

PUBLIC DISCLOSURE COPY
WICHITA FOUNDATION
06/30/2024



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)

2023

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization WICHITA FOUNDATION		D Employer identification number 48-1022361	
	Doing business as		E Telephone number 316-264-4880	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 23,037,285.	
	303 S. BROADWAY, SUITE	100	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code WICHITA, KS 67202		H(b) Are all subordinates included? Yes No		
F Name and address of principal officer: SHELLY PRICHARD 303 S BROADWAY, SUITE 100, WICHITA, KS 6720		If "No," attach a list. See instructions		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(c) Group exemption number		
J Website: WICHITAFUNDATION.ORG		L Year of formation: 1986 M State of legal domicile: KS		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO RECEIVE AND ACCEPT PROPERTY TO BE ADMINISTERED EXCLUSIVELY FOR CHARITABLE PURPOSES, PRIMARILY		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,984,145.	Current Year 2,821,002.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,727,842.	4,738,143.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	536,375.	445,774.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,248,362.	8,004,919.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,921,315.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		829,854.	918,140.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		643,826.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		782,866.	990,776.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,534,035.	9,578,805.	
19 Revenue less expenses. Subtract line 18 from line 12	2,714,327.	-1,573,886.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 102,240,100.	End of Year 106,224,025.
	21 Total liabilities (Part X, line 26)	14,554,385.	16,223,812.
	22 Net assets or fund balances. Subtract line 21 from line 20	87,685,715.	90,000,213.

Part II Signature Block

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

Sign Here	COPY				
	Signature of officer SHELLY PRICHARD, PRESIDENT & CEO	Date			
Paid Preparer Use Only	Print/Type preparer's name MARSHAL HULL, CPA	Preparer's signature MARSHAL HULL, CPA	Date 02/13/25	Check if self-employed <input type="checkbox"/>	PTIN P00715586
	Firm's name REGIER CARR & MONROE, L.L.P.	Firm's EIN 48-0573184		Phone no. 316-264-2335	
	Firm's address 300 W. DOUGLAS AVE. STE. 900 WICHITA, KS 67202-2914				

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 8,316,277. including grants of \$ 7,669,889.) (Revenue \$) THE FOUNDATION IS A TAX-EXEMPT, PLACE-BASED GRANT MAKER AND PHILANTHROPIC ADVISOR, FUNDED BY CHARITABLE GIFTS FROM INDIVIDUALS, BUSINESSES, BEQUESTS AND AGENCIES WHO CARE ABOUT AND WANT TO IMPACT THE WICHITA AREA. THESE CONTRIBUTIONS ARE USED FOR DONOR-DIRECTED AND UNRESTRICTED GIFTS, STRATEGIC INITIATIVES, SCHOLARSHIPS, LOAN PROGRAM AND OTHER CHARITABLE INTERESTS.

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

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

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

4e Total program service expenses 8,316,277.

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-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 columns. Includes questions 2a through 17 regarding employee reporting, tax shelter 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... 16; 1b Enter the number of voting members included on line 1a... 16; 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; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 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			226,481.	0.	48,275.	
(2) COURTNEY BENGTON CHIEF STRATEGY OFFICER	40.00			X			120,977.	0.	7,743.	
(3) DEBBIE GANN CHAIR	1.00	X		X			0.	0.	0.	
(4) STEVE COX PAST CHAIR	1.00	X		X			0.	0.	0.	
(5) MIKE RAMSEY TREASURER	1.00	X		X			0.	0.	0.	
(6) TAMMY ALLEN SECRETARY	1.00	X		X			0.	0.	0.	
(7) AMY WILLIAMS CHAIR ELECT	1.00	X		X			0.	0.	0.	
(8) GLORIA FARHA-FLENTJE BOARD MEMBER	1.00	X					0.	0.	0.	
(9) RONN MCMAHON BOARD MEMBER	1.00	X					0.	0.	0.	
(10) MARGARET DECHANT BOARD MEMBER	1.00	X					0.	0.	0.	
(11) CINDY MCSWAIN BOARD MEMBER	1.00	X					0.	0.	0.	
(12) TODD RAMSEY BOARD MEMBER	1.00	X					0.	0.	0.	
(13) ANTOINE AGNEW BOARD MEMBER	1.00	X					0.	0.	0.	
(14) LASHONDA GARNES 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) JAMES NASTARS 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) PAMELA SWEDLUND BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								347,458.	0.	56,018.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								347,458.	0.	56,018.

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	147,512.
CAMPBELL & COMPANY, 190 S LASALLE ST, SUITE 2875, CHICAGO, IL 60603	CONSULTANT	126,978.

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 2

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	2,821,002.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,353,532.			
	h	Total. Add lines 1a-1f		2,821,002.			
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)		2,878,575.		2878575.
4		Income from investment of tax-exempt bond proceeds					
5		Royalties		334,848.		334,848.	
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			
				(ii) Other			
					16,891,934.		
b		Less: cost or other basis and sales expenses	7b	15,032,366.			
c		Gain or (loss)	7c	1,859,568.			
d		Net gain or (loss)		1,859,568.	1,859,568.		
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	63,428.		63,428.	
	b	MISCELLANEOUS	900099	52,168.		52,168.	
	c	CASH SURRENDER VALUE OF LIFE INSU	901101	-4,670.		-4,670.	
	d	All other revenue					
	e	Total. Add lines 11a-11d		110,926.			
12	Total revenue. See instructions		8,004,919.	1,859,568.	0.	3324349.	

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	7,631,089.	7,631,089.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	38,800.	38,800.		
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	347,456.	128,432.	92,913.	126,111.
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	432,314.	142,854.	136,534.	152,926.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	54,906.	19,217.	15,923.	19,766.
9 Other employee benefits	29,870.	10,455.	8,662.	10,753.
10 Payroll taxes	53,594.	18,758.	15,542.	19,294.
11 Fees for services (nonemployees):				
a Management				
b Legal	20,636.	19,888.	334.	414.
c Accounting	24,508.	8,578.	7,107.	8,823.
d Lobbying	4,500.	4,500.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	164,198.		164,198.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	355,454.	126,953.	88,278.	140,223.
12 Advertising and promotion	19,559.	11,122.	1,109.	7,328.
13 Office expenses	48,231.	15,122.	7,099.	26,010.
14 Information technology	82,714.	28,950.	23,987.	29,777.
15 Royalties				
16 Occupancy	93,665.	33,517.	26,835.	33,313.
17 Travel	29,532.	25,076.	1,436.	3,020.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,186.	13,930.	3,237.	4,019.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,662.	9,682.	8,022.	9,958.
23 Insurance	44,032.	4,777.	3,958.	35,297.
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	37,184.	13,531.	10,553.	13,100.
b MISC EXPENSE	10,260.	3,591.	2,975.	3,694.
c DIRECT FISCAL SPONSORSH	7,455.	7,455.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,578,805.	8,316,277.	618,702.	643,826.
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	316,549.	1	271,669.
	2 Savings and temporary cash investments	9,799,674.	2	9,544,462.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	413.
	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	976,420.	7	1,004,200.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 192,319.		
	b Less: accumulated depreciation	10b 61,235.	140,701.	10c 131,084.
	11 Investments - publicly traded securities	90,719,671.	11	94,955,189.
	12 Investments - other securities. See Part IV, line 11	240,593.	12	235,924.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	46,492.	15	81,084.
16 Total assets. Add lines 1 through 15 (must equal line 33)	102,240,100.	16	106,224,025.	
Liabilities	17 Accounts payable and accrued expenses	667.	17	29,646.
	18 Grants payable		18	1,000,000.
	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	14,553,718.	25	15,194,166.
	26 Total liabilities. Add lines 17 through 25	14,554,385.	26	16,223,812.
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	86,685,715.	27	89,000,213.
	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	87,685,715.	32	90,000,213.
33 Total liabilities and net assets/fund balances	102,240,100.	33	106,224,025.	

