 2 WICHITA, KS 67214	48-1105407	501(C)(3)	11,420.	0.			GENERAL PURPOSE, HEATER ISSUES

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
HOPE RANCH FOR WOMEN P.O. BOX 75436 WICHITA, KS 67275	46-2216874	501(C)(3)	7,500.	0.			EMERGENCY ASSISTANCE / AC REPAIR
HUMANKIND MINISTRIES 829 N MARKET WICHITA, KS 67214-3519	48-0559085	501(C)(3)	48,775.	0.			EMERGENCY WINTER SHELTER SUPPORT, OPERATION HOLIDAY, GENERAL PURPOSE
HUNTER HEALTH 527 N. GROVE ST. WICHITA, KS 67214	48-0908355	501(C)(3)	7,500.	0.			GENERAL PURPOSES
ICT SOS 126 S. IDA WICHITA, KS 67211	45-4569287	501(C)(3)	361,000.	0.			ICT SOS SUPPORT GROUP CHILDCARE, SUPPORT OF OUR PLACE CAMPAIGN, TRAINING FOR DEVELOPMENT DIRECTOR.
JUNCTION CITY AREA CHAMBER OF COMMERCE - PO BOX 26 - JUNCTION CITY, KS 66441	48-0285540	501(C)(3)	15,813.	0.			GREATER THAN LEADERSHIP PROGRAM
JUNIOR ACHIEVEMENT OF WICHITA PO BOX 780683 WICHITA, KS 67278	48-0731855	501(C)(3)	7,500.	0.			JUNIOR ACHIEVEMENT BUSINESS HALL OF FAME, GENERAL PURPOSES
JUNIOR LEAGUE OF WICHITA, INC. 6402 E 12TH ST WICHITA, KS 67206	48-0556729	501(C)(3)	107,000.	0.			100TH ANNIVERSARY PROJECT - THE WATER PLAYScape AT EXPLORATION PLACE
JUNIPER ARTS ACADEMY, INC. PO BOX 174 WICHITA, KS 67201	86-2988299	501(C)(3)	26,000.	0.			JUNIPER ARTS ACADEMY FINE ARTS PROGRAMMING, GENERAL FUNDS
KANSANS FOR LIFE EDUCATIONAL FUND 3301 W. 13TH ST. WICHITA, KS 67203	48-0963148	501(C)(3)	25,000.	0.			EDUCATION 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
KANSAS AVIATION MUSEUM 3350 GEORGE WASHINGTON AVE WICHITA, KS 67210-2100	48-1089259	501(C)(3)	10,750.	0.			GENERAL PURPOSES, MEMORIAL
KANSAS BIG BROTHERS BIG SISTERS PO BOX 1521 WICHITA, KS 67201-1521	23-7056717	501(C)(3)	35,000.	0.			GENERAL PURPOSES, BIG SOIREFUND-A- MATCH
KANSAS CHILDRENS DISCOVERY CENTER 4400 SW 10TH STREET AVE TOPEKA, KS 66604	37-1534978	501(C)(3)	10,000.	0.			BUILDING DISCOVERY
KANSAS DENTAL CHARITABLE FOUNDATION - 5200 SW HUNTOON - TOPEKA, KS 66604	48-1260092	501(C)(3)	203,652.	0.			THE KIND PROGRAMTHE, KANSAS MISSION OF MERCY
KANSAS DIALYSIS ASSOCIATION PO BOX 47095 WICHITA, KS 67201	48-0954126	501(C)(3)	6,361.	0.			GENERAL PURPOSES
KANSAS FOOD BANK WAREHOUSE, INC. 1919 E DOUGLAS WICHITA, KS 67211	48-0959213	501(C)(3)	54,400.	0.			FOR EMERGENCY ASSISTANCE / WINDOW REPAIR, GENERAL PURPOSES, SUMMER FOOD PROGRAM FOR KIDS
KANSAS HONOR FLIGHT PO BOX 2371 HUTCHINSON, KS 67504	20-2751460	501(C)(3)	5,250.	0.			GENERAL PURPOSES
KANSAS HUMANE SOCIETY 3313 N HILLSIDE WICHITA, KS 67219	48-0554339	501(C)(3)	15,163.	0.			GENERAL PURPOSES, THE MICROCHIP AND VACCINE CLINIC, KHS - READ TO ROVER
KANSAS LEADERSHIP CENTER 325 E. DOUGLAS WICHITA, KS 67202	20-5953542	501(C)(3)	193,700.	0.			LION SUSTAINABILITY CONFERENCESECOND, FY2024 DOCUMENTERS

