

PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2020

Prepared For:

Wichita Habitat for Humanity, Inc. 130 E Murdock St No. 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.

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us as soon as possible.

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Form	990	

Department of the Treasury Internal Revenue Service

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

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.

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

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B	Check if Ipplicab	e: C Name of organization		D Employer identific	ation number			
	Addre chang	WICHITA HABITAT FOR HUMANITY, INC.						
	Name			58-173554	40			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return		102	(316)269-	-0755			
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,583,985.			
	Amen return	WICHITA, KS 6/214-3630		H(a) Is this a group re	turn			
	Applie tion	F Name and address of principal officer: DAM I BILLE OOTTINGON		for subordinates	? Yes 🗶 No			
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
1	Гax-ex	empt status: 🗴 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) d	or 527	If "No," attach a	list. See instructions			
J١	Nebsi	te:▶ WWW.WICHITAHABITAT.ORG		H(c) Group exemption	n number 🕨			
ĸ	orm o	f organization: 🚺 Corporation Trust Association Other 🕨	L Year	of formation: 1986 N	State of legal domicile: KS			
Pa	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities:	ITA HA	BITAT FOR HU	MANITY IS			
nce		A NON-PROFIT CHRISTIAN HOUSING MINISTRY T	HAT BR	INGS PEOPLE	TOGETHER			
Governance	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	ets.			
ove	3	Number of voting members of the governing body (Part VI, line 1a)			24			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			24			
8 8 8	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	37			
/itie	6	Total number of volunteers (estimate if necessary)		6	121			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			-603,574.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.			
				Prior Year	Current Year			
Ð	8	Contributions and grants (Part VIII, line 1h)		2,062,937.	2,298,312.			
nue	9	Program service revenue (Part VIII, line 2g)		766,950.	616,725.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		18,223.	258,284.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-236,434.	-274,815.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,611,676.	2,898,506.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		916,344.	1,022,073.			
us.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		35.	35.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	33.					
Ш	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,425,775.	1,112,199.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,342,154.	2,134,307.			
	19	Revenue less expenses. Subtract line 18 from line 12		269,522.	764,199.			
S OF			Be	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		6,336,142.	7,156,561.			
Net Assets (21	Total liabilities (Part X, line 26)		132,676.	188,896.			
ER ^E	22	Net assets or fund balances. Subtract line 21 from line 20		6,203,466.	6,967,665.			

Part II Signature Block

Т

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

Sign Here		Signature of officer DANIELLE JOHNSON EXECU Type or print name and title Type or print name and	JTIVE DIRECTOR		Date			
Paid		t/Type preparer's name RSHAL HULL	Preparer's signature	Date 08/19	/21	Check if self-employed	PTIN P0071558	6
Preparer	Firn	n's name 🕒 REGIER CARR & MOI	NROE, L.L.P.		Firm's	s EIN ▶ 48	-0573184	:
Use Only	Firn	n's address 🔊 300 W. DOUGLAS AV	VE. STE. 900					
		WICHITA, KS 67202	2-2914		Phon	e no. 316 -	264-2335	
May the I	RS di	scuss this return with the preparer shown above	ve? See instructions				X Yes	No
032001 12-2	3-20	LHA For Paperwork Reduction Act Notic	e, see the separate instructions.				Form 990	(2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

pprof rom 990 or 990 F27 □ Yes [∑] N If 'Yes,' describe theme now services on Schedule 0. □ Yes [∑] N Describe the organization cases conducting, or make significant changes in how it conducts, any 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 expendet. 10: (Cost:		990 (2020) WICHITA HABITAT FOR HUMANITY, INC. 58-1735540 Page 2
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Form 990 (2020) 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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		<u>x</u>
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?			v
	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		-11	<u> </u>
D		11b		x
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X X
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	900	X (2020)
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 Form 990 (2020)
 WICHITA HABITAT FOR HUMANITY, INC.
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 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 (continued)
 Formation (continued)
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			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		
	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		
	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 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 lines 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 in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
4.0	Enter the number reported in Box 3 of Form 1096. Enter Ω if not applicable 13		Yes	No

та	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1 13			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c		
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Form 990 (202				HUMANITY,		
Part V	Statements Regarding Ot	ther IRS Filin	gs and	d Tax Complia	nce _{(continu}	ued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Tes	NO
	filed for the calendar year ending with or within the year covered by this return 2a 37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		х
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 services 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 required	_		77
		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0		8		
9	Sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44-		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		^
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		х
	excess parachute payment(s) during the year?	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

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Form 990	(2020)
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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

X

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.

