PUBLIC DISCLOSURE COPY WICHITA HABITAT FOR HUMANITY INC 12/31/2022



TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

Wichita Habitat for Humanity, Inc. 130 E Murdock St 102 Wichita, KS 67214-3630

Prepared By:

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

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

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

Form	990
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			-	Open to Public Inspection		
-		e 2022 calend				
в	Check if	C Name o	forganization		D Employer identifica	tion number
	applicat					
	Addr chan	ge WICH	ITA HABITAT FOR HUMANITY, INC.			-
	Nam chan Initia	ge Doing b	usiness as	1	58-173554	0
	retur	n Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final retur termi		E MURDOCK ST	102	(316)269-	
	ated Ame	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,885,281.
	retur Appl	N WICH	ITA, KS 67214-3630		H(a) Is this a group retu	
	tion pend	F Name a	nd address of principal officer: KIMBERLY CRENSHAW		for subordinates?	
-	Taxa	empt status:		or 507	H(b) Are all subordinates inclu	
	Webs		X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) WICHITAHABITAT ⋅ ORG	or 527	H(c) Group exemption	st. See instructions
			X Corporation Trust Association Other	I Vear	of formation: 1986 M	
P	art I	Summary				
	1		e the organization's mission or most significant activities: WICH	ITA HA	BITAT FOR HUN	MANITY IS
90		A NON-P	ROFIT CHRISTIAN HOUSING MINISTRY	THAT BE	RINGS PEOPLE	TOGETHER
nar	2	Check this bo				
Ner	3	Number of vo			3	23
Ğ	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)			23
8 25	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)		5	46
Activities & Governance	6	Total number	of volunteers (estimate if necessary)		6	1664
	7 a				<u>7a</u>	0.
_	<u> </u> b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
					Prior Year	Current Year
đ	8		and grants (Part VIII, line 1h)		2,895,983.	5,034,768.
(en	9	•	ce revenue (Part VIII, line 2g)		1,148,954. 104,961.	908,513. 40,527.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		-159,277.	-147,122
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,990,621.	5,836,686.
	12 13		<u>- add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14				0.	0.
	45	<u> </u>			1,247,927.	1,245,630.
Sec	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
Exnenses	b	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)270, 2	92.		
ŭ			es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,941,020.	2,403,329.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,188,947.	3,648,959.
	19	Revenue less	expenses. Subtract line 18 from line 12		-198,326.	2,187,727.
or	9			Be	ginning of Current Year	End of Year
sets	1 20	Total assets (F	Part X, line 16)		7,039,838.	9,814,209.
Net Assets or	21		(Part X, line 26)		270,499.	857,143.
		Net assets or	fund balances. Subtract line 21 from line 20		6,769,339.	8,957,066.
	art II	Signature				

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.

	COPY					
Sign	Signature of officer			Date		
Here	KIMBERLY CRENSHAW, FINAN	CE DIRECTOR				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	MARSHAL HULL	MARSHAL HULL		•	P0071558	6
Preparer	Firm's name REGIER CARR & MO	NROE, L.L.P.		Firm's EIN 48-	0573184	
Use Only	Firm's address 300 W. DOUGLAS A	VE. STE. 900				
	WICHITA, KS 6720	2-2914		Phone no. 316-	264-2335	
May the I	RS discuss this return with the preparer shown a	bove? See instructions			X Yes	No
232001 12-1	3-22 LHA For Paperwork Reduction Act No	tice, see the separate instructions.			Form 990 ((2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

120-	990 (2022) WICHITA HABITAT FOR HUMANITY, INC. 58-1735540 Page 2
rar	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III X
1	Check if Schedule O contains a response or note to any line in this Part III
•	WE PARTNER WITH HARD-WORKING PEOPLE IN OUR COMMUNITY TO BUILD,
	RENOVATE AND PRESERVE HOMES. OUR MODEL IS DESIGNED TO PREPARE FAMILIES
	TO BE SUCCESSFUL, SELF-RELIANT HOMEOWNERS. FAMILIES WHO PARTNER WITH
	US ARE REQUIRED TO INVEST 250-400 HOURS OF SWEAT EQUITY BUILDING THEIR
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?
	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 \$3,147,379. including grants of \$) (Revenue \$646,833.
	1. 15 FAMILIES WORKED ALONGSIDE VOLUNTEERS TO BUILD SAFE, AFFORDABLE
	HOMES THEY PURCHASED ON ZERO PERCENT INTEREST MORTGAGES. THROUGH OUR
	HOMEOWNERSHIP PROGRAM, THESE FAMILIES - WHICH INCLUDE 28 CHILDREN -
	ACHIEVED STABILITY AND INDEPENDENCE. NEW CONSTRUCTION AND HOME REPAIRS WERE CONCENTRATED IN AREA IN NORTHEAST WICHITA MARKED BY BLIGHT, MAKING
	USE OF EXISTING INFRASTRUCTURE AND SUPPORTING COMMUNITY REVITALIZATION.
	2. THROUGH OUR COMPREHENSIVE EDUCATION PROGRAM, WE WORKED TO ENSURE
	THAT FAMILIES WHO PARTNERED WITH US LEARNED ABOUT MONEY MANAGEMENT, THE
	HOME BUYING PROCESS AND HOME MAINTENANCE. IN ADDITION TO EDUCATING
	HABITAT PROGRAM PARTICIPANTS, WE EDUCATED OTHERS IN OUR COMMUNITY ABOUT
	THE VALUE OF AFFORDABLE HOMEOWNERSHIP AND ITS RELATIONSHIP TO IMPROVED
	HEALTH, EDUCATION AND EMPLOYMENT OPPORTUNITIES. OUR GENERAL
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	<pre>(Code:) (Expenses \$ including grants of \$) (Revenue \$)</pre>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	<pre></pre>
4c	<pre></pre>
	<pre></pre>
4c	<pre></pre>
	<pre></pre>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4c 4d 4e	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses
4d 4e	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