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	8,004,919.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,578,805.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,573,886.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	87,685,715.
5	Net unrealized gains (losses) on investments	5	3,888,384.
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	90,000,213.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2023)

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

2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7352906.	7147538.	9203335.	7513025.	3219278.	34436082.
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	7352906.	7147538.	9203335.	7513025.	3219278.	34436082.
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)						8984821.
6 Public support. Subtract line 5 from line 4.						25451261.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	7352906.	7147538.	9203335.	7513025.	3219278.	34436082.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2080569.	1604083.	3160587.	2675985.	2878575.	12399799.
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.	50,454.
11 Total support. Add lines 7 through 10						46886335.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	54.28	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	53.85	%
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

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

2023

Name of the organization

WICHITA FOUNDATION

Employer identification number

48-1022361

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

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

Schedule B (Form 990) (2023)

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
1	 <hr/> <hr/> <hr/>	\$ <u>249,550.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>250,801.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>120,000.</u>	Person <input checked="" 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
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>118,646.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>107,493.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>67,847.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>67,221.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>263,227.</u>	Person <input 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
13	<hr/> <hr/> <hr/>	\$ 177,891.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 77,487.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 210,535.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 100,000.	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.)

Name of organization WICHITA FOUNDATION	Employer identification number 48-1022361
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	2,243 SHARES PUBLICLY TRADED COMPANY _____ _____ _____	\$ <u>249,550.</u>	<u>04/03/24</u>
<u>4</u>	1,180 SHARES PUBLICLY TRADED COMPANY _____ _____ _____	\$ <u>250,801.</u>	<u>12/08/23</u>
<u>10</u>	400 SHARES PUBLICLY TRADED COMPANY _____ _____ _____	\$ <u>67,847.</u>	<u>01/04/24</u>
<u>12</u>	810 SHARES PUBLICLY TRADED COMPANY _____ _____ _____	\$ <u>263,227.</u>	<u>05/16/24</u>
<u>14</u>	561 SHARES PUBLICLY TRADED COMPANY _____ _____ _____	\$ <u>77,487.</u>	<u>05/04/24</u>
<u>15</u>	500 SHARES PUBLICLY TRADED COMPANY _____ _____ _____	\$ <u>210,535.</u>	<u>05/17/24</u>

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization WICHITA FOUNDATION	Employer identification number 48-1022361
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990) 2023

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 style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
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) 2020	(b) 2021	(c) 2022	(d) 2023	(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)).

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

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

MEMBER OF COMMUNITY FOUNDATION ASSOCIATION THAT CONDUCTS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-9. Monitoring and reporting requirements (checkboxes for policy, expenses, and section 170(h) requirements).

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.

Form with sections 1a-1b and 2. 1a: Text of footnote for public exhibition. 1b: Amounts for revenue and assets. 2: Amounts for financial gain.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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 100%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|-------------------------------------|
| (i) Unrelated organizations? | | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | <input type="checkbox"/> |
- 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.	8,236.	31,583.
d Equipment		138,550.	48,116.	90,434.
e Other		13,950.	4,883.	9,067.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				131,084.

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	15,113,082.
(3) DEFERRED COMPENSATION AGREEMENT	81,084.
(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	11,729,105.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	3,888,384.	
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	3,888,384.	
3	Subtract line 2e from line 1	3	7,840,721.	
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	164,198.	
c	Add lines 4a and 4b	4c	164,198.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,004,919.	

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	9,414,607.
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	9,414,607.	
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	164,198.	
c	Add lines 4a and 4b	4c	164,198.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,578,805.	

Part XIII Supplemental Information

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

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

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

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BANK FEES NETTED TO INVESTMENT REVENUES 164,198.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BANK FEES NETTED TO INVESTMENT REVENUES 164,198.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

**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
ABILITYPOINT, INC. 2919 W 2ND ST WICHITA, KS 67203	48-0640559	501(C)(3)	52,812.	0.			ANNUAL DISTRIBUTION, YOUTH EDUCATION SUMMER SOCIALIZATION (YESS), THE SPECIAL "KIDS"
ALDERSGATE UNITED METHODIST CHURCH 7901 W 21ST ST WICHITA, KS 67212	48-0854060	501(C)(3)	25,800.	0.			VBS- T-SHIRTS 2023, GENERAL PURPOSES, THE NEW COVENANT LIFE SUPPORT CENTER
ALZHEIMER'S ASSOCIATION - CENTRAL & WESTERN KANSAS OFFICE - 1820 E. DOUGLAS AVENUE - WICHITA, KS 67214	13-3039601	501(C)(3)	12,964.	0.			THE ALLIANCE OF WOMEN FOR ALZHEIMER'S RESEARCH AND EDUCATION (AWARE), GENERAL PURPOSES, WALK TO
AMERICAN FRIENDS OF BIG CHANGE INC STE 3800 ATLANTA, GA 30309	84-2321204	501(C)(3)	16,000.	0.			GENERAL PURPOSES
AMERICAN HEART ASSOCIATION 8918 W 21ST ST N #248 WICHITA, KS 67205	13-5613797	501(C)(3)	6,500.	0.			GENERAL PURPOSES
AMERICAN RED CROSS-SOUTH CENTRAL & SE KS - 707 N. MAIN - WICHITA, KS 67201	53-0196605	501(C)(3)	8,300.	0.			GENERAL PURPOSES, HOLIDAY GIVING