		1 1			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	24			
	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	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the			-		
5	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			4	х	
4 5	Did the organization make any significant changes to its governing documents since the profile form a Did the organization become aware during the year of a significant diversion of the organization's ass			4 5	21	x
				6		X
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			0		
7a	more members of the governing body?	•		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockholders, 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	ar by the following	:			
а	The governing body?			8a	Х	
	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 read	ched at the				
	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					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•	-	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 201010		110		
	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? // ">	/es," describe				
	in Schedule O how this was done			12c	X	
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	I by independer	nt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	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 in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	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 evaluat	te its participatio	on			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization'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 $igstar{KS}$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (Sectio	on 501(c)(3)s	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other <i>(explair</i>)					
40		n on Schedule O	,	fires		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	inflict of interest	policy, and	nnano	Jai	
~~	statements available to the public during the tax year.	dia and i	•			
20	State the name, address, and telephone number of the person who possesses the organization's bootened of the person who person who possesses the organization's bootened of the person who p	oks and records	▶			
	130 E MURDOCK, SUITE 102, WICHITA, KS 67214					
					990	

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 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 and/or Box 7 of Form 1099-MISC) 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 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 weak fight any hours for weak before meta at weighten with the body line) Description and related organization from the organization (W-2/1099-MISC) Estimated and compensation from the organization (W-2/1099-MISC) (1) ANN FOX ERRECUTIVE DIRECTOR 40.00 X 96,385. 0. 0. (1) ANN FOX ERRECUTIVE DIRECTOR 40.00 X X 96,385. 0. 0. (2) KINBERIX BORNER FINANCE DIRECTOR 40.00 X X 0. 0. 0. (3) BAD WHITE 2.00 X X 0. 0. 0. (4) BILEEN MONICHOL 1.000 X X 0. 0. 0. TRABASORER X X 0. 0. 0. 0. (6) BILM MILLER 1.000 X X 0. 0. 0. (7) BALL MATTHENG 1.000 X X 0. 0. 0. (2) ILL MATTHENG 1.000 X X 0. 0. 0. (3) BAD WHITE 1.000 X 0. <td< th=""><th>(A)</th><th>(B)</th><th></th><th colspan="3">(C)</th><th></th><th></th><th>(D)</th><th>(E)</th><th>(F)</th></td<>	(A)	(B)		(C)					(D)	(E)	(F)
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Form **990** (2020)

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Form 990 (2020) WICH	TA HABITAT	FO	R	HU	MA	NI	TΥ	, INC.	58-1735	<u>5540</u>	Pa	age 8
Part VII Section A. Officers, Directo	rs, Trustees, Key Emp	oloye	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average			Pos	ition			Reportable	Reportable	E	stimate	ed
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	(list any	ector						the	organizations	com	pensat	tion
	hours for	r dire				ted		organization	(W-2/1099-MISC)	fr	rom the	е
	related	stee o	ustee			ensa		(W-2/1099-MISC)		org	janizati	ion
	organizations	al tru:	onal t		loyee	comp					d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	anizatio	ons
	,	lno	- Si	0ff	Key	en,	Ъ			+		
(18) PAMALINE KING-BURNS	1.00								0			~
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(19) SUSAN POOL	1.00											-
BOARD MEMBER		Х						0.	0.	· 		0.
(20) DAN GOEBEL	1.00											
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(21) SUSAN ADDINGTON	1.00											
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(22) BONNIE VOTH	1.00											
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(23) SHAWN CAMPBELL	1.00											
BOARD MEMBER		X						0.	0.	.		0.
(24) JILL MITCHELL	1.00											
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(25) CHET SEARS	1.00									1		
BOARD MEMBER		x						0.	0.	.		0.
(26) ROBERT MOODY	1.00									1		
BOARD MEMBER		x						0.	0.	.		0.
1b Subtotal								179,211.	0.	.†		0.
c Total from continuation sheets to								0.	0.	.†		0.
d Total (add lines 1b and 1c)								179,211.	0.			0.
2 Total number of individuals (includin) wh	o re	· · · ·				
compensation from the organization	-	000	noco	u uo		,	010					0
											Yes	No
3 Did the organization list any forme	officer director trust	oo k		mnl	ove	a or	hia	hest compensated empl				
5			•	•	•		Ŭ	• •	•	3		х
line 1a? <i>If "Yes," complete Schedul</i>For any individual listed on line 1a,										3		
-			-					-	-	4		х
and related organizations greater th										4		
5 Did any person listed on line 1a rec									ual for services	5		Х
rendered to the organization? <i>If</i> "Ye Section B. Independent Contractors	es, " complete Schedule	e J fo	or su	ich r	perso	on .				5	<u> </u>	<u></u>
· · · · · · · · · · · · · · · · · · ·	best compensated ind	000	ndor	.+	two	otor	o th	at reasined mars than ¢	100 000 of company	ation fr		
, , ,									, 1	ation in	וווכ	
the organization. Report compensa		ear e	nair	ig w		or wi			ear.			
Name and b	(A) usiness address	NC	ONE	7				(B) Description of se	ervices	Compe	C) Insatior	n
		110		-								
							+					
							\dashv					
2 Total number of independent contra	actors (including but no	ot lin	niter	tot	thos	e lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the	· •				0		_	,				