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 Form 990 (2022)
 WICHITA HABITAT FOR HUMANITY, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		х
c	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		х
Ч	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	<u>11c</u>		<u></u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	990 (X
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 WICHITA HABITAT FOR HUMANITY, INC.
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 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 25			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	0000	
232004	12-13-22 F	Form	990	(2022)
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Form	990 (2022) WICHITA HABITAT FOR HUMANITY, INC.	58-1735	540	Pa	age 5
Par					<u> </u>
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 46			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required			
	to file Form 8282?		7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
Ŀ	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
D		406			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			x
			14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		х
	excess parachute payment(s) during the year?		15		<u></u>
16	If "Yes," see the instructions and file Form 4720, Schedule N.	incomo?	46		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		<u></u>
47	If "Yes," complete Form 4720, Schedule O.	tivition			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activative result in the imposition of an avoire tax under section 4951, 4952 or 49532		17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
000005	If "Yes," complete Form 6069.		Form	990	(2022)
232005	12-13-22				(2022)

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Form 990	(2022)
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WICHITA HABITAT FOR HUMANITY, INC.

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

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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. X

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any oth	ner			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supe	rvision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	ockholders,	or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			_		37
<u> </u>	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.,)			
40-				40 -	Yes X	No
	Did the organization have local chapters, branches, or affiliates?			10a	~	
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•		106	х	
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing bod	, boforo filino		10b 11a	X	
11a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y belore ming		TIA	- 23	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			12.0		
Ŭ	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, ,				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		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 arranger	nent with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its particip	ation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed KS					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (sec	tion 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other <i>(explain</i>)	on Schedule	e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of inter	est policy, and	finan	cial	
	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 boo	oks and recor	ds			
	$\frac{\text{THE ORGANIZATION} - (316)269 - 0755}{130}$					
	130 E MURDOCK, SUITE 102, WICHITA, KS 67214				990	

2022.04020 WICHITA HABITAT FOR HUMAN 67305_1

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.

Name and title Average hours per week Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from Reportable compensation Estimated amount of organizations 1 DANIELLE JOHNSON 40.000 40.000 10<
hours per week box, unless person is both an officer and a director/trustee) compensation from compensation from related amount of other hours per week to intervalue to
Week (list any hours for related organizations below line) output to the torganization the the the organization (W-2/1099-MISC/ 1099-NEC) Inom related organizations (W-2/1099-MISC/ 1099-NEC) output to the the organization (W-2/1099-MISC/ 1099-NEC) output to the the organization and related organizations (1) DANIELLE JOHNSON 40.000 40.000 0
(1) DANIELLE JOHNSON 40.00
(1) DANIELLE JOHNSON 40.00
EXECUTIVE DIRECTOR X 92,044. 0. 0.
(2) KIMBERLY BOEHNER 40.00
FINANCE DIRECTOR X 91,333. 0. 0.
(3) CHRIS BOHM 2.00
CHAIR X X 0. 0. 0.
(4) SHAWN CAMPBELL 1.00
VICE CHAIR X X 0. 0. 0.
(5) MARK HERBERT 1.00
TREASURER X X 0. 0. 0.
(6) PAMALINE KING-BURNS 1.00
SECRETARY X X 0. 0. 0.
(7) BILL MATTHEWS 1.00
BOARD MEMBER/LEGAL COUNSEL X 0. 0.
(8) BRIAN MILLER 1.00
BOARD MEMBER X 0. 0. 0.
(9) ANN PATTERSON <u>1.00</u>
BOARD MEMBER X 0. 0. 0.
(10) JIM BOONE <u>1.00</u>
BOARD MEMBER X 0. 0. 0.
(11) EILEEN MCNICHOL 1.00
BOARD MEMBER X 0. 0. 0.
(12) IVA WILLIAMS 1.00
BOARD MEMBER X 0. 0. 0.
(13) SUSAN ADDINGTON
BOARD MEMBER X 0. 0. 0.
(14) BRAD WHITE 1.00
BOARD MEMBER X 0. 0. 0.
(15) AMY MADSEN 1.00
BOARD MEMBER X 0. 0. 0.
(16) BONNIE VOTH
BOARD MEMBER X 0. 0. 0.
(17) CHET SEARS
BOARD MEMBER X 0. 0. 0.

232007 12-13-22

Form 990 (2022)

8

Form 990 (2022) WICHITA H	IABITAT	FC	R	нU	MA	NI	ТΥ	Z, INC.	58-1735	540	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A)							(E)		(F)		
Name and title	Average	(do	not ch		ition		ne	Reportable	Reportable	Esti	mated
	hours per	box	, unles	s per	son i	s both	n an	compensation	compensation	amo	ount of
	week		cer and	u a u	recio	r/trus	lee)	from	from related		ther
	(list any hours for	irecto						the	organizations		ensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		m the nization
	organizations	ruste	al trus		/ee	mpen		1099-NEC)	1033-1120)	· ·	related
	below	Individual trustee or director	nstitutional trustee	л.	Key employee	est co oyee	er			1	izations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				
(18) CHRIS BEASLEY	1.00										
BOARD MEMBER		Х						0.	0.		0.
(19) DAN GOEBEL	1.00										
BOARD MEMBER	1 0 0	Х						0.	0.		0.
(20) GEORGE RANDALL	1.00										•
BOARD MEMBER	1 0 0	X						0.	0.		0.
(21) NANCY KOWALSKI	1.00								0		0
BOARD MEMBER	1 0 0	Х						0.	0.		0.
(22) ROBERT MOODY	1.00	77						0	0		0
BOARD MEMBER (23) SARAH LOPEZ	1.00	Х						0.	0.		0.
BOARD MEMBER	1.00	х						0.	0.		0.
(24) SUSAN POOL	1.00										
BOARD MEMBER	1.00	х						0.	0.		0.
(25) VALERIA WHITE	1.00								U		
BOARD MEMBER		х						0.	0.		0.
1b Subtotal								183,377.	0.		0.
c Total from continuation sheets to Part VI	, Section A							0.	0.		0.
d Total (add lines 1b and 1c)								183,377.	0.		0.
2 Total number of individuals (including but n	ot limited to th	ose	listeo	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											0
										<u> </u>	Yes No
3 Did the organization list any former officer,											
line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150	,		'							4	<u> </u>
5 Did any person listed on line 1a receive or a	-				-			-		-	v
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ch r	pers	on .				5	X
	monopoted ind	lana	ndor	+ 00	ntra	oto	n th	at received more than ¢	100 000 of compone	ntion from	
1 Complete this table for your five highest con the organization. Report compensation for t											.1
(A)	ne calendar ye		nun	y w				(B)		(C)	·
Name and business	address	NC	ONE	:				Description of s	ervices	Compens	
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	to t	thos C		ted	above) who received me	ore than		