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 STATE UNIVERSITY FOUNDATION 1800 KIMBALL AVE., SUITE 200 MANHATTAN, KS 66502-3373	48-0667209	501(C)(3)	62,000.	0.			BUILDING CHAMPIONS, POWERCAT FINANCIAL, SPECIAL EDUCATION SCHOLARSHIP
KANSAS WESLEYAN UNIVERSITY OFFICE OF STUDENT FINANCIAL AID, 100 E CLAFLIN AVE - SALINA, KS 67401	48-0543729	501(C)(3)	6,000.	0.			ANNUAL SCHOLARSHIP DRIVE
KAPAUN-MT. CARMEL HIGH SCHOOL 8506 E CENTRAL WICHITA, KS 67206-9926	48-0778772	501(C)(3)	6,000.	0.			THE CRUSADER FUND, CAPITAL CAMPAIGN
KINGMAN EMERGENCY MEDICAL SERVICES P.O. BOX 168, 324 NORTH MAIN STREET KINGMAN, KS 67068	48-6004147	501(C)(3)	43,000.	0.			EMS DEPARTMENT FOR ENHANCEMENT OF CREW LIVING QUARTERS
KINGS CROSS CHURCH 2011 CLEMENTS FERRY ROAD CHARLESTON, SC 29492	81-0788342	501(C)(3)	60,000.	0.			GENERAL PURPOSES
KMUW - WICHITA PUBLIC RADIO 121 N. MEAD ST., SUITE 200 WICHITA, KS 67202-2747	48-6121167	501(C)(3)	30,136.	0.			COLLABORATIVE JOURNALISM SUMMIT TRAVEL STIPEND, GENERAL PURPOSE
KPTS, CHANNEL 8 P.O. BOX 783100 WICHITA, KS 67278	48-0735215	501(C)(3)	40,250.	0.			FOR GREAT WOMEN OF KANSAS PROJECT, GENERAL PURPOSE, NEW TRANSMITTER FUND
KU ENDOWMENT ASSOCIATION PO BOX 928 LAWRENCE, KS 66044-0928	48-0547734	501(C)(3)	18,000.	0.			GENERAL UNIVERSITY ENDOWMENT IN LAWRENCE, GENERAL PURPOSES, JDOC INTERPRETER PROGRAM,
LEADERSHIP ATCHISON 200 S 10TH ATCHISON, KS 66002	48-1182944	501(C)(3)	5,380.	0.			2024 LEADERSHIP ATCHISON