Form **990** (2020)

032008 12-23-20

			2020) WICHITA HABIT	AT FOR HU	JMANITY, IN	VC.	58-1735	540 Page 9
Pa	t۱	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin		(=)	((=)
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
<u>ق</u> و			Fundraising events 1c					
ar A			Related organizations 1d					
s, G milå			Government grants (contributions) 1e	246,700.				
Sig			All other contributions, gifts, grants, and					
buti			similar amounts not included above 1f	2,051,612.				
d Otri		g	Noncash contributions included in lines 1a-1f	994,620.				
anc		h	Total. Add lines 1a-1f		2,298,312.			
				Business Code				
ø	2	а	SALE OF HOMES	900099	616,725.	616,725.		
Program Service Revenue		b						
Se		с						
am		d						
Bo		е						
۲ ۲		f	All other program service revenue					
		g	Total. Add lines 2a-2f	►	616,725.			
	3		Investment income (including dividends, intere	est, and				
			other similar amounts)	►	18,811.			18,811.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a	924,952.				
		b	Less: cost or other basis	605 470				
evenue			and sales expenses 7b	685,479.				
eve			Gain or (loss)	239,473.	239,473.	220 472		
Ř	_		Net gain or (loss)	····· •	239,473.	239,473.		
Other R	8	а	Gross income from fundraising events (not including \$ of					
			contributions reported on line 1c). See					
		p.,	Part IV, line 18					
			Less: direct expenses 8b					
	~		Net income or (loss) from fundraising events	▶				
	9	а	Gross income from gaming activities. See					
		F	Part IV, line 19 9a Less: direct expenses 9b					
			Less: direct expenses9b Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
	10	a	and allowances <u>10a</u>					
		h	Less: cost of goods sold 10t					
			Net income or (loss) from sales of inventory					
\rightarrow		č	The meetic of (1033/ norm sales of inventory	Business Code				
sne	11	а	AMORTIZATION OF DISCOUNT ON NON-I	900099	311,509.			311,509.
neo			MISCELLANEOUS REVENUE	900099	17,250.	17,250.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Miscellaneous Revenue			NET SALES MDSE - HABITAT'S RESTOR	453310	-603,574.	, , ,	-603,574.	
Be		-	All other revenue		,		,	
Σ			Total. Add lines 11a-11d	►	-274,815.			
	12		Total revenue. See instructions		2,898,506.	873,448.	-603,574.	330,320.
032009	9 12	-23-						Form 990 (2020)