Form **990** (2022)

232008 12-13-22

	Pa	rt VII	Statement of Rev	venue					
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Buttiness Code Buttiness Code 531390 908,513. 908,513. c 531390 908,513. 908,513. c	ìrar oun	b	Membership dues	1b					
Buttiness Code Buttiness Code 531390 908,513. 908,513. c 531390 908,513. 908,513. c	N G	с	Fundraising events	1c	25,021.				
Buttiness Code Buttiness Code 531390 908,513. 908,513. c 531390 908,513. 908,513. c	ar /	d	Related organizations	1d					
Buttiness Code Buttiness Code 531390 908,513. 908,513. c 531390 908,513. 908,513. c	s, G	е	Government grants (contri	ibutions) 1e					
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9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a b Less: direct expenses 9b 9b 9b 9b c Net income or (loss) from gaming activities 10a 10a 10a 10a b Less: cost of goods sold 10b 10b 10a 10a c Net income or (loss) from sales of inventory, less returns and allowances 10a 10a 10a b Less: cost of goods sold 10b 10b 10a 10a c Net income or (loss) from sales of inventory 10a 10a 10b 10b c Net income or (loss) from sales of inventory 10a 10a 10a 10a generation 10b 10b 10b 10b 10a c Net income or (loss) from sales of inventory 10a 10a 10b 10b generation 11a AMORTIZATION OF DISCOU 531390 336,436. 336,436. 10b b MISCELLANEOUS REVENUE c NET SALES MDSE - HABIT 459900 -626,924. -626,924. 10a c NET SALES MDSE - HABIT -272,132. 10a 10a 10a 10b 10a <th></th> <td>b</td> <td>Less: direct expenses</td> <td>8b</td> <td>21,351.</td> <td></td> <td></td> <td></td> <td></td>		b	Less: direct expenses	8b	21,351.				
Part IV, line 19 9a 9a b Less: direct expenses 9b 0 c Net income or (loss) from gaming activities 0 0 10 a Gross sales of inventory, less returns and allowances 10a 0 b Less: cost of goods sold 10b 0 c Net income or (loss) from sales of inventory 10a 0 b Less: cost of goods sold 10b 0 c Net income or (loss) from sales of inventory 0 0 b Less: cost of goods sold 10b 0 c Net income or (loss) from sales of inventory 0 0 b Less: cost of goods sold 10b 0 0 c Net income or (loss) from sales of inventory 0 0 0 b MISCELLANEOUS REVENUE 531390 336,436. 336,436. 0 c NET SALES MDSE - HABIT 459900 -626,924. -626,924. 0 d All other revenue 0 0 0 155,085 12 Total revenue. See instructions 5,836,686. 646,833. 0. 155,085		с	Net income or (loss) from	fundraising events		125,010.			125,010.
b Less: direct expenses 9b Image: Second seco		9 a	Gross income from gamin	g activities. See					
c Net income or (loss) from gaming activities Image: construction of the section of the sectin of the section of the section of the section			Part IV, line 19	<u>9a</u>					
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 0 11 a AMORTIZATION OF DISCOU Business Code b MISCELLANEOUS REVENUE 531390 c NET SALES MDSE - HABIT 459900 d All other revenue -272,132. 12 Total revenue. See instructions 5,836,686.		b	Less: direct expenses						
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory some or (loss) from sales of inventory Image: some or (loss) from sales of inventory 11 a AMORTIZATION OF DISCOU b MISCELLANEOUS REVENUE c NET SALES MDSE - HABIT d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions		с	Net income or (loss) from	gaming activities <u></u>					
b Less: cost of goods sold 10b Image: cost of goods sold 10b c Net income or (loss) from sales of inventory Image: cost of goods sold Image: cost of		10 a	Gross sales of inventory, le	ess returns					
b Less: cost of goods sold 10b Image: cost of goods sold 10b c Net income or (loss) from sales of inventory Image: cost of goods sold Image: cost of			and allowances	10a					
Business Code Image: Code		b							
Business Code Image: Code									
e Total. Add lines 11a-11d -272,132. 12 Total revenue. See instructions 5,836,686. 646,833. 0. 155,085	"				Business Code				
e Total. Add lines 11a-11d -272,132. 12 Total revenue. See instructions 5,836,686. 646,833. 0. 155,085	sno	11 a	AMORTIZATION	OF DISCOU	531390	336,436.	336,436.		
e Total. Add lines 11a-11d -272,132. 12 Total revenue. See instructions 5,836,686. 646,833. 0. 155,085	ne								
e Total. Add lines 11a-11d -272,132. 12 Total revenue. See instructions 5,836,686. 646,833. 0. 155,085	ella								
e Total. Add lines 11a-11d -272,132. 12 Total revenue. See instructions 5,836,686. 646,833. 0. 155,085	isc. Be					.,	.,		
12 Total revenue. See instructions 5,836,686. 646,833. 0. 155,085	Σ					-272,132.			
							646,833.	0.	155,085.
	23200						,		Form 990 (2022)

WICHITA HABITAT FOR HUMANITY, INC.

58-1735540 Page 9

232009 12-13-22

Form 990 (2022)

WICHITA HABITAT FOR HUMANITY, Part IX Statement of Functional Expenses

INC.