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
LINWOOD ELEMENTARY SCHOOL 1654 S. HYDRAULIC ST. WICHITA, KS 67211	48-6000351	501(C)(3)	6,500.	0.			BILINGUAL TAKE HOME LIBRARY, CARE CLOSET
LION PUBLISHERS 4023 KENNETT PIKE STE 50019 WILMINGTON, DE 19807	46-0781654	501(C)(3)	14,000.	0.			2024 SUSTAINABILITY AUDITS FOR WICHITA
MARK ARTS, INC. 1307 N ROCK RD WICHITA, KS 67206	48-0616251	501(C)(3)	6,350.	0.			GENERAL PURPOSES
MENTAL HEALTH AMERICA OF SOUTH CENTRAL KS - 555 N WOODLAWN, SUITE 3105 - WICHITA, KS 67208	48-0990763	501(C)(3)	17,628.	0.			ROOF REPAIR / EMERGENCY ASSISTANCE, ANNUAL DISTRIBUTION, ANNUAL DISTRIBUTION
MID-KANSAS JEWISH FEDERATION 1850 N WOODLAWN WICHITA, KS 67208	48-6119344	501(C)(3)	9,000.	0.			VR EQUIPMENT UPGRADE, ANNUAL DISTRIBUTION
MIDLAND CARE CONNECTION 200 SW FRAZIER CIR TOPEKA, KS 66606	48-0883888	501(C)(3)	6,485.	0.			GENERAL PURPOSES, MEALS ON WHEELS OF EASTERN KANSAS
MUSIC THEATRE WICHITA 225 W DOUGLAS, SUITE 202 WICHITA, KS 67202	48-0785658	501(C)(3)	32,792.	0.			2025 PLAYBILL REVOLUTIONIZE GENEROSITY, GENERAL PURPOSES, MTW WIG DEPARTMENT PROJECT
MUSIC YOUTH PARTNERSHIP P.O. BOX 49529 WICHITA, KS 67201	85-4220589	501(C)(3)	12,000.	0.			MUSIC EDUCATION, GENERAL PURPOSES
NEWMAN UNIVERSITY 3100 MCCORMICK STREET WICHITA, KS 67213-2097	48-0556716	501(C)(3)	8,016.	0.			SCHOLARSHIPS, FOR SUPPORT OF PARTY ON PLAZA

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
NEWSRING CHURCH 12200 E. 21ST ST. N. WICHITA, KS 67206	48-0817251	501(C)(3)	9,000.	0.			THE GENERAL FUND
NONPROFITGO 303 S. BROADWAY, SUITE 121 WICHITA, KS 67202	82-4716563	501(C)(3)	131,336.	0.			PROPEL PROGRAM, MAGNIFY 3.0, TALLGRASS GRANT WRITING SUPPORT, DRAGGING DOUGLAS, SUPERINTENDENT'S
ONERISE INC 4340 S WEST ST WICHITA, KS 67217	88-1789842	501(C)(3)	25,000.	0.			GENERAL PURPOSES
ORPHEUM PERFORMING ARTS CENTRE, LTD - 200 N BROADWAY, SUITE 330 - WICHITA, KS 67202-2327	48-0978508	501(C)(3)	395,000.	0.			THE SECOND CENTURY CAMPAIGN, GENERAL PURPOSES
PHILLIPS FUNDAMENTAL LEARNING CENTER INC. - 14533 E. SHARON LN - WICHITA, KS 67230	31-1693508	501(C)(3)	35,250.	0.			SCHOLARSHIP FUND- GARDEN PARTY, GENERAL PURPOSE
PIKES PEAK BULLETIN NONPROFIT NEWS OUTLET - 517 MANITOU AVE - MANITOU SPRINGS, CO 80829	92-3494496	501(C)(3)	10,000.	0.			THE PRINTED PAPER
PLANNED PARENTHOOD GREAT PLAINS 4401 W 109TH ST, SUITE 200 OVERLAND PARK, KS 66211-9705	44-0565390	501(C)(3)	23,686.	0.			GENERAL OPERATIONS
PROJECT TEACHER, INC PO BOX 9062 WICHITA, KS 67277	46-5666663	501(C)(3)	7,500.	0.			PROJECT TEACHER CORE SUPPLIES
PUBLIC BROADCASTING OF COLORADO INC - P.O. BOX 17429 - DENVER, CO 80217	74-2324052	501(C)(3)	20,000.	0.			CONTRIBUTION FOR KRCC COLORADO SPRINGS