- 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) 2023

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
A NEW LEAF 8535 N. MEMORIAL DRIVE OWASSO, OK 74055	73-1042760	501(C)(3)	50,000.	0.			GENERAL PURPOSES
ASBURY PARK 200 SW 14TH ST NEWTON, KS 67114	48-0643930	501(C)(3)	10,016.	0.			GOOD SAMARITAN FUND
BALLET WICHITA 1600 W. DOUGLAS AVE. WICHITA, KS 67203-5813	23-7431869	501(C)(3)	5,150.	0.			BALLET WICHITA / SPARKLING SOCIAL
BEACON MEDIA INC. 300 E 39TH STREET KANSAS CITY, MO 64111	83-4587205	501(C)(3)	285,000.	0.			FY24 HUB SUPPORT
BENEDICTINE COLLEGE OFFICE OF ADVANCEMENT ATCHINSON, KS 66002	48-0777079	501(C)(3)	10,000.	0.			GENERAL PURPOSES
BIG BROTHERS BIG SISTERS OF SALINA, INC - 500 KENWOOD PARK DRIVE - SALINA, KS 67401	48-0999016	501(C)(3)	7,500.	0.			COMMUNITY BASED MENTORING PROGRAM
BIKE WALK WICHITA, INC. 1134 N. COOLIDGE AVENUE WICHITA, KS 67203	46-2800001	501(C)(3)	11,000.	0.			BWW CAPITAL CAMPAIGN, GENERAL PURPOSES
BLAZES TRIBUTE EQUINE RESCUE, INC. 21701 EAST BRITTON ROAD HARRAH, OK 73045	43-2024364	501(C)(3)	20,000.	0.			GENERAL OPERATING EXPENSE AND FUTURE CAPITAL IMPROVEMENT COSTS
BLESSED SACRAMENT CHURCH 124 N ROOSEVELT WICHITA, KS 67208	48-0543780	501(C)(3)	50,000.	0.			GENERAL PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOTANICA, THE WICHITA GARDENS 701 N AMIDON WICHITA, KS 67203-3199	48-1007736	501(C)(3)	109,065.	0.			GENERAL PURPOSES, THE SUMMER PROGRAM
BOY SCOUTS OF AMERICA, QUIVIRA COUNCIL - 3247 N OLIVER - WICHITA, KS 67220	23-7147508	501(C)(3)	7,866.	0.			GENERAL PURPOSES, THE HONOR BASH 2023
BREAKTHROUGH CLUB PO BOX 670 WICHITA, KS 67201-0670	48-0947896	501(C)(3)	19,098.	0.			BREAKFAST SUPPORT FOR WINTER SHELTER, BREAKTHROUGH EPISCOPAL SOCIAL SERVICES, GENERAL
BUILDING KNOWLEDGE AND OPPORTUNITIES FOUNDATION - PO BOX 8736 - WICHITA, KS 67208	83-2126390	501(C)(3)	10,000.	0.			EVERGY STEAM SCHOLARSHIP
BUTLER COMMUNITY COLLEGE FOUNDATION - 901 S HAVERHILL RD - EL DORADO, KS 67042	48-6123855	501(C)(3)	30,000.	0.			FUNDING THE AEMT SCHOLARSHIP
CAIRN HEALTH, INC 1514 N BROADWAY AVE WICHITA, KS 67214-1106	48-0891620	501(C)(3)	108,148.	0.			LIONS CLUB VISION SUPPORT , TO PURCHASE VISION SCREENER
CALDWELL AREA HOSPITAL & HEALTH FOUNDATION - P.O. BOX 224 - CALDWELL, KS 67022	48-1195991	501(C)(3)	27,940.	0.			CALDWELL REGIONAL HEALTH FOUNDATION
CAPPER FOUNDATION - EL DORADO 622 N. HAVERHILL RD EL DORADO, KS 67042	48-0543745	501(C)(3)	7,500.	0.			CAPPER FOUNDATION EL DORADO DAY CENTER FOR ADULTS WITH DISABILITIES KITCHEN EQUIPMENT UPGRADE
CAPPER FOUNDATION - TOPEKA 3500 SW 10TH AVE TOPEKA, KS 66064	48-0543745	501(C)(3)	7,500.	0.			PEDIATRIC SCHOLARSHIP ASSISTANCE FUND (PSAF)

Schedule I (Form 990)

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

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CAPPER FOUNDATION - WINFIELD 1500 E. EIGHTH AVENUE STE 201 WINFIELD, KS 67156	48-0543745	501(C)(3)	7,500.	0.			CAPPER FOUNDATION WINFIELD DAY CENTER FOR ADULTS WITH DISABILITIES KITCHEN EQUIPMENT UPGRADE
CARPENTER PLACE 1501 N MERIDIAN WICHITA, KS 67203	48-0554337	501(C)(3)	9,943.	0.			GROUP HOME FOR KIDS, YOUR ANNUAL DISTRIBUTION
CASA OF THE FOURTH JUDICIAL DISTRICT - 315 S. MAIN STREETSTE 202 - OTTAWA, KS 66067	31-1779273	501(C)(3)	6,600.	0.			CASA/VOLUNTEER RECRUITMENT & RETENTION
CATHOLIC CHARITIES, INC. - DIOCESE OF WICHITA - 437 N. TOPEKA - WICHITA, KS 67202-2413	48-0543703	501(C)(3)	13,548.	0.			FOOD BANK, GENERAL PURPOSES
CATHOLIC DIOCESE OF WICHITA 424 N BROADWAY WICHITA, KS 67202	48-0543780	501(C)(3)	140,500.	0.			GENERAL SUPPORT, ONE FAMILY, FULLY ALIVE IN CHRIST CAMPAIGN, THE SEMINARIAN'S FUND, ST
CENTER FOR PUBLIC INTEGRITY PO BOX 392988 PITTSBURGH, PA 15251-9988	54-1512177	501(C)(3)	45,675.	0.			WJC PARTNERSHIP, TAVEL EXPENSES
CENTRAL PLAINS REGIONAL HEALTH CARE FDN. - 1102 S HILLSIDE - WICHITA, KS 67211	48-1200868	501(C)(3)	10,000.	0.			"PROJECT ACCESS"
CEREBRAL PALSY RESEARCH FOUNDATION OF KS - P.O. BOX 8217 - WICHITA, KS 67201	23-7314938	501(C)(3)	13,100.	0.			GENERAL PURPOSES
CHAPEL HILL UMC CHURCH 1550 N. CHAPEL HILL DRIVE WICHITA, KS 67206	48-1180033	501(C)(3)	20,000.	0.			GENERAL PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD ADVOCACY CENTER OF SEDGWICK COUNTY - 1211 S. EMPORIA - WICHITA, KS 67211	26-2090660	501(C)(3)	33,500.	0.			GENERAL PURPOSES, THE CAPITAL CAMPAIGN, EMERGENCY ASSISTANCE / PLUMBING ISSUES
CHILDREN FIRST CEO KANSAS INC. PO BOX 2385 WICHITA, KS 67201	48-1235279	501(C)(3)	7,034.	0.			BASIC NEEDS FOR STUDENTS (PREK-8TH), EMERGENCY FUNDING/ VAN REPAIR DEDUCTIBLE
CHRIST THE SAVIOR ACADEMY 7515 E 13TH ST WICHITA, KS 67206	45-4203078	501(C)(3)	10,000.	0.			GENERAL PURPOSES
CHURCH OF THE MAGDALEN 12626 E 21ST ST N WICHITA, KS 67206	48-0561968	501(C)(3)	18,000.	0.			GENERAL PURPOSES
CITY OF WICHITA CITY MANAGERS OFFICE 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)	17,000.	0.			GENERAL PURPOSES, CLUB PARKINSON'S EXERCISE AND WELLNESS PROGRAM
CONGREGATION EMANU-EL FOUNDATION, INC - 1850 N. WOODLAWN - WICHITA, KS 67206	23-7092568	501(C)(3)	50,000.	0.			GENERAL PURPOSES, DUES
CROWN ARTS COLLABORATIVE 3207 E. DOUGLAS WICHITA, KS 67218	86-3027531	501(C)(3)	5,200.	0.			ELEVATE THE ARTS
DEL E. WEBB CENTER FOR THE PERFORMING ARTS - 2001 W. WICKENBURG WAY, SUITE 3 - WICKENBURG, AZ 85390	86-0873249	501(C)(3)	25,000.	0.			GENERAL PURPOSES