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	183,377.	68,678.	68,677.	46,022
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	005 400	682 022		1 4 4 . 0.01
7	Other salaries and wages	897,438.	673,933.	78,704.	144,801
8	Pension plan accruals and contributions (include	21 200	10 772	2 0 / 1	A
~	section 401(k) and 403(b) employer contributions)	21,388.	12,773.	<u>3,841</u> . 6,925.	<u>4,774</u> 13,640
9	Other employee benefits	60,425. 83,002.	39,860. 57,182.	11,617.	13,640
0	Payroll taxes	03,002.	57,102.	11,01/.	14,203
1	Fees for services (nonemployees):				
a ⊾	Management	633.	633.		
b		16,000.	055.	16,000.	
c d	Accounting	10,000.		10,000	
e e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	359.	359.		
2	Advertising and promotion	23,990.	12,170.		11,820
3	Office expenses	76,139.	50,663.	8,941.	16,535
4	Information technology				
5	Royalties				
6	Occupancy	15,332.	13,226.	1,093.	1,013
7	Travel	29,475.	18,252.	5,517.	5,706
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	116.	116.		
1	Payments to affiliates	00 550	00 550		
2	Depreciation, depletion, and amortization	22,553.	22,553.		F (1 F
3	Insurance	66,324.	53,414.	7,295.	5,615
4	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 0.)	1,711,399.	1 711 200		
a	CONSTRUCTION COSTS CONSTRUCTION MATERIALS	276,883.	<u>1,711,399</u> . 276,883.		
b	TITHE	63,943.	63,943.		
с С	REPAIRS	30,887.	30,887.		
d		69,296.	40,455.	22,678.	6,163
е 5	All other expenses	3,648,959.	3,147,379.	231,288.	270,292
5 3	Joint costs. Complete this line only if the organization				
,	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

11

2022.04020 WICHITA HABITAT FOR HUMAN 67305__1

WICHITA HABITAT FOR HUMANITY, INC.

58-1735540 Page 11

		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			2,363,575.	1	3,778,255.
	2	Savings and temporary cash investments			275,072.	2	285,008.
	3	Pledges and grants receivable, net			36,152.	3	84,710.
	4	Accounts receivable, net			208,128.	4	283,650.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			3,713,334.	7	4,096,161.
Assets	8	Inventories for sale or use			252,844.	8	523,123.
Ąŝ	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		338,249.			
	b	Less: accumulated depreciation	10b	166,872.	157,690.	10c	171,377.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line -		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			33,043.	15	591,925.
	16	Total assets. Add lines 1 through 15 (must equa			7,039,838.	16	9,814,209.
	17	Accounts payable and accrued expenses	154,798.	17	185,796.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst				00	
Lial	23	controlled entity or family member of any of thes Secured mortgages and notes payable to unrela		E E E E E E E E E E E E E E E E E E E	31,444.	22 23	17,910.
	23 24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·	51,111	23 24	17,510.
	25	Other liabilities (including federal income tax, pa	•			27	
	25	parties, and other liabilities not included on lines					
		of Schedule D			84,257.	25	653,437.
	26	Total liabilities. Add lines 17 through 25		_	270,499.	26	857,143.
		Organizations that follow FASB ASC 958, che	ck here	X	· ·		
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			6,700,332.	27	8,866,698.
Bal	28	Net assets with donor restrictions			69,007.	28	90,368.
nd		Organizations that do not follow FASB ASC 9	58, che	ck here			
гFц		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
tAŝ	31	Retained earnings, endowment, accumulated inc				31	
Ne	32	Total net assets or fund balances			6,769,339.	32	8,957,066.
	33	Total liabilities and net assets/fund balances			7,039,838.	33	9,814,209.

9,814,209. Form 990 (2022)

Part X Balance Sheet

Form 990 (2022)

Form	990 (2022) WICHITA HABITAT FOR HUMANITY, INC.	58-17	35540	Pag	_{ge} 12		
Pa	rt 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	5,83				
2	Total expenses (must equal Part IX, column (A), line 25)	3,64					
3	Revenue less expenses. Subtract line 2 from line 1	2,18					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,76	9,3:	<u>39.</u>		
5	Net unrealized gains (losses) on investments	5					
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	8,95	7,0	66.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	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?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule 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?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L		
				000			

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public Inspection

-

Nan	WICHITA HABITAT FOR HUMANITY, INC. 58-1735540								
Da	irt I	Reason for Public (58-1735540	
							ee instructions.		
	organ	ization is not a private found							
1		A church, convention of ch				n 170(b)(1	l)(A)(I).		
2		A school described in sect							
3		A hospital or a cooperative						or the heapital's name	
4		A medical research organiz	ation operated in col	njunction with a hospital	described	III Sectio	n 170(b)(1)(A)(III). ⊟⊓	er the hospital's hame,	
F		city, and state: An organization operated for	or the benefit of a co	llogo or university owned	or operat		vornmontal unit doco	ibod in	
5		section 170(b)(1)(A)(iv). (C		lege of university owned	i or operati	eu by a go	verninentai unit desc		
6				aantal unit daaaribad in	nantion 17	0161141141	6.0		
7	\square	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (C		Initial part of its support if	on a gove	minentar	unit of from the gener	a public described in	
8		A community trust describe			них				
9	\square	An agricultural research org				ed in coniu	inction with a land-or	nt college	
Ŭ		or university or a non-land-g							
		university:	grant conogo or agiro			lame, eny		.90 01	
10	X	An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	s. membership fees.	and gross receipts from	
		activities related to its exem							
		income and unrelated busir							
		See section 509(a)(2). (Con		· · · ·			, ,		
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to carry out t	ne purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	5 09(a)(2) .	See section 509(a)(3	. Check the box on	
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	olete lines	12e, 12f, and 12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically	by giving	
		the supported organization			majority o	f the direc	tors or trustees of the	supporting	
		organization. You must o							
b		Type II. A supporting org	-					-	
		control or management o			ame perso	ns that co	ntrol or manage the s	ipported	
	_	organization(s). You mus							
C		J Type III functionally inte		•••				ated with,	
		its supported organization		-				nization(a)	
c		_ Type III non-functionally that is not functionally int							
		requirement (see instructi	с С	c ,	•		•	luveness	
е		Check this box if the orga						11	
U		functionally integrated, or					турс ї, турс її, турс		
f	Ente	er the number of supported of							
C		vide the following information	•						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetar	y (vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructior	s) support (see instructions)	
.									
Tota	11								