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
RAINBOWS UNITED, INC 3223 N OLIVER WICHITA, KS 67220	48-0793004	501(C)(3)	31,274.	0.			FASHION PASSION, CAMP WOODCHUCK: SUMMER ADVENTURES FOR EXTRAORDINARY KIDS, THE
RIDGEPOINT CHURCH 8000 W 21ST ST WICHITA, KS 67205	48-6169584	501(C)(3)	30,000.	0.			ANNUAL GIFT
RONALD MCDONALD HOUSE CHARITIES OF WICHITA, INC. - 551 N HILLSIDE, STE 100 - WICHITA, KS 67214	48-0918101	501(C)(3)	9,373.	0.			NOURISHING FAMILIES, THE PURCHASE OF A NEW OVEN, ASSISTANCE WITH HOTEL STAYS, GENERAL PURPOSES
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 INC - 5555 ZOO BOULEVARD - WICHITA, KS 67212	48-6120530	501(C)(3)	39,600.	0.			GENERAL PURPOSES, NEW ELEPHANT HABITAT
SEDGWICK COUNTY ZOOLOGICAL SOCIETY 5555 ZOO BLVD WICHITA, KS 67212-1698	48-6120530	501(C)(3)	15,879.	0.			GENERAL PURPOSES, THE ELEPHANT BOMA
SHARE THE SEASON 303 S BROADWAY STE 121 WICHITA, KS 67202	44-0545998	501(C)(3)	7,648.	0.			SHARE THE SEASON
SIMPLY HYGIENE 5440 N MILL HEIGHTS DR PARK CITY, KS 67219	83-2564688	501(C)(3)	11,700.	0.			DIAPER DEPOT LAUNCH, A HOST COUPLE DONATION, SIMPLY HYGIENE'S SHELTER PROGRAM PROMOTING HEALTH
SOUTHWESTERN COLLEGE DEVELOPMENT OFFICE, 100 COLLEGE ST WINFIELD, KS 67156-2499	48-0543715	501(C)(3)	76,356.	0.			THE GENERAL 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
SPECIAL OLYMPICS KANSAS 5280 FOXRIDGE DRIVE MISSION, KS 66202	48-0890981	501(C)(3)	7,500.	0.			BUHLER SPECIAL OLYMPICS
STAND TOGETHER TRUST P.O. BOX 45913 BALTIMORE, MD 21297-5913	46-3508366	501(C)(3)	20,000.	0.			SUPPORT OF THE EVERY PERSON EMPOWERED WICHITA PROGRAM
ST. CATHERINE OF SIENA CATHOLIC CHURCH - 3642 N. RIDGE ROAD - WICHITA, KS 67205	26-2929794	501(C)(3)	30,250.	0.			RETIRE THE DEBT
STEPS TO LIFE, INC. PO BOX 782828 WICHITA, KS 67278	48-1059059	501(C)(3)	45,000.	0.			GENERAL PURPOSES
ST. GEORGE ORTHODOX CHRISTIAN CATHEDRAL ENDOWMENT - 7515 E 13TH ST - WICHITA, KS 67206-1223	48-0792210	501(C)(3)	10,000.	0.			GENERAL PURPOSES
ST. JAMES EPISCOPAL CHURCH 3750 E DOUGLAS WICHITA, KS 67208	48-0556717	501(C)(3)	66,500.	0.			GENERAL PURPOSES
ST. JUDE CHILDREN'S HOSPITAL 501 ST. JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	5,100.	0.			GENERAL PURPOSES
ST. THOMAS AQUINAS CATHOLIC CHURCH ACCOUNTS RECEIVABLE, 1321 STRATFORD WICHITA, KS 67206	48-0650425	501(C)(3)	60,500.	0.			GENERAL PURPOSES, ANNUAL PLEDGE, MISSION OUTREACH
TALLGRASS FILM ASSOCIATION 120 E. 1ST ST N UNIT 113 WICHITA, KS 67202	86-1056098	501(C)(3)	31,448.	0.			ACTOR TRAVEL AND ADDITIONAL PARTY BUDGET, UNCHARITABLE SCREENINGS, ALZ. ASSOC., WAAL, GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CATHOLIC FOUNDATION 12222 MERIT DR STE 850 DALLAS, TX 75251	75-1106620	501(C)(3)	17,831.	0.			THE GOOD KING WENCESLAS FUND
THE LEUKEMIA & LYMPHOMA SOCIETY 1201 15TH ST N.W., SUITE 410 WASHINGTON, DC 20005	13-5644916	501(C)(3)	10,000.	0.			THE LEUKEMIA AND LYMPHOMA SOCIETY OF THE LOWER PLAINS
THE LORD'S DINER 520 N BROADWAY WICHITA, KS 67214-3504	48-0543780	501(C)(3)	31,700.	0.			THE BACKPACK PROGRAM, FANTASY FEAST 2024, GENERAL PURPOSE
THE NEIGHBORING MOVEMENT 1200 S BROADWAY WICHITA, KS 67211	47-3299772	501(C)(3)	20,000.	0.			PROFESSIONAL DEVELOPMENT, GENERAL PURPOSES, SOCE NEIGHBORHOOD REVITALIZATION
THE OPPORTUNITY PROJECT SCHOOLS, INC. - 1625 N WATERFRONT PKWY, SUITE 100 - WICHITA, KS 67206	85-3143325	501(C)(3)	64,164.	0.			GENERAL PURPOSE
THE SALVATION ARMY SOUTH CENTRAL AREA COMMAND - 350 N. MARKET - WICHITA, KS 67202	44-0545998	501(C)(3)	42,813.	0.			GENERAL PURPOSE, FOR EMERGENCY ASSISTANCE / REPLACE REFRIGERATOR/FREEZER, THE
THE TOUCH CLOSET PO BOX 8761 WICHITA, KS 67208	82-3876894	501(C)(3)	7,500.	0.			2024/2025 SCHOOL YEAR
THRIVE ALLEN COUNTY 9 S. JEFFERSON AVE. IOLA, KS 66749	32-0198379	501(C)(3)	7,500.	0.			ALLEN COUNTY FREE BIKE-SHARE PROGRAM
TINY NEWS COLLECTIVE, INC. 1500 CHESTNUT ST., #2113 PHILADELPHIA, PA 19102	85-3963369	501(C)(3)	142,962.	0.			LION SUSTAINABILITY CONFERENCE, WICHITA INFO CHALLENGE NEWSROOM SUPPORT, TRAVEL