WICHITA HABITAT FOR HUMANITY, INC. Form 990 (2020) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses **(D)** Fundraising (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 65,509. 179,210. 65,509. 48,192. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 714,147. 478,307. 87,195. 148,645. Other salaries and wages 7 8 Pension plan accruals and contributions (include 18,499. 7,773. 4,819. 5,907. section 401(k) and 403(b) employer contributions) 8,525. 23,128. 44,734. 13,081. Other employee benefits 9 65,483. 40,981. 10,999. 13,503. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 2,048. 2,048. b Legal 13,150. 13,150. С Accounting Lobbying d 35. 35. Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 1,541. 845. 696. column (A) amount, list line 11g expenses on Sch 0.) 16,547. 13,342. 3,205. Advertising and promotion 12 73,745. 46,395. 6,384. 20,966. Office expenses 13 Information technology 14 15 Royalties 18,112. 5,788. 30,935. 7,035. 16 Occupancy 4,895. 4,729. 166. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 17,687. 17,687. Depreciation, depletion, and amortization 22 46,502. 34,856. 5,696. 5,950. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) CONSTRUCTION COSTS 654,432. 654,432. а CONSTRUCTION MATERIALS 195,234. 195,234. h 17,448. 959. 1,449. 15,040. DUES AND SUBSCRIPTIONS С 12,990. 12,990. d REPAIRS

25,045.

10

2,134,307.

e All other expenses Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2020)

4,855.

272,333.

5,270.

229,386.

14,920.

1,632,588.

Form 990 (2020)
Part X Balance Sheet

2020.04011 WICHITA HABITAT FOR HUMAN 67305_1

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			828,600.	1	2,284,319.
	2	Savings and temporary cash investments			617,183.	2	273,393.
	3	Pledges and grants receivable, net			21,579.	3	46,795.
	4	Accounts receivable, net		21,348.	4	107,742.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net	4,337,131.	7	3,837,499.		
Assets	8	Inventories for sale or use			281,496.	8	385,072.
As	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	378,890.			
	b	Less: accumulated depreciation	10b	190,338.	176,860.	10c	188,552.
	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	51,945.	15	33,189.		
	16	Total assets. Add lines 1 through 15 (must equ			6,336,142.	16	7,156,561.
	17	Accounts payable and accrued expenses	16,839.	17	78,685.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
llid		controlled entity or family member of any of the		22			
Lia	23	Secured mortgages and notes payable to unrela			56,534.	23	44,309.
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa	•	F F			
		parties, and other liabilities not included on lines					
			-		59,303.	25	65,902.
	26	of Schedule D Total liabilities. Add lines 17 through 25			132,676.	26	188,896.
		Organizations that follow FASB ASC 958, che	ck here				
es		and complete lines 27, 28, 32, and 33.					
ů Č	27				6,185,571.	27	6,925,562.
3ala	28	Net assets with donor restrictions			17,895.	28	42,103.
Ы		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.					
p	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ec				30	
Åss	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			6,203,466.	32	6,967,665.
z	33	Total liabilities and net assets/fund balances	6,336,142.	33	7,156,561.		
	_ 00						Form 990 (2020)

WICHITA HABITAT FOR HUMANITY, INC. 58-1735540 Page 11

Form	1990 (2020) WICHITA HABITAT FOR HUMANITY, INC.	58-17	35540	Pag	_{je} 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	2,898		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,134	1,30)7.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,19	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,203	3,46	56.
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	6,967	7,60	55.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2020)

032012 12-23-20

SCHEDU	LE A
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ))
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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							
2020							
Open to Public Inspection							
identification number							

Name of the organization

Name	lame of the organization Employer identification number												
			<u>r for humani</u>					8-1735540					
Par	t I Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.						
The o	rganization is not a private found	dation because it is: (F	For lines 1 through 12, c	heck only	one box.)								
1	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).							
2	A school described in sect	tion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)								
3	A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(ii	i).							
4	A medical research organiz	zation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,					
	city, and state:												
5	An organization operated f	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in					
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).							
7	An organization that norma	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	section 170(b)(1)(A)(vi). (Complete Part II.)											
8	A community trust describ	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)									
9	An agricultural research or	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college					
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or					
	university:												
10	X An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from					
	activities related to its exer	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment					
	income and unrelated busi	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.					
	See section 509(a)(2). (Co	mplete Part III.)											
11	An organization organized	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).							
12	An organization organized	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or					
	more publicly supported or	rganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section &	509(a)(3). 🤇	Check the box in					
	lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.						
а	Type I. A supporting org	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving					
	the supported organizati	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting					
	organization. You must	complete Part IV, Se	ections A and B.										
b	Type II. A supporting or	ganization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ring					
	control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported					
	organization(s). You mus	st complete Part IV,	Sections A and C.										
С	Type III functionally inte	egrated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,					
	its supported organization	on(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.							
d	Type III non-functional	y integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)					
	that is not functionally in	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness					
	requirement (see instruct	tions). You must con	nplete Part IV, Sections	A and D,	and Part	v .							
е	Check this box if the org	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III						
	functionally integrated, o	r Type III non-functior	nally integrated supportion	ng organiz	ation.			· · · · · · · · · · · · · · · · · · ·					
	Enter the number of supported	•											
g	Provide the following informatio			(iv) is the ora:	anization listed	())							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)					
	organization		above (see instructions))	Yes	No		istructions)						
Total													