Schedule A	A (Form 990) 2022	WICHITA	HABITAT	FOR	HUMANITY	, INC.	58-1735540	Page 2
Part II	Support Schedule for	or Organizati	ions Describ	ed 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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization'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							
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)							
6	Public support. Subtract line 5 from line 4.							
	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	(4) 2010	(6) 2013	(0) 2020				
	Gross income from interest,							
-	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First 5 years. If the Form 990 is for the	•						
-	organization, check this box and stop	bhere						
	ction C. Computation of Publi		-					
	Public support percentage for 2022 (I		•	•••		14	<u>%</u>	
	Public support percentage from 2021					15	<u>%</u>	
168	33 1/3% support test - 2022. If the o							
h	stop here. The organization qualifies33 1/3% support test - 2021. If the organization of the state of the		-					
N	and stop here. The organization qual	-						
17a	10% -facts-and-circumstances test					and line 14 is 10%		
110		-	-					
	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							
h	10% -facts-and-circumstances test	-				17a, and line 15 is	10% or	
~	more, and if the organization meets the	-	-				.,. =.	
	organization meets the facts-and-circl							
18	Private foundation. If the organization				• • • •		s	
							(Form 990) 2022	

232022 12-09-22

Schedule A (Form 990) 2022

WICHITA HABITAT FOR HUMANITY, INC. 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

economical anno emplo								
Calendar year (or fiscal year begini	ning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1 Gifts, grants, contributions,	, and							
membership fees received.	(Do not							
include any "unusual grants	s.")	1863499.	2062937.	2298312.	2895983.	5181129.	14301860.	
2 Gross receipts from admiss merchandise sold or service formed, or facilities furnishe any activity that is related to organization's tax-exempt p	es per- ed in to the	474,349.	766,950.	856,198.	1247394.	918,965.	4263856.	
3 Gross receipts from activiti	es that							
are not an unrelated trade of iness under section 513	or bus-							
4 Tax revenues levied for the ization's benefit and either	•							
or expended on its behalf								
5 The value of services or fac furnished by a government the organization without ch	al unit to							
6 Total. Add lines 1 through	•	2337848.	2829887.	3154510.	4143377.	6100094.	18565716.	
7a Amounts included on lines 3 received from disqualified	1, 2, and		10190070	51515101	11100774	01000910	0.	
b Amounts included on lines 2 and 3 re from other than disqualified persons exceed the greater of \$5,000 or 1% o amount on line 13 for the year	that of the						0.	
c Add lines 7a and 7b							0.	
8 Public support. (Subtract line 7c Section B. Total Support							18565716.	
Calendar year (or fiscal year begini	ning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
9 Amounts from line 6		2337848.	2829887.	3154510.	4143377.	6100094.	18565716.	
10a Gross income from interest dividends, payments receiv securities loans, rents, roya and income from similar so	t, /ed on alties,	3,562.	10,099.	18,811.	6,521.	30,075.	69,068.	
b Unrelated business taxable inc								
(less section 511 taxes) from b acquired after June 30, 1975	ousinesses	417,098.	463,247.	476,988.	544,324.	478,578.	2380235.	
c Add lines 10a and 10b		420,660.	473,346.	495,799.	550,845.	508,653.	2449303.	
11 Net income from unrelated activities not included on lin whether or not the business regularly carried on	business ne 10b,							
12 Other income. Do not incluor or loss from the sale of cap assets (Explain in Part VI.)	oital	408,165.			397,088.		1835464.	
13 Total support. (Add lines 9, 10c,		3166673.	3649893.				22850483.	
14 First 5 years. If the Form 9	90 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,	
check this box and stop he								
Section C. Computation			•			r - r		
15 Public support percentage	for 2022 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	81.25 %	
16 Public support percentage						16	77.85 %	
Section D. Computation	of Inves	stment Income	Percentage					
17 Investment income percent	tage for 20)22 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	10.72 %	
18 Investment income percent	18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 12.50 %							
19a 33 1/3% support tests - 20	022. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17		
more than 33 1/3%, check	this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organizat	tion	X	
b 33 1/3% support tests - 20	021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd	
line 18 is not more than 33								
20 Private foundation. If the								
232023 12-09-22							(Form 990) 2022	

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1

Yes No

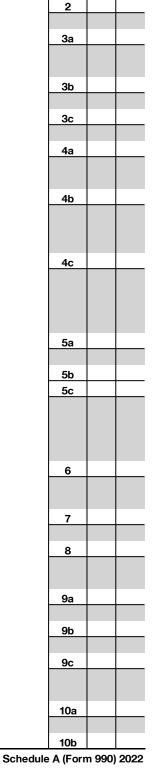
Part IV Supporting Organizations

(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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in* **Part VI.**
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule	e A (Form 990) 2022	WICHITA	HABITAT	FOR	HUMANITY,	INC.	58-17	3554	0 Ра	age 5
Part I	V Supporting Org	anizations (continu	ied)							
			·						Yes	No
11 Ha	as the organization accep	ted a gift or contributio	n from any of th	ne follov	ving persons?					
a A	person who directly or inc	directly controls, either	alone or togeth	er with	persons described o	on lines 11b and				
11	c below, the governing b	ody of a supported org	anization?					11a		
b At	family member of a perso	on described on line 11a	a above?					11b		
c AS	35% controlled entity of a	a person described on li	ne 11a or 11b a	above?	If "Yes" to line 11a,	11b, or 11c, provide				
	tail in Part VI.							11c		
Sectio	n B. Type I Support	ting Organizations	5							

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

	DUILEU UI Yanizi		
Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- а The organization satisfied the Activities Test. Complete line 2 below.
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
------------	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

Yes No 2a 2b 3a 3b

No

2

Yes No

Schedule A (Form 990) 2022

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Part V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Orgar	nizations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.				
All other Type III non-functionally integrated supporting organiza	tions must complete	Sections A through E.	1	
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 instruction	ns) 6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other factors				
(explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3			
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater an	nount,			
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 Check here if the current year is the organization's first as a non-		ed Type III supporting orga	 anization (see	

WICHITA HABITAT FOR HUMANITY, INC.