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
TULSA AREA UNITED WAY 1430 S. BOULDER AVE TULSA, OK 74119	73-0580283	501(C)(3)	40,000.	0.			THE QUIKTRIP CORPORATION ANNUAL FUNDRAISER
UCSF FOUNDATION 2001 THE EMBARCADERO, 3RD FLOOR SAN FRANCISCO, CA 94133	94-2829914	501(C)(3)	25,000.	0.			SUPPORT OF DR. TILLER'S LEGACY PROJECT
UNION RESCUE MISSION, INC. 2800 N HILLSIDE ST WICHITA, KS 67219	48-0625837	501(C)(3)	27,008.	0.			GENERAL PURPOSES, SPONSOR 4 LIFE CHANGE STATIONS, WEEKLY FOOD BOX DISTRIBUTION
UNITED METHODIST CHURCH OF ESTES PARK - 1509 FISH HATCHERY RD - ESTES PARK, CO 80517	84-0915905	501(C)(3)	19,089.	0.			GENERAL PURPOSE
UNITED METHODIST OPEN DOOR PO BOX 2756 WICHITA, KS 67201-2756	48-0731995	501(C)(3)	18,700.	0.			GENERAL PURPOSES, COMMUNITY FOOD MINISTRY, FOOD INSECURITY FOR CHILDREN
UNITED WAY OF THE PLAINS, INC. 245 N WATER WICHITA, KS 67202-9918	48-0547688	501(C)(3)	102,063.	0.			FIDELITY BANK EMPLOYEE CAMPAIGN, IMAGINATION LIBRARY FOR WICHITA, GENERAL PURPOSE
UNIVERSITY OF KANSAS ENDOWMENT - WICHITA - KU SCHOOL OF MEDICINE-WICHITA, 1010 N KANSAS - WICHITA, KS 67214-3199	48-0547734	501(C)(3)	22,500.	0.			ONEDAYONEKU COMMITMENT. FBO DEPARTMENT OF ANESTHESIOLOGY, BEECH PRIMARY SCHOLARSHIPS
USD 259 - WICHITA PUBLIC SCHOOLS - CONTROLLER - 903 S. EDGEMOOR - WICHITA, KS 67218	48-6000351	501(C)(3)	661,181.	0.			FY 2025 EDUCATION EDGE DISBURSEMENTS
USD 261 - HAYSVILLE SCHOOLS HAYSVILLE USD 261 ADMINISTRATION BUILDING, 1745 W GRAND AVE - HAYSVILLE, KS	20-0143035	501(C)(3)	7,000.	0.			THE SUMMER EXPLORATION & ENRICHMENT PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VAGABOND MISSIONS PO BOX 1146 WICHITA, KS 67201	20-3891942	501(C)(3)	10,200.	0.			VM GROWTH PLAN - BUILT TO LAST, PROGRAM SUPPORT - NORTH & EAST HIGH
VICTORY IN THE VALLEY, INC. 3755 E DOUGLAS WICHITA, KS 67218-1002	48-0980744	501(C)(3)	9,308.	0.			ANNUAL EAST/WEST RUN, GENERAL PURPOSE
WALKING FREE 2134 N KEENELAND CIR WICHITA, KS 67206	93-1703945	501(C)(3)	7,500.	0.			PROJECT FREEDOMATTN: CAT SMITH
WASHBURN UNIVERSITY FOUNDATION 1729 SW MACVICAR AVENUE TOPEKA, KS 66604-3128	48-6105561	501(C)(3)	8,000.	0.			WASHBURN UNIVERSITY SCHOOL OF LAW DEANS FUND FOR EXCELLENCE, LAW SCHOOL BUILDING FUND
WICHITA ART MUSEUM 1400 W MUSEUM BLVD WICHITA, KS 67203	48-1157680	501(C)(3)	325,622.	0.			GENERAL PURPOSES, WAM ART ACCESS FUND, LINDSAY POLLOCK LECTURE, THE WAM EDUCATION DEPARTMENT