Schedule I (Form 990)

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

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DESERT CABALLEROS FOUNDATION - WESTERN MUSEUM - 21 N. FRONTIER STREET - WICKENBURG, AZ 85390	47-3850426	501(C)(3)	25,000.	0.			GENERAL PURPOSES
DESTINATION INNOVATION P.O. BOX 17203 WICHITA, KS 67217	83-1667906	501(C)(3)	10,000.	0.			SUPPORT OF CONVERGENCE/KHF PROJECT
DUI VICTIMS CENTER OF KANSAS INC 313 N SENECA, STE. 103 WICHITA, KS 67203	82-4805078	501(C)(3)	25,000.	0.			DUI VICTIM IMPACT PANEL
EARTHJUSTICE 50 CALIFORNIA ST, STE 500 SAN FRANCISCO, CA 94111	94-1730465	501(C)(3)	20,000.	0.			2023 EARTHJUSTICE ADVOCATES MATCH
EAST HEIGHTS UNITED METHODIST CHURCH - 4407 E DOUGLAS - WICHITA, KS 67218	48-0594083	501(C)(3)	70,110.	0.			UMC PERMANENT ENDOWMENT FUND
EASTMINSTER PRESBYTERIAN CHURCH 1958 N WEBB RD WICHITA, KS 67206	48-0675131	501(C)(3)	35,000.	0.			GENERAL PURPOSES
EMBERHOPE - UNITED METHODIST PO BOX 210 NEWTON, KS 67114	48-0543712	501(C)(3)	10,743.	0.			GENERAL PURPOSES, YOUTHVILLE CHRISTMAS NEEDS
FAMILY PROMISE OF GREATER WICHITA INC. - 1111 N SAINT FRANCIS AVE - WICHITA, KS 67214-2813	47-5491118	501(C)(3)	177,954.	0.			GENERAL PURPOSES, FIRST STEP TO HOUSING STABILITY: IDENTIFICATION, PLAY
FIRST CHRISTIAN CHURCH OF DOUGLASS KS, INC. - PO BOX 393 - DOUGLASS, KS 67039	48-0847803	501(C)(3)	15,000.	0.			GENERAL PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRACTURED ATLAS P.O. BOX 55 HARSDALE, NY 10530	11-3451703	501(C)(3)	10,000.	0.			REPUBLIC OF HUMANITY
FREEDOM HOOVES THERAPEUTIC RIDING CENTER - PO BOX 782622 - WICHITA, KS 67278	48-1223638	501(C)(3)	9,870.	0.			RUN FOR THE ROSES - HONEY BEE TO WIN THE RACE, EQUIPMENT FOR PROGRAM EXPANSION
FRIENDS OF THE WICHITA PUBLIC LIBRARY, INC. - 711 W. 2ND STREET - WICHITA, KS 67203	48-6129915	501(C)(3)	6,003.	0.			ANNUAL DISTRIBUTION
FRIENDS UNIVERSITY FINANCIAL AID OFFICE WICHITA, KS 67213	48-0547702	501(C)(3)	73,433.	0.			ALUMNI SOUND SYSTEM UPGRADE, ANNUAL DISTRIBUTION FOR SCHOLARSHIP AID, THE
FUNDAMENTAL LITERACY FOUNDATION 2220 E. 21ST N. WICHITA, KS 67214	47-3123367	501(C)(3)	14,000.	0.			STUDENT SCHOLARSHIPS
GARAGE AT CLEVELAND CORNER INC 156 N CLEVELAND AVE WICHITA, KS 67214	83-2104349	501(C)(3)	35,000.	0.			THE GARAGE ENTREPRENEUR PROGRAM
GIRL SCOUTS OF KANSAS HEARTLAND, INC. - 360 LEXINGTON ROAD - WICHITA, KS 67218	48-0556718	501(C)(3)	13,769.	0.			JULIETTE'S PEARLS SPONSOR, HVAC REPAIRS, STARWOODS LODGE, ANNUAL DISTRIBUTION, FOR
GIRLS ON THE RUN HEART OF KANSAS PO BOX 533 MAIZE, KS 67202	27-5363926	501(C)(3)	25,000.	0.			STRENGTHENING GIRLS FROM START TO FINISH
GLSEN KANSAS 731 N. MCCLEAN, SUITE 110 WICHITA, KS 67203	04-3234202	501(C)(3)	20,129.	0.			EDUCATOR SUPPORT AND YOUTH PROGRAMMING

Schedule I (Form 990)

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

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GUADALUPE CLINIC, INC. 940 S ST FRANCIS WICHITA, KS 67211	20-1285208	501(C)(3)	19,322.	0.			GENERAL PURPOSES, FOR IMMUNIZATION PROJECT
HARRY HYNES MEMORIAL HOSPICE, INC. 313 S MARKET WICHITA, KS 67202-3805	48-0952990	501(C)(3)	13,329.	0.			GENERAL PURPOSES, TREE OF LIFE DONATION
HARVESTER ARTS INC 215 N WASHINGTON WICHITA, KS 67202	46-4356818	501(C)(3)	161,000.	0.			GALLERY PLACE PROJECT
HEARTSPRING LEGACY FOUNDATION 8619 BROOKHOLLOW WICHITA, KS 67206	92-0657491	501(C)(3)	462,000.	0.			EXISTING FACILITY UPGRADES AND ENHANCEMENTS
HOLY FAMILY MEDICAL 144 S. HILLSIDE WICHITA, KS 67211-2154	83-3775358	501(C)(3)	7,500.	0.			SCHOOL-BASED HEALTH ROOMS AND WELLNESS PROGRAMS IN UNDERSERVED NEIGHBORHOODS
HOPE RISING INC 430 S. COMMERCE WICHITA, KS 67202	88-2037753	501(C)(3)	10,000.	0.			FOR ZERO-COST CARE FOR SURVIVORS
HUMANKIND MINISTRIES 829 N MARKET WICHITA, KS 67214-3519	48-0559085	501(C)(3)	101,098.	0.			CAPITAL, OPERATION HOLIDAY, GENERAL PURPOSES, WOMEN'S EMERGENCY WINTER SHELTER
HUNTER HEALTH 527 N. GROVE ST. WICHITA, KS 67214	48-0908355	501(C)(3)	153,200.	0.			HEAT EXCHANGE ASSISTANCE, PLEDGE FOR THE CENTRAL WELLNESS CAMPAIGN
IBSA 501 SW JACKSON STREET TOPEKA, KS 66603	48-1137236	501(C)(3)	7,500.	0.			HIGHLAND ACRES NEIGHBORHOOD CENTER INITIATIVE

Schedule I (Form 990)