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

WICHITA HABITAT FOR HUMANITY, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	on D - Distributions	Current Year			
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide 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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if			1	
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
b	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	WIC	HITA HAI	<u>BITAT F</u>	OR HUMA	NITY,	INC.	58-1735540	Page 8
Part VI	line 1; Part IV, Section A, I	ines 1, 2, 3b, 3 ion D, lines 2 a	3c, 4b, 4c, 5a, 6 Ind 3; Part IV, 5	6, 9a, 9b, 9c, Section E, line	11a, 11b, and s 1c, 2a, 2b, 3	11c; Part IV 8a, and 3b; F	, Section B, III Part V, Iine 1; F	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa Iditional information.	n C, art V,
32028 12-09-2	2							Schedule A (Form	990) 202
					21				

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	WICHITA HABITAT FOR HUMANITY, INC.	58-1735540				
Organization type (che	eck one):					
Filers of:	Section:					
Form 990 or 990-EZ	Form 990 or 990-EZ X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

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

General Rule

X 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).

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

Schedule B (Form 990) (2022)

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WICHITA HABITAT FOR HUMANITY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$2,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$106,699.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupient Payroll Occupient Part II for noncash contributions.) Schedule B (Form 990) (2022)

Employer identification number

58-1735540

No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
223453 11-15-22			Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization

Part II

(a)

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Schedule B (Form 990) (202

Employer identification number

58-1735540

(c)

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Schedule E	B (Form 990) (2022)			Page 4				
Name of o	rganization			Employer identification number				
WICHI	TA HABITAT FOR HUMANITY	. INC.		58-1735540				
Part III		ions to organizations described in see	ction 501(c)(7), (8), or (10) the vector organizations					
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. o	once.) \$				
(a) No.			() 5					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held				
		(e) Transfer of gift						
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	insferor to transferee				
		[
			-					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held				
Part I								
-	(e) Transfer of gift							
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	insferor to transferee				
		[
(a) No. from			(-1) D					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
-								
		(e) Transfer of gift						
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	insferor to transferee				
		[
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held				
			[
ľ		(e) Transfer of gift						
		and 7 ID + 4	Deletionship of the	and wanted the second				
ŀ	Transferee's name, address, a			insferor to transferee				
223454 11-15	5-22	I		Schedule B (Form 990) (2022)				

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SCHEDULE	Đ
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(Form	990)
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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.

l L Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

WICHITA HABITAT FOR HUMANITY, INC.

Employer identification number 58-1735540

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accou	nts. Complete if the
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	-		
	are the organization's property, subject to the organization's e			Yes 🛄 No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring	
	impermissible private benefit?			
Par			Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati		-	important land area
	Protection of natural habitat	Preservation o	f a certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifier	ed conservation contribution in the form	of a conserva	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b				
	Number of conservation easements on a certified historic strue		<u>2c</u>	
d	Number of conservation easements included in (c) acquired af			
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	e organization	during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it I			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing con	servation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and onforcing consorus	tion opportion	ts during the year
•	Amount of expenses meaned in monitoring, inspecting, handli			to during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that des	cribes the
_	organization's accounting for conservation easements.			. .
Par	t III Organizations Maintaining Collections of		ther Simila	ir Assets.
4	Complete if the organization answered "Yes" on Form 9			t t
1a	If the organization elected, as permitted under FASB ASC 958	, 1		
	of art, historical treasures, or other similar assets held for publ			public
	service, provide in Part XIII the text of the footnote to its finance			had
D	If the organization elected, as permitted under FASB ASC 958	, ,		
	art, historical treasures, or other similar assets held for public o	exhibition, education, or research in furt	nerance of pu	DIIC Service,
	provide the following amounts relating to these items:			۴
	(i) Revenue included on Form 990, Part VIII, line 1			ው
~				\$
2	If the organization received or held works of art, historical treating following empirical to be reported under FACE AS		a gain, provid	e
_	the following amounts required to be reported under FASB AS	-		۴
	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions			<u>*</u> Schedule D (Form 990) 2022
	09-01-22	101 1 0111 990.		
20200	0001122	26		

Sche		HABITAT F						58-17			_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	asures, o	r Othe	r Simila	ar Assets	contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that	make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌	Loan or exc	hange progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	e organizatio	n's exe	mpt purp	ose in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or othe	er similaı	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	n answered '	'Yes" or	1 Form 99	0, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contributions	s or other ass	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						. 1c				
d	Additions during the year						1d				
	Distributions during the year										
f	Ending balance						. 1 f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cl	istodial acco	unt liabi	lity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete		nswered	"Yes" on Fo					_		
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three	years back	(e) Fou	years	back
1 a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are held ar	nd administer	ed for th	ne		1	V.	N
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dar	t VI Land, Buildings, and Equipm		wment f	unds.							
1 41	Complete if the organization answere		Dart IV	/ line 112 S	ee Form 990	Dart X	line 10				
								ha d			
	Description of property	(a) Cost or c basis (investr		. ,	or other (other)	• • •	ccumula preciatio		(d) Boo	k valu	e
	Land						10				<u> </u>
	Buildings			14	9,984.		48,1	.23.	10	1,8	bl.
	Leasehold improvements										
	Equipment			1.0	0.005		110 -			<u> </u>	1 0
-	Other				8,265.		118,7	49.		9,5	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, colun</u>	nn (B), line 1	0c.)			<u></u>	17.	1,3	11.