WICHITA CHAPTER OF LINKS, INC. PO BOX 8843 WICHITA, KS 67208	23-7167307	501(C)(3)	10,000.	0.			EVERGY STEAM SCHOLARSHIP
WICHITA CHILDREN'S HOME 7271 E. 37TH ST. N. WICHITA, KS 67226	48-0547706	501(C)(3)	86,890.	0.			GENERAL PURPOSES, GOLF AND PICKLE GENERAL DONATION, BRIDGES PROGRAM, KIDZCOPE ZOO
WICHITA EDUCATIONAL FOUNDATION 350 W DOUGLAS WICHITA, KS 67202	74-2832913	501(C)(3)	22,536.	0.			FRIENDS OF MCCONNEL, 2024-25 ALLOCATION
WICHITA FAMILY CRISIS CENTER 7824 E. 32ND ST. N. WICHITA, KS 67226	48-0559378	501(C)(3)	12,632.	0.			WFCC CAPITAL CAMPAIGN, 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
WICHITA HABITAT FOR HUMANITY 2220 N. OPPORTUNITY DR. WICHITA, KS 67219	58-1735540	501(C)(3)	11,417.	0.			RAISE THE ROOF, GENERAL PURPOSES
WICHITA POLICE AND FIRE FOUNDATION PO BOX 782736 WICHITA, KS 67278	81-3260800	501(C)(3)	13,250.	0.			RANDOM ACTS OF KINDNESS FUND, VETERANS MEMORIAL PARK CAMERA EXPANSION & WFD CYANOKITS, GENERAL
WICHITA PUBLIC LIBRARY FOUNDATION, INC - 711 W. 2ND ST. N. - WICHITA, KS 67203	48-1042418	501(C)(3)	34,300.	0.			THE NEIGHBORHOOD LIBRARY CAMPAIGN, THE GIVING DAY, GENERAL PURPOSES
WICHITA RECOVERY HUB 126 S. IDA WICHITA, KS 67211	93-1731425	501(C)(3)	10,000.	0.			GENERAL PURPOSE
WICHITA SEDGWICK COUNTY HISTORICAL MUSEUM - 204 S MAIN - WICHITA, KS 67202	48-0618433	501(C)(3)	33,550.	0.			UNDERWRITING COST OF IMPROVEMENTS TO THE DEVORE AUDITORIUM, BUILDING UPKEEP, GENERAL
WICHITA STATE UNIVERSITY FOUNDATION AND ALUMNI ENGAGEMENT - 1845 FAIRMOUNT, CAMPUS BOX 2 - WICHITA, KS 67260-0002	48-6121167	501(C)(3)	175,645.	0.			THE DEPARTMENT OF PHYSICS, STUDENT SERVICE ASSISTANCE WITH NON-TUITION HARDSHIPS,
WICHITA SYMPHONY SOCIETY 225 W DOUGLAS, SUITE 207 WICHITA, KS 67202	48-0671518	501(C)(3)	47,262.	0.			GENERAL PURPOSES, WICHITA SYMPHONY "COLOR ME A SYMPHONY" FREE SUMMER MINI-CONCERTS, SYMPHONY
YMCA FOUNDATION OF WICHITA 402 N. MARKET WICHITA, KS 67202	48-0554440	501(C)(3)	40,355.	0.			GENERAL PURPOSES, THE BENEFIT OF THE YOUTH, THE BENEFIT OF SINGLE PARENTS AND LOW-INCOME FAMILIES,
YOUNG LIFE - WICHITA 3700 E DOUGLAS STE 12 WICHITA, KS 67208	84-0385934	501(C)(3)	13,138.	0.			ANNUAL DISTRIBUTION FOR OPERATING EXPENSES, YOUNG LIFE COLLEGE STAFF, BENEFITS AND OPERATING