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

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ICT FOOD RESCUE 4600 W KELLOGG #307 WICHITA, KS 67209	81-3353813	501(C)(3)	26,000.	0.			THE UPCYCLE KITCHEN
ICT SOS 535 S. EMPORIA, STE. 101 WICHITA, KS 67202	45-4569287	501(C)(3)	33,500.	0.			HUMAN TRAFFICKING PREVENTION AND SURVIVOR SERVICES, DROP-IN CENTER
IRON GATE INC 501 W. ARCHER ST. TULSA, OK 74103	20-3164551	501(C)(3)	50,000.	0.			GENERAL PURPOSES
JOHN 3:16 MISSION 575 N. 39TH WEST AVE. TULSA, OK 74127-5028	73-0744834	501(C)(3)	25,000.	0.			GENERAL PURPOSES
JUNCTION CITY AREA CHAMBER OF COMMERCE - PO BOX 26 - JUNCTION CITY, KS 66441	48-0285540	501(C)(3)	12,000.	0.			2023 GREATER THAN LEADERSHIP CLASSES
JUNIOR LEAGUE OF WICHITA, INC. 6402 E 12TH ST WICHITA, KS 67206	48-0556729	501(C)(3)	310,000.	0.			100TH ANNIVERSARY PROJECT - WATER PLAYScape AT EXPLORATION PLACE
KANSANS FOR LIFE EDUCATIONAL FUND 3301 W. 13TH ST. WICHITA, KS 67203	48-0963148	501(C)(3)	15,000.	0.			GENERAL PURPOSES
KANSAS BETA EDUCATIONAL FOUNDATION KANSAS STATE UNIVERSITY PAYMENT PRO COLUMBUS, GA 31902	20-8153661	501(C)(3)	66,835.	0.			CHANDLER LEGACY ROOM AT THE SIGMA ALPHA EPSILON HOUSE AT KANSAS STATE UNIVERSITY, COMPLETING
KANSAS CHILDREN'S FOUNDATION P.O. BOX 780113 WICHITA, KS 67278	47-2370410	501(C)(3)	26,000.	0.			FACILITY DOG

Schedule I (Form 990)

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

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KANSAS DENTAL CHARITABLE FOUNDATION - 5200 SW HUNTOON - TOPEKA, KS 66604	48-1260092	501(C)(3)	150,000.	0.			THE KIND PROGRAM, THE KANSAS MISSION OF MERCY
KANSAS DIALYSIS ASSOCIATION PO BOX 47095 WICHITA, KS 67201	48-0954126	501(C)(3)	6,196.	0.			GENERAL PURPOSES
KANSAS FOOD BANK WAREHOUSE, INC. 1919 E DOUGLAS WICHITA, KS 67211	48-0959213	501(C)(3)	84,648.	0.			PROVIDING MEALS FOR CHILDREN AND FAMILIES THROUGH THE SUMMER, THE CARGILL MATCH: FOOD FOR
KANSAS HUMANE SOCIETY 3313 N HILLSIDE WICHITA, KS 67219	48-0554339	501(C)(3)	21,716.	0.			EMERGENCY MEDICAL FUND, PET ENRICHMENT, FOR EMERGENCY ASSISTANCE / GAS LEAKGENERAL PURPOSES
KANSAS LEADERSHIP CENTER 325 E. DOUGLAS WICHITA, KS 67202	20-5953542	501(C)(3)	125,539.	0.			COLLABORATIVE JOURNALISM SUMMIT TRAVEL STIPENDS, WICHITA JOURNALISM COLLABORATIVE 2023-25
KANSAS LEARNING CENTER FOR HEALTH 505 MAIN, BOX 288 HALSTEAD, KS 67056	48-0680382	501(C)(3)	50,000.	0.			THE REPRODUCTIVE SYSTEM & YOU
KANSAS STATE UNIVERSITY FOUNDATION 1800 KIMBALL AVE., SUITE 200 MANHATTAN, KS 66502-3373	48-0667209	501(C)(3)	114,500.	0.			BUILDING CHAMPIONS, CENTER FOR PRINCIPLED BUSINESS, THE TRUSTEE EXCELLENCE FUND
KENSLER ELEMENTARY 1030 N WILBUR LANE WICHITA, KS 67212	48-6000351	501(C)(3)	9,995.	0.			THE MUSIC AND LITERACY CONNECTION
KINGS CROSS CHURCH 2011 CLEMENTS FERRY ROAD CHARLESTON, SC 29492	81-0788342	501(C)(3)	60,000.	0.			GENERAL PURPOSES

Schedule I (Form 990)

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(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
KPTS, CHANNEL 8 P.O. BOX 783100 WICHITA, KS 67278	48-0735215	501(C)(3)	9,800.	0.			TELEVISION PROJECTION SWITCHER, GENERAL PURPOSES
KU ENDOWMENT ASSOCIATION PO BOX 928 LAWRENCE, KS 66044-0928	48-0547734	501(C)(3)	11,000.	0.			HALL CENTER, THE HUMANITIES FOR THE MINI-WHEAT STATE TOURS PROGRAM
LEADERSHIP ATCHISON 200 S 10TH ATCHISON, KS 66002	48-1182944	501(C)(3)	5,365.	0.			LEADERSHIP ATCHISON PROGRAM/ MAIL REQUEST
LEGACY REGIONAL COMMUNITY FOUNDATION - PO BOX 713 - WINFIELD, KS 67156	48-1187957	501(C)(3)	20,000.	0.			SPIRITUAL LIFE CENTER AT WINFIELD CORRECTIONAL FACILITY
L'OUVERTURE CAREER EXPLORATION & TECHNOLOGY - 1539 OHIO - WICHITA, KS 67214	48-6000351	501(C)(3)	6,000.	0.			BACK TO SCHOOL NEEDS, GENERAL SUPPORT
LOVIN EVERY DAY FOUNDATION, INC 945 CHAMPIONS FAIRWAY DRIVE ALPHARETTA, GA 30004	83-2339209	501(C)(3)	10,000.	0.			GENERAL PURPOSES
MAMAFILM 156 S PINECREST ST WICHITA, KS 67218	83-3761010	501(C)(3)	10,000.	0.			REPROFILM PERIODICAL
MARY SEAT OF WISDOM ACADEMY INC 1840 W. UNIVERSITY AVENUE WICHITA, KS 67213	88-4056026	501(C)(3)	21,100.	0.			PROJECTOR AND SCREEN, GENERAL PURPOSES
MAYAN HANDS FOUNDATION LTD 420 WHITEHALL RD ALBANY, NY 12208	26-2633965	501(C)(3)	10,000.	0.			SCHOLARSHIPS, HEALTH AND WELLBEING PROGRAMS, 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
MCADAMS ACADEMY 2821 E. 24TH ST. NORTH WICHITA, KS 67219	82-3617152	501(C)(3)	7,000.	0.			EMERGENCY ASSISTANCE/BURST PIPE, MAXIMIZE MCADAMS
MENTAL HEALTH AMERICA OF SOUTH CENTRAL KS - 555 N WOODLAWN, SUITE 3105 - WICHITA, KS 67208	48-0990763	501(C)(3)	12,406.	0.			2023 GALA DONATION, ANNUAL DISTRIBUTION, COMPEER MENTORING FOR AT RISK YOUTH
MID-KANSAS JEWISH FEDERATION 1850 N WOODLAWN WICHITA, KS 67208	48-6119344	501(C)(3)	8,714.	0.			ANNUAL DISTRIBUTION
MUSIC THEATRE WICHITA 225 W DOUGLAS, SUITE 202 WICHITA, KS 67202	48-0785658	501(C)(3)	17,710.	0.			EMERGENCY ASSISTANCE / DIMMER SWITCH, GENERAL PURPOSES
NATIONAL COUNCIL OF JEWISH WOMEN-ST LOUIS SECTION - 295 N LINDBERGH - ST. LOUIS, MO 63141	43-0722936	501(C)(3)	8,000.	0.			GRAPE ESCAPE, THE BACK TO SCHOOL STORE
NEWMAN UNIVERSITY 3100 MCCORMICK STREET WICHITA, KS 67213-2097	48-0556716	501(C)(3)	6,266.	0.			STUDENT SCHOLARSHIPS SCHOOL OF NURSING
NEWSRING CHURCH 12200 E. 21ST ST. N. WICHITA, KS 67206	48-0817251	501(C)(3)	17,000.	0.			GENERAL FUND, PROJECT GENEROSITY
NONPROFITGO 303 S. BROADWAY, SUITE 121 WICHITA, KS 67202	82-4716563	501(C)(3)	103,200.	0.			PRAIRIE ROSE WELLBRIETY BOOKS/WORKBOOKS, TALLGRASS SERVICES, MAGNIFY
ORPHEUM PERFORMING ARTS CENTRE, LTD - 200 N BROADWAY, SUITE 330 - WICHITA, KS 67202-2327	48-0978508	501(C)(3)	117,771.	0.			CAPITAL CAMPAIGN, EMERGENCY ASSISTANCE - CAMERA REPLACEMENT, PRODUCER'S CIRCLE