Schedule D (Form 990) 2022

on Form 990, Part IV, line		
(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
	11d. See Form 990, Part X, line 15.	
Description		(b) Book value
		30,950.
JSE ASSETS		560,975.
; 15.)		591,925.
on Form 000 Dort IV/ line	11. or 11f Coo Form 000 Port V line 05	
on Form 990, Part IV, line	The or Thi. See Form 990, Part A, line 25	
		(b) Book value
 \ DT ਦ		2 204
		<u>3,204</u> . 83,407.
		5,851.
		560,975.
		653,437.
	(b) Book value	on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Description USE ASSETS a 15.) on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 ABLE

WICHITA HABITAT FOR HUMANITY, INC.

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

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Sche	dule D (Form 990) 2022 WICHITA HABITAT FOR HUMANI	FY, ING	с.	58-2	1735540 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With			¥
	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	5,858,037.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	5,858,037.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b	-21,351.		
С	Add lines 4a and 4b			4c	-21,351.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,836,686.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per F	teturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				2 (70 210
1	Total expenses and losses per audited financial statements			1	3,670,310.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities			- 1	
b	Prior year adjustments			- 1	
С	Other losses			- 1	
d	Other (Describe in Part XIII.)				0
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	3,670,310.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		01 051	-	
b	Other (Describe in Part XIII.)	4b	-21,351.		04 054
С	Add lines 4a and 4b			4c	-21,351.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,648,959.
Pa	rt 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:

THE ORGANIZATION IS ORGANIZED AS KANSAS NONPROFIT CORPORATION AND HAS BEEN
RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL
INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN
ORGANIZATION DESCRIBED IN SECTION 501(C)(3). THE ORGANIZATION IS QUALIFIED
TO RECEIVE DEDUCTIBLE CHARITABLE CONTRIBUTIONS UNDER SECTION
170(B)(1)(A)(VI) AND (VIII), AND HAS BEEN DETERMINED NOT TO BE A PRIVATE
FOUNDATION UNDER SECTIONS 509(A)(1) AND (3). THE ORGANIZATION IS ANNUALLY
REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM
990) WITH THE IRS. IN ADDITION, THE ORGANIZATION IS SUBJECT TO INCOME TAX
ON NET INCOME
THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR

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11060920 757970 67305

Schedule D (Form 990) 2022 WICHITA HABITAT FOR HUMANITY, INC. 58-1735540 Page 5 Part XIII Supplemental Information (continued)

EXEMPT PURPOSES. THE ORGANIZATION HAS FILED AN EXEMPT ORGANIZATION

BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

THE ORGANIZATION 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 ORGANIZATION 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:

SPECIAL EVENT EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Informat	ion Regarding	Fund	Iraisi	ng or Gaming A	ctivities	C	DMB No. 1545-0047
(Form 990)	e	2022							
Department of the Treasury	Ŭ	-	tach to Form 990 o			m 990-EZ, line 6a. -EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/F	orm990 for instru	ctions	and th	ne latest information			Inspection
Name of the organization		שעשבטעוו		T m 17	T N	10	-	-	ntification number
WICHITA HABITAT FOR HUMANITY, INC. 58-1 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990									
	complete this part		organization answe	erea r	es or	1 Form 990, Part IV, 1	ine 17. Form	990-EZ	. mers are not
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 									
(i) Name and address or entity (fund		(ii) <i>A</i>	Activity	(iii) Did fundraiser have custody or contriol of contributions?			fundraiser to (or retained by)		(vi) Amount paid to (or retained by) organization
				Yes	No				
Total					I				
3 List all states in whi or licensing.	ch the organizatio	n is registered or	licensed to solicit of	contrib	utions	or has been notified	it is exempt	from re	gistration

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

Schedule G (Form 990) 2022

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WICHITA HABITAT FOR HUMANITY, INC.

58-1735540 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 RAISE THE ROOF	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	171,382.			171,382
	2	Less: Contributions	25,021.			25,021
	3	Gross income (line 1 minus line 2)	146,361.			146,361
	4	Cash prizes				
	5	Noncash prizes	62.			62
	6	Rent/facility costs	5,940.			5,940
	7	Food and beverages	5,859.			5,859
L	8	Entertainment	1,000.			1,000
L	9	Other direct expenses				1,000 8,490
ŀ	10	Direct expense summary. Add lines 4 throug				21,351
_		Net income summary. Subtract line 10 from				125,010
-	rt I	 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 	answered "Yes" on Form	1990, Part IV, line 19, or r	reported more than	
Γ			() 51	(b) Pull tabs/instant		(d) Total gaming (ad
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	
	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1 2	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
		Cash prizes	(a) Bingo		(c) Other gaming	col. (a) through col. (a)
	3 4	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
	3 4 5	Cash prizes	(a) Bingo		(c) Other gaming	col. (a) through col. (
-	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	%	bingo/progressive bingo	└── Yes % └── No	col. (a) through col. (
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (
	3 4 5 7 8	Cash prizes	Yes% No No from line 1, column (d)	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (
	3 4 5 6 7 8 Ent	Cash prizes	Yes% No No from line 1, column (d) ucts gaming activities:	bingo/progressive bingo	Yes% □No	col. (a) through col. (a)
	3 4 5 6 7 8 Ent	Cash prizes	h 5 in column (d) 7 from line 1, column (d)	bingo/progressive bingo	Yes% □No	col. (a) through col. (
	3 4 5 6 7 8 Ent	Cash prizes	h 5 in column (d) 7 from line 1, column (d)	bingo/progressive bingo	Yes% □No	col. (a) through col. (c

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Schedule G (Form 990) 2022

Schedule G (Form 990) 2022	WICHITA HABITAT FOR HUMANITY, INC. 58	3-1735540 Page 3
11 Does the organization con	nduct gaming activities with nonmembers?	
	tor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	aming?	Yes No
	f gaming activity conducted in:	
	· · · · · · · · · · · · · · · · · · ·	13 a %
	ess of the person who prepares the organization's gaming/special events books and records:	100 /0
Name		
Address		
Address		
15a Does the organization have	e a contract with a third party from whom the organization receives gaming revenue?	Yes No
15a Does the organization hav		
h If "Vec " enter the emery of	t of gaming revenue received by the organization \$ and the amoun	
		l.
of gaming revenue retaine		
c If "Yes," enter name and a	address of the third party.	
Nome		
Name		
A . II		
Address		
16 Gaming manager informat	tion:	
Name		
Gaming manager compen	nsation \$	
Description of services pro	ovided	
Director/officer	Employee Independent contractor	
17 Mandatory distributions:		
a Is the organization require	ed under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming lic	ense?	Yes No
b Enter the amount of distril	butions required under state law to be distributed to other exempt organizations or spent in th	e
organization's own exemp	ot activities during the tax year \$	
Part IV Supplementa	I Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, lines 9, 9b, 10b,
	17b, as applicable. Also provide any additional information. See instructions.	
232083 10-27-22		hedule G (Form 990) 2022
	33	