Schedule I (Form 990)

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	23	0.	44,500.		

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 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:

BOY SCOUTS OF AMERICA, QUIVIRA COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: HONOR BASH DINNER DONATION, SUPPORT THE SALARIES OF PROFESSIONAL FIELD STAFF, GENERAL PURPOSE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CLUB PARKINSONS OF KANSAS

(H) PURPOSE OF GRANT OR ASSISTANCE: CLUB PARKINSONS- EMPOWERMENT THROUGH EDUCATION, THE PRESIDENT'S LUNCHEON, GENERAL PURPOSE

NAME OF ORGANIZATION OR GOVERNMENT: EXPLORATION PLACE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF DEATH BY CHOCOLATE, FOR DRONE LIGHT SHOW, FOR WICHITA FOUNDATION AMPHITHEATER T-SHIRTS

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: ATHLETIC DEPARTMENT, GENERAL PURPOSES, ANNUAL DISTRIBUTION FOR SCHOLARSHIP AIDE, WOMEN'S BASKETBALL PROGRAM

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

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY ASSISTANCE / BOILER PROJECT, ANNUAL DISTRIBUTION, JPLS SPONSORSHIP, WALKIE-TALKIE/RADIO SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: KU ENDOWMENT ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL UNIVERSITY ENDOWMENT IN LAWRENCE, GENERAL PURPOSES, JDOC INTERPRETER PROGRAM, CHANCELLOR'S CLUB

NAME OF ORGANIZATION OR GOVERNMENT: NONPROFITGO

(H) PURPOSE OF GRANT OR ASSISTANCE: PROPEL PROGRAM, MAGNIFY 3.0, TALLGRASS GRANT WRITING SUPPORT, DRAGGING DOUGLAS, SUPERINTENDENT'S BREAKFAST, KS ARTS COMMISSION GRANT / ANNUAL RENEWAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: RAINBOWS UNITED, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FASHION PASSION, CAMP WOODCHUCK: SUMMER ADVENTURES FOR EXTRAORDINARY KIDS, THE GENERAL FUND, GENERAL PURPOSES, EMERGENCY ASSISTANCE | WHEEL REPAIRS

NAME OF ORGANIZATION OR GOVERNMENT: SIMPLY HYGIENE

(H) PURPOSE OF GRANT OR ASSISTANCE: DIAPER DEPOT LAUNCH, A HOST COUPLE DONATION, SIMPLY HYGIENE'S SHELTER PROGRAM PROMOTING HEALTH AND HOPE, GENERAL PURPOSE

NAME OF ORGANIZATION OR GOVERNMENT: TALLGRASS FILM ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ACTOR TRAVEL AND ADDITIONAL PARTY BUDGET, UNCHARITABLE SCREENINGS, ALZ. ASSOC., WAAL, GRANT WRITING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