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
PALMER-TULSA 222 W. 8TH ST. TULSA, OK 74119	56-2302027	501(C)(3)	20,000.	0.			GENERAL OPERATIONS-TREATMENT PROGRAM
PHILLIPS FUNDAMENTAL LEARNING CENTER INC. - 2220 E 21ST ST N - WICHITA, KS 67214-1945	31-1693508	501(C)(3)	45,525.	0.			THE CHILDREN LITERACY PROGRAM, GENERAL PURPOSES
PLANNED PARENTHOOD GREAT PLAINS 4401 W 109TH ST, SUITE 200 OVERLAND PARK, KS 66211-9705	44-0565390	501(C)(3)	15,267.	0.			GENERAL OPERATIONS
PUBLIC BROADCASTING OF COLORADO INC - P.O. BOX 17429 - DENVER, CO 80217	74-2324052	501(C)(3)	10,000.	0.			KRCC, SOUTHERN COLORADO PUBLIC RADIO
RAINBOWS UNITED, INC 3223 N OLIVER WICHITA, KS 67220	48-0793004	501(C)(3)	25,999.	0.			AUDIOLOGY LAB, GENERAL PURPOSES, FASHION PASSION
RAISE MY HEAD FOUNDATION PO BOX 49321 WICHITA, KS 67201	46-2209199	501(C)(3)	16,000.	0.			LIFE SKILLS COACH & CLASSES TO COMBAT TRAFFICKING
RIDGEPOINT CHURCH 8000 W 21ST ST WICHITA, KS 67205	48-6169584	501(C)(3)	10,000.	0.			GENERAL PURPOSES
ROOTS AND WINGS, INC. DBA CASA OF SEDGWICK COUNTY - 2624 E CENTRAL - WICHITA, KS 67214	48-0915548	501(C)(3)	23,048.	0.			GENERAL PURPOSES
ROSE HILL FRIENDS CHURCH PO BOX 431 ROSE HILL, KS 67133	48-1025932	501(C)(3)	15,000.	0.			GENERAL PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT FRANCIS MINISTRIES 110 W OTIS AVE SALINA, KS 67407	48-0543809	501(C)(3)	7,500.	0.			KIDZONE SENSORY ROOM
SEDGWICK COUNTY ZOOLOGICAL FOUNDATION INC - 5555 ZOO BOULEVARD - WICHITA, KS 67212	48-6120530	501(C)(3)	15,600.	0.			WINTER FUND, ZOOBILEE, GENERAL PURPOSES
SEDGWICK COUNTY ZOOLOGICAL SOCIETY 5555 ZOO BLVD WICHITA, KS 67212-1698	48-6120530	501(C)(3)	13,294.	0.			GENERAL PURPOSES, WINTER FUND
SENIOR SERVICES, INC. 200 S WALNUT WICHITA, KS 67213-4777	48-0757988	501(C)(3)	6,248.	0.			GENERAL PURPOSES
SHARE THE SEASON 303 S BROADWAY STE 121 WICHITA, KS 67202	44-0545998	501(C)(3)	6,788.	0.			SHARE THE SEASON
SIMPLY HYGIENE 5440 N MILL HEIGHTS DR PARK CITY, KS 67219	83-2564688	501(C)(3)	12,721.	0.			GIVING HYGIENE, HEALTH AND HOPE TO WICHITA AND SURROUNDING AREA STUDENTS, HISPANIC HEALTH
SOUTHWESTERN COLLEGE DEVELOPMENT OFFICE WINFIELD, KS 67156-2499	48-0543715	501(C)(3)	80,125.	0.			GENERAL ENDOWMENT FUND
STEPS TO LIFE, INC. PO BOX 782828 WICHITA, KS 67278	48-1059059	501(C)(3)	45,000.	0.			GENERAL PURPOSES
ST. JAMES EPISCOPAL CHURCH 3750 E DOUGLAS WICHITA, KS 67208	48-0556717	501(C)(3)	25,250.	0.			GENERAL PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JUDE CHILDREN'S HOSPITAL 501 ST. JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	6,100.	0.			GENERAL PURPOSES
ST MARTINS ACADEMY INC 1950 INDIAN RD FORT SCOTT, KS 66701	82-0976862	501(C)(3)	32,000.	0.			GENERAL PURPOSES
ST. THOMAS AQUINAS CATHOLIC CHURCH ACCOUNTS RECEIVABLE WICHITA, KS 67206	48-0650425	501(C)(3)	60,700.	0.			GENERAL PURPOSES
SUNRISE CHARITABLE FOUNDATION PO BOX 9344 WICHITA, KS 67277	20-1351251	501(C)(3)	10,000.	0.			THE SUNRISE PLAYScape
TALLGRASS FILM ASSOCIATION 120 E. 1ST ST N UNIT 113 WICHITA, KS 67202	86-1056098	501(C)(3)	19,000.	0.			FINANCIAL AUDIT FEE ASSISTANCE, GENERAL PURPOSES
THE FOUNDATION FOR ANDOVER SCHOOLS 1401 WEST 13TH ST ANDOVER, KS 67002	43-1767238	501(C)(3)	42,270.	0.			TEACHER GRANTS, VIVA ANDOVER!, GENERAL PURPOSES
THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD - 1445 N BOONVILLE AVE - SPRINGFIELD, MO 65802	44-0577787	501(C)(3)	10,000.	0.			HUMAN TRAFFICKING RESCUE MISSIONS
THE LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	13-5644916	501(C)(3)	50,000.	0.			VOY 24 KANSAS CITY
THE LORD'S DINER 520 N BROADWAY WICHITA, KS 67214-3504	48-0543780	501(C)(3)	25,800.	0.			THE BACKPACK PROGRAM, FANTASY FEAST, 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
THE OPPORTUNITY PROJECT SCHOOLS, INC. - 1625 N WATERFRONT PKWY, SUITE 100 - WICHITA, KS 67206	85-3143325	501(C)(3)	42,213.	0.			GENERAL PURPOSES
THE SALVATION ARMY SOUTH CENTRAL AREA COMMAND - 350 N. MARKET - WICHITA, KS 67202	44-0545998	501(C)(3)	29,253.	0.			BOOTHE CHILDREN FAMILY SERVICE CENTER, THE SALVATION ARMY FOOD PANTRIES (SEDGWICK
THE TOUCH CLOSET PO BOX 8761 WICHITA, KS 67208	82-3876894	501(C)(3)	7,500.	0.			SCHOOL RESOURCE FOR THE 2023/2024 SCHOOL YEAR
THRIVE ALLEN COUNTY 9 S. JEFFERSON AVE. IOLA, KS 66749	32-0198379	501(C)(3)	17,500.	0.			ALLEN COUNTY BIKE SHARE, FAMILY PLANNING AND POSTPARTUM SUPPORT
TINY NEWS COLLECTIVE, INC. 1500 CHESTNUT ST., #2113 PHILADELPHIA, PA 19102	85-3963369	501(C)(3)	100,000.	0.			INFO CHALLENGE