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 WICHITA HABITAT FOR HUMANITY, INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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)						
	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support	1	I	1	1	1	1
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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 instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and sto						►
Se	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2020 (line 6, column (f), d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2019					15	%
16 a	33 1/3% support test - 2020. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	ix and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly s	supported organization	ation			►
17a	10% -facts-and-circumstances test	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstanc	es test, check this	box and stop he	e re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	blicly supported o	organization		►
b	10% -facts-and-circumstances test	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	/ supported organi	zation	►
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a	nd see instruction	s 🕨
					Seb	dulo A (Earm 00() or 990-E7) 2020

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 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.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not									
	include any "unusual grants.")	2103851.	1984262.	1863499.	2062937.	2298312.	10312861.			
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				766,950.					
3	Gross receipts from activities that	010,1000		1,1,0100	,,		01100101			
U	are not an unrelated trade or bus- iness under section 513									
4	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to									
	the organization without charge	2722290.	2514946.	2337848.	2829887.	2154510	13559481.			
	Total. Add lines 1 through 5	2722290.	2514940.	233/040.	202900/.	5154510.	13339401.			
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.			
c	Add lines 7a and 7b						0.			
	Public support. (Subtract line 7c from line 6.)						13559481.			
Sec	ction B. Total Support				•					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
9	Amounts from line 6	2722290.	2514946.	2337848.	2829887.	3154510.	13559481.			
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,147.	2,420.	3,562.	10,099.	18,811.	37,039.			
h	Unrelated business taxable income	2,11,0	2,120.	5,502.	10,055	10,011.	57,055.			
	(less section 511 taxes) from businesses acquired after June 30, 1975	1252244	462 421.	417 098.	463,247.	476 988.	3071998.			
	Add lines 10a and 10b	1254391.	464,841.		473,346.					
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		101/0110		1,0,0100					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	338,437.			346,660.					
13	Total support. (Add lines 9, 10c, 11, and 12.)	4315118.	3356457.	3166673.	3649893.	3979068.	18467209.			
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3) organizatio	on,			
	check this box and stop here	<u></u>					►			
Sec	ction C. Computation of Publi	c Support Per	centage							
15	Public support percentage for 2020 (I	ine 8, column (f), di	ivided by line 13, c	olumn (f))		15	73.42 %			
	Public support percentage from 2019					16	70.32 %			
	ction D. Computation of Inves					I I	16.04			
	Investment income percentage for 20			ne 13, column (f))		17	<u>16.84 %</u>			
	Investment income percentage from a					18	20.39 %			
19a	a 33 1/3% support tests - 2020. If the									
	more than 33 1/3%, check this box ar									
b	33 1/3% support tests - 2019. If the									
•••	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th						
03202	23 01-25-21		15		Sch	edule A (Form 990	or 990-EZ) 2020			

2020.04011 WICHITA HABITAT FOR HUMAN 67305_1

Schedule A (Form 990 or 990-EZ) 2020 WICHITA HABITAT FOR HUMANITY, INC.

58-1735540 Page 4

1

2

3a

Yes No

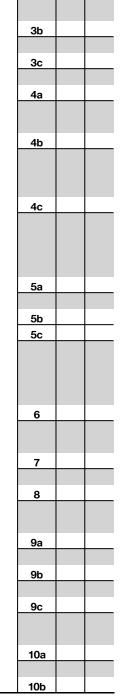
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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.)

032024 01-25-21



Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 WICHITA HABITAT FOR HUMANITY, INC.