THE SALVATION ARMY SOUTH CENTRAL AREA COMMAND

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSE, FOR EMERGENCY ASSISTANCE / REPLACE REFRIGERATOR/FREEZER, THE LOCAL ANGEL TREE PROGRAM, CITADEL GARAGE DOOR PROJECT, THE BOOTHE CHILDREN FAMILY SERVICE CENTER, FOSTER CARE

NAME OF ORGANIZATION OR GOVERNMENT: TINY NEWS COLLECTIVE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: LION SUSTAINABILITY CONFERENCE, WICHITA INFO CHALLENGE NEWSROOM SUPPORT, TRAVEL REIMBURSEMENT - WICHITA INFO CHALLENGE STRATEGIC PLANNING

NAME OF ORGANIZATION OR GOVERNMENT: WICHITA CHILDREN'S HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES, GOLF AND PICKLE GENERAL DONATION, BRIDGES PROGRAM, KIDZCOPE ZOO ADVENTURE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: WICHITA POLICE AND FIRE FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: RANDOM ACTS OF KINDNESS FUND,
VETERANS MEMORIAL PARK CAMERA EXPANSION & WFD CYANOKITS, GENERAL PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT:
WICHITA SEDGWICK COUNTY HISTORICAL MUSEUM
(H) PURPOSE OF GRANT OR ASSISTANCE: UNDERWRITING COST OF IMPROVEMENTS TO
THE DEVORE AUDITORIUM, BUILDING UPKEEP, GENERAL PURPOSE

NAME OF ORGANIZATION OR GOVERNMENT:
WICHITA STATE UNIVERSITY FOUNDATION AND ALUMNI ENGAGEMENT
(H) PURPOSE OF GRANT OR ASSISTANCE: THE DEPARTMENT OF PHYSICS, STUDENT
SERVICE ASSISTANCE WITH NON-TUITION HARDSHIPS, WSU WOMEN'S TENNIS TEAM,
RHATIGAN EMERGENCY FUND

NAME OF ORGANIZATION OR GOVERNMENT: WICHITA SYMPHONY SOCIETY
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES, WICHITA SYMPHONY
"COLOR ME A SYMPHONY" FREE SUMMER MINI-CONCERTS, SYMPHONY ORCHESTRA

NAME OF ORGANIZATION OR GOVERNMENT: YMCA FOUNDATION OF WICHITA
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES, THE BENEFIT OF THE
YOUTH, THE BENEFIT OF SINGLE PARENTS AND LOW-INCOME FAMILIES, THE ANNUAL
CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: YOUNG LIFE - WICHITA
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION FOR OPERATING
EXPENSES, YOUNG LIFE COLLEGE STAFF, BENEFITS AND OPERATING EXPENSES

Multiple horizontal lines for additional supplemental information.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

WICHITA FOUNDATION

Employer identification number

48-1022361

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) (Rev. 12-2024)

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)	240,136.	0.	0.	39,228.	12,059.	291,423.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	165	2,466,757.	MARKET PRICES
10	Securities - Closely held stock	X	1	246,165.	
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 on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

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, PART I, LINE 32B:

ORGANIZATION USES BROKERAGES TO SELL NON-CASH CONTRIBUTIONS.

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

WICHITA FOUNDATION

Employer identification number

48-1022361

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

WICHITANS THRIVE AND BELONG. AS COMMUNITY CONVENERERS, THE FOUNDATION
LEADS WITH COURAGE, GROWS EQUITABLE RELATIONSHIPS, IGNITES PHILANTHROPY
AND BELIEVES IN WICHITA.

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

FOR MORE INFORMATION, VISIT WICHITAFUNDATION.ORG OR CALL 316-264-4880.

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.

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)**

(Rev. January 2025)

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

**Open to Public
Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
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)				
(2)				
(3)				
(4)				
(5)				
(6)				

EL DORADO	117 W. CENTRAL AVE.	EL DORADO, KS 67042-2105	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	918-271-5400
WICHITA	300 W. DOUGLAS AVE., STE. 900	WICHITA, KS 67202-2914	316-264-2335