TREES FOR LIFE 3006 W. ST LOUIS WICHITA, KS 67203-5129	48-0979347	501(C)(3)	370,622.	0.			SUPPORT OF SEHGAL PROJECT, GENERAL PURPOSES
TULSA AREA UNITED WAY 1430 S. BOULDER AVE TULSA, OK 74119	73-0580283	501(C)(3)	37,000.	0.			UNITED WAY FUNDRAISER - QUIKTRIP CORPORATION
UNION RESCUE MISSION, INC. 2800 N HILLSIDE ST WICHITA, KS 67219	48-0625837	501(C)(3)	41,633.	0.			GENERAL PURPOSES
UNITED METHODIST CHURCH OF ESTES PARK - 1509 FISH HATCHERY RD - ESTES PARK, CO 80517	84-0915905	501(C)(3)	20,031.	0.			GENERAL PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED METHODIST OPEN DOOR PO BOX 2756 WICHITA, KS 67201-2756	48-0731995	501(C)(3)	17,362.	0.			GENERAL PURPOSES
UNITED WAY OF THE PLAINS, INC. 245 N WATER WICHITA, KS 67202-9918	48-0547688	501(C)(3)	72,000.	0.			GENERAL PURPOSES, 2-1-1: FROM HELLO TO HELP
UNIVERSITY OF KANSAS ENDOWMENT - WICHITA - KU SCHOOL OF MEDICINE-WICHITA - WICHITA, KS 67214-3199	48-0547734	501(C)(3)	17,500.	0.			BEECH - PRIMARY CARE SCHOLARSHIPS, ONE DAY. ONE KU CAMPAIGN FBO KU-WICHITA DEPARTMENT OF
UNIVERSITY OF KANSAS MEDICAL CENTER - 3901 RAINBOW BLVD - KANSAS CITY, KS 66160	48-0547734	501(C)(3)	10,000.	0.			JON & LAUREN ROLPH CANCER FUND
USD 259 - CURTIS MIDDLE SCHOOL 1031 S. EDGEMOOR WICHITA, KS 67218	48-6000351	501(C)(3)	8,665.	0.			AUTHORS IN SCHOOLS / CYNTHIA LEITICH SMITH EVENT
USD 259 - EAST HIGH SCHOOL 2301 E. DOUGLAS WICHITA, KS 67211	48-6000351	501(C)(3)	6,000.	0.			PROSTART CULINARY PROGRAM SUPPORT AND ASSIST MIDDLE SCHOOLS WITH UNIFORM PURCHASES, CLASSROOM MINI GRANTS, ORCHESTRA
USD 259 - WICHITA PUBLIC SCHOOLS - CONTROLLER - 903 S. EDGEMOOR - WICHITA, KS 67218	48-6000351	501(C)(3)	244,302.	0.			WICHITA TEENS TO SUMMER CAMP, THE CAMPAIGN FOR VM WICHITA
VAGABOND MISSIONS PO BOX 53109 PITTSBURG, PA 15219	20-3891942	501(C)(3)	24,375.	0.			HELP FOR CANCER PATIENTS/FAMILIES, THE ANNUAL EAST/WEST RUN, 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
WASHBURN UNIVERSITY FOUNDATION 1729 SW MACVICAR AVENUE TOPEKA, KS 66604-3128	48-6105561	501(C)(3)	7,500.	0.			LAW SCHOOL BUILDING FUND
WICHITA ANIMAL ACTION LEAGUE PO BOX 21401 WICHITA, KS 67208	46-5635359	501(C)(3)	30,311.	0.			SUPPORT OF HILLTOP/PLANEVIEW PROJECTS, SPAY IT FORWARD, VAN REPAIRS
WICHITA ART MUSEUM 1400 W MUSEUM BLVD WICHITA, KS 67203	48-1157680	501(C)(3)	430,355.	0.			2023 WOODEN REIMBURSEMENTS, WAM ART ACCESS FUND, ANNUAL DISTRIBUTION
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)	82,251.	0.			GENERAL PURPOSES, DIAPERS AND WIPES FOR A MOTHER/BABY, KIDZCOPE - GRIEF HELP FOR FAMILIES
WICHITA EDUCATIONAL FOUNDATION 350 W DOUGLAS WICHITA, KS 67202	74-2832913	501(C)(3)	39,885.	0.			LEADERSHIP WICHITA REIMBURSEMENT
WICHITA FAMILY CRISIS CENTER 7824 E. 32ND ST. N. WICHITA, KS 67226	48-0559378	501(C)(3)	74,154.	0.			MEDICAL SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE AND SEX TRAFFICKING, THE 2023
WICHITA FESTIVALS, INC 444 E. WILLIAM WICHITA, KS 67202	48-0783840	501(C)(3)	13,890.	0.			GENERAL PURPOSES
WICHITA GRAND OPERA, INC. 300 W. DOUGLAS AVE., SUITE 325 WICHITA, KS 67202	48-1239185	501(C)(3)	7,500.	0.			GENERAL PURPOSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WICHITA HIGH SCHOOL EAST ENDOWMENT FUND - 306 S CLIFTON AVE - WICHITA, KS 67218	88-2661094	501(C)(3)	54,453.	0.			GENERAL PURPOSES, CLOSE OF FUND
WICHITA KIDS GOLF INITIATIVE INC. DBA FIRST TEE - GREATER WICHITA - PO BOX 8313 - WICHITA, KS 67208	47-4059658	501(C)(3)	27,000.	0.			STEVE HATCHETT YOUTH GOLF CAMPUS, KIDS FORE A BETTER FUTURE
WICHITA PUBLIC LIBRARY FOUNDATION, INC - 711 W. 2ND ST. N. - WICHITA, KS 67203	48-1042418	501(C)(3)	31,939.	0.			UNDERWRITING THE SUMMER READING PROGRAM, THE LIBRARY REMODELING/CONSTRUCTION
WICHITA STATE UNIVERSITY FOUNDATION AND ALUMNI ENGAGEMENT - 1845 FAIRMOUNT - WICHITA, KS 67260-0002	48-6121167	501(C)(3)	307,523.	0.			DEPARTMENT OF PHYSICS, THE WSU WOMEN'S TENNIS PROGRAM, N.A.C. , ASSISTANCE WITH
WICHITA SYMPHONY SOCIETY 225 W DOUGLAS, SUITE 207 WICHITA, KS 67202	48-0671518	501(C)(3)	193,500.	0.			GENERAL PURPOSES
WICHITA WEST HIGH SCHOOL ALUMNI HALL - 11706 W 1ST ST N - WICHITA, KS 67212-5169	92-0279476	501(C)(3)	9,873.	0.			GENERAL PURPOSES, CLOSE OF FUND
YMCA FOUNDATION OF WICHITA 402 N. MARKET WICHITA, KS 67202	48-0554440	501(C)(3)	43,501.	0.			BENEFIT OF SINGLE PARENTS AND LOW-INCOME FAMILIES, ANNUAL DISTRIBUTION, TRIANGLE DONOR
YOUNG LIFE - WICHITA 3700 E DOUGLAS STE 12 WICHITA, KS 67208	84-0385934	501(C)(3)	13,740.	0.			YOUNG LIFE COLLEGE STAFF, BENEFITS AND OPERATING EXPENSES