Schedule G	(Form 990)	WICHITA	HABITAT	FOR	HUMANITY,	INC.	58-1735540	Page 4
Part IV	(Form 990) Supplemental Inform	mation _{(contin}	ued)					
							Cohodula O /F	orm 0001
222084 04 01 2	0						Schedule G (F	0111 990)

232084 04-01-22

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Dort I

Noncash Contributions

OMB No. 1545-0047

Inspection

Z

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

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

Name of the organization

WICHITA HABITAT FOR HUMANITY Types of D

Employer	identificati	on number

ſ

ΖU **Open to Public**

INC. 58-1735540

га	I Types of Froperty							
		(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 de noncash contribu	termin	0	s
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							
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	v	150 000	766 615				
25	Other (CONSTRUCTION MA)	X	150,000 2,000		SELLING PRI			
26	Other (<u>CONSTRUCTION MA</u>)	X	2,000	270,003.	COST OF SIM	ТГЧ	R M	ATE
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz		•					
	for which the organization completed Form 828	33, Part V, L	onee Acknowledg	ement 29			¥.	
<u> </u>	During the constitution encoded in the			autorius Daut I. Jiana 4 dauguus	h 00 that it		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t		-	•		20-		x
L	exempt purposes for the entire holding period?					<u>30a</u>		
	If "Yes," describe the arrangement in Part II.	olicy that re	quires the review	of any nonstandard contribut	ione?	24		x
31	Does the organization have a gift acceptance p				ions?	31		
328	Does the organization hire or use third parties of		•	· • ·		20-		x
L	contributions?					32a		
	If "Yes," describe in Part II. If the organization didn't report an amount in co	olumn (o) for	a type of property	(for which column (a) is show	ked			
33	describe in Part II		a type of property	nor which column (a) is che	neu,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

Schedule M	(Form 990) 2022	WICHITA	HABITAT FO	OR HUMANITY	, INC.	58-1735540	Page 2
Part II	Supplementa is reporting in Par this part for any a	I Information t I, column (b), th	Provide the inform ne number of contrib	nation required by Pa utions, the number o	rt I, lines 30b, 3 f items received	32b, and 33, and whether the organiza d, or a combination of both. Also com	ation plete
32142 09-09-2	2					Schedule M (Forn	n 990) 202

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.



WICHITA HABITAT FOR HUMANITY, INC. 58-1735540

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

TO BUILD HOMES, COMMUNITIES AND HOPE.

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

HOMES AND THEIR NEIGHBORS' HOMES ALONGSIDE VOLUNTEERS. THEY ALSO MUST

COMPLETE 40 HOURS OF CLASSES IN FINANCIAL LITERACY AND HOME MAINTENANCE

BEFORE PURCHASING THEIR HOMES FROM HABITAT ON A ZERO PERCENT MORTGAGE.

WE ALSO ADVOCATE FOR POLICIES THAT SUPPORT AFFORDABLE HOUSING BECAUSE

OF THE CRITICAL ROLE IT PLAYS IN A FAMILY'S FUTURE SUCCESS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HOMEOWNERSHIP INFORMATION MEETINGS WERE ATTENDED BY 194 PEOPLE AND 638

VIEWS ON THE INFORMATIONAL YOUTUBE VIDEO IN SEARCH OF MORE AFFORDABLE

HOUSING OPTIONS IN SEDGWICK COUNTY.

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

FORM 990 WAS REVIEWED BY DANIELLE JOHNSON, EXECUTIVE DIRECTOR, KIMBERLY CRENSHAW, FINANCE DIRECTOR AND MARK HERBERT, CURRENT BOARD TREASURER, PRIOR TO FILING. THE FORM 990 IS ALSO DISTRIBUTED TO BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: MONTHLY BOARD MEETINGS DISCUSS ANY CONFILICTS OF INTEREST, IF THEY OCCUR. BOARD MEMBERS ARE PROVIDED A COPY OF THE CONFLICT OF INTEREST POLICY

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

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SALARY DATA FOR COMPARABLE EXECUTIVE DIRECTOR SALARIES IS GATHERED AND

Schedule O (Form 990) 2022

1

Name of the organization WICHITA HABITAT FOR HUMANITY, INC.

SCHEDULE R

(Form 990)

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.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 58 - 1735540

Department of the Treasury Internal Revenue Service Name of the organization

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

Name of the organization

WICHITA HABITAT FOR HUMANITY, INC.

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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled iity?
				501(c)(3))		Yes	No
HABITAT FOR HUMANITY INTERNATIONAL -							
91-1914868, 121 HABITAT ST, AMERICUS, GA	CONSTRUCTION OF HOMES FOR			170(B)(1)(A)(
31709-3498	LOW INCOME FAMILIES	GEORGIA	501(C)(3)	VI)			х
	-						
	-						
	-						

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 WICHITA HABITAT FOR HUMANITY, INC.

58-1735540 Page 2

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.

	r an	· , ·									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?			al or Percentage ^{ing} ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No
											<u> </u>
	1										
	1										

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	(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	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)		0. 4000				Yes	No
									\square
									\square

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		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)				
<u>(2)</u>				
(3)				
<u>(4)</u>				
<u>(5)</u>				
(6)				

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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 set 501(c)(3) orgs.? Yes No		(h Dispro tiona allocati Yes) ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership
						163		((1))		

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Part VII Supplemental Information

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

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