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	19	38,800.	0.		

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

PART I, LINE 2:

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

Part IV Supplemental Information

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ALZHEIMER'S ASSOCIATION - CENTRAL & WESTERN KANSAS OFFICE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE ALLIANCE OF WOMEN FOR

ALZHEIMER'S RESEARCH AND EDUCATION (AWARE), GENERAL PURPOSES, WALK TO END

ALZHEIMER'S - TEAM CATHOLIC CARE CENTER

NAME OF ORGANIZATION OR GOVERNMENT: BREAKTHROUGH CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: BREAKFAST SUPPORT FOR WINTER

SHELTER, BREAKTHROUGH EPISCOPAL SOCIAL SERVICES, GENERAL PURPOSES, HELP

FOR MENTALLY ILL, EMERGENCY ASSISTANCE / AC REPAIR

NAME OF ORGANIZATION OR GOVERNMENT: CAPPER FOUNDATION - WINFIELD

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPPER FOUNDATION WINFIELD DAY

CENTER FOR ADULTS WITH DISABILITIES KITCHEN EQUIPMENT UPGRADE AND STORAGE

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC DIOCESE OF WICHITA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ONE FAMILY, FULLY

ALIVE IN CHRIST CAMPAIGN, THE SEMINARIAN'S FUND, ST JOSEPH HOUSE OF

FORMATION

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY PROMISE OF GREATER WICHITA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES, FIRST STEP TO

HOUSING STABILITY: IDENTIFICATION, PLAY SPACE - PHASE 1 FUNDING

Part IV Supplemental Information

OPPORTUNITY, USE FOR THE RENOVATIONS

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALUMNI SOUND SYSTEM UPGRADE, ANNUAL DISTRIBUTION FOR SCHOLARSHIP AID, THE ATHLETIC DEPARTMENT AND WOMEN'S BASKETBALL PROGRAM, THE VICTOR MURDOCK SCHOLARSHIP IN MUSIC

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

(H) PURPOSE OF GRANT OR ASSISTANCE: JULIETTE'S PEARLS SPONSOR, HVAC REPAIRS, STARWOODS LODGE, ANNUAL DISTRIBUTION, FOR EMERGENCY ASSISTANCE - A/C REPLACEMENT

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS BETA EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CHANDLER LEGACY ROOM AT THE SIGMA ALPHA EPSILON HOUSE AT KANSAS STATE UNIVERSITY, COMPLETING THE KANSAS BETA EDUCATIONAL CENTER

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS FOOD BANK WAREHOUSE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDING MEALS FOR CHILDREN AND FAMILIES THROUGH THE SUMMER, THE CARGILL MATCH: FOOD FOR KIDS, GENERAL PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT: SIMPLY HYGIENE

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVING HYGIENE, HEALTH AND HOPE TO WICHITA AND SURROUNDING AREA STUDENTS, HISPANIC HEALTH LITERACY AND OUTREACH PROJECT, FOR EMERGENCY ASSISTANCE / VAN REPAIRS

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

THE SALVATION ARMY SOUTH CENTRAL AREA COMMAND

(H) PURPOSE OF GRANT OR ASSISTANCE: BOOTHE CHILDREN FAMILY SERVICE CENTER, THE SALVATION ARMY FOOD PANTRIES (SEDGWICK COUNTY, KS), FOR FREEZER REPLACEMENT UNRESTRICTED, GENERAL PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF KANSAS ENDOWMENT - WICHITA

(H) PURPOSE OF GRANT OR ASSISTANCE: BEECH - PRIMARY CARE SCHOLARSHIPS, ONE DAY. ONE KU CAMPAIGN FBO KU-WICHITA DEPARTMENT OF ANESTHESIOLOGY, GENERAL PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT:

USD 259 - WICHITA PUBLIC SCHOOLS - CONTROLLER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT AND ASSIST MIDDLE SCHOOLS WITH UNIFORM PURCHASES, CLASSROOM MINI GRANTS, ORCHESTRA INSTRUMENTS; VISUAL ARTS EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: WICHITA FAMILY CRISIS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE AND SEX TRAFFICKING, THE 2023 GOLD COIN SOCIETY AWARD, GENERAL PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT:

WICHITA PUBLIC LIBRARY FOUNDATION, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: UNDERWRITING THE SUMMER READING PROGRAM, THE LIBRARY REMODELING/CONSTRUCTION PROJECTS, ANNUAL CONTRIBUTION

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

WICHITA STATE UNIVERSITY FOUNDATION AND ALUMNI ENGAGEMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: DEPARTMENT OF PHYSICS, THE WSU

WOMEN'S TENNIS PROGRAM, N.A.C. , ASSISTANCE WITH NON-TUITION HARDSHIPS,

BARTON SCHOOL OF BUSINESS, THE VICTOR MURDOCK SCHOLARSHIP IN JOURNALISM,

THE EVELYN HENDREN CASSAT SPEECH CENTER

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

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) 2023

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)	226,481.	0.	0.	37,004.	11,271.	274,756.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

2023

Open to Public Inspection

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

Go to www.irs.gov/Form990 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	59	1,353,532.	MARKET PRICES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

29

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

	Yes	No
30a		X
31	X	
32a	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?

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

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) 2023

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

SCHEDULE M, LINE 32B:

ORGANIZATION USES BROKERAGES TO SELL NON-CASH CONTRIBUTIONS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

WICHITA FOUNDATION

Employer identification number

48-1022361

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

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

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

PURPOSES.

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

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

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

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

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

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

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

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

UPON REQUEST

PAGE 12, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

990 PAGE 5, PART V, LINE 7G

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

990 PAGE 5, PART V, LINE 7H

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

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)			

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

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

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

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.

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