Ра	rt IV Supporting Organizations (continued)			U
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	-		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			Vaa	Na
	Did the exercitation provide to each of its supported exercitations, by the last day of the fifth month of the		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			
2	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 in line 2, above, did the organization's supported organizations have a			
Ū	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		
Sec	tion 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.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	<u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 in 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.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

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	dule A (Form 990 or 990-EZ) 2020 WICHITA HABITAT FOR HU			58-1735540 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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-function	ally integrate	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

instructions).

Schedule A (Form 990 or 990-EZ) 2020 WICHITA HABITAT FOR HUMANITY, INC.

Par	i v Type in Non-Functionally integrated 509	a)(s) supporting Orga	inizations (continu	ued)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	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 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
<u> i</u>	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	(Form 990 or 990-EZ)	2020 WICHITZ	A HABITAT	FOR HUI	MANITY,	INC.	58-1735540	Page 8
Part VI	Supplemental In Part IV, Section A, lin	nformation. Prones 1, 2, 3b, 3c, 4b,	vide the explanation 4c, 5a, 6, 9a, 9b,	ons required b 9c, 11a, 11b,	y Part II, line [.] and 11c; Part	10; Part II, line IV, Section B, I	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	с,
	Section D, lines 5, 6, (See instructions.)	and 8; and Part V,	Section E, lines 2,	5, and 6. Also	complete thi	is part for any a	dditional information.	
032028 01-25-2	1			20		Sc	hedule A (Form 990 or 990-	EZ) 2020
				20				

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

Name of the organizatio		Employer identificat
	WICHITA HABITAT FOR HUMANITY, INC.	58-1735540
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox{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 or 990-EZ), 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 $e_{XClusively}$ 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 $e_{XClusively}$ 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 \dots \blacktriangleright \$______

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Employer identification number

58-1735540

WICHITA HABITAT FOR HUMANITY, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

			1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1 </u>		\$ <u>90,000.</u>	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
<u>2</u> 		\$ <u>85,000.</u>	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
<u> </u>		\$ <u>70,000.</u>	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
<u>4</u>		\$ <u>50,000.</u>	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.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

09560819 757970 67305

Page 3

Employer identification number

58-1735540

WICHITA HABITAT FOR HUMANITY, INC.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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
		 \$	

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Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 4			
Name of o	rganization		Employer identification number			
WICHI	TA HABITAT FOR HUMANITY	. INC.	58-1735540			
Part III	Exclusively religious, charitable, etc., contribut	tions to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. once.) \$			
(a) No.	Use duplicate copies of Part III if additional	space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		e) Transfer of gift	I			
		(0) 112110101 01 311				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
-		e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift				
-	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
-			Relationship of transferor to transferee			
023454 11-25	5-20		Schedule B (Form 990, 990-EZ, or 990-PF) (2020)			

2020.04011 WICHITA HABITAT FOR HUMAN 67305__1

SCHEDULE [)
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Department of the Treasury

Internal Revenue Service

9 0)

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.



WICHITA HABITAT FOR HUMANITY, INC. Employer identification number 58-1735540

Par			or Ac	counts	 Complete if the 	
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds	and other account	S
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 v	vriting that the assets held in donor advis	sed fund	s		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used or	ıly		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferri	ng		
	impermissible private benefit?				Yes	No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).				
	Preservation of land for public use (for example, recreat			• •	portant land area	
	Protection of natural habitat	Preservation of	of a certif	ied histor	ric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a cor	servatior	easement on the	last
	day of the tax year.				eld at the End of the	Tax Year
а	Total number of conservation easements			2a		
b				2b		
	Number of conservation easements on a certified historic stru			2c		
d	Number of conservation easements included in (c) acquired a					
•	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organiz	zation dur	ing the tax	
	year ▶					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the peri				Yes	Na
6	violations, and enforcement of the conservation easements it					No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landing of violations, and emorcing con	Servation	i easeine	ints during the yea	ſ
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and onforcing consorv	otion oos	omonte d	luring the year	
•	S	ing of violations, and enforcing conserve			anng the year	
8	Does each conservation easement reported on line 2(d) above	e 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				100	
•	balance sheet, and include, if applicable, the text of the footne	•			es the	
	organization's accounting for conservation easements.	0				
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Si	milar A	ssets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and bala	nce shee	t works	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in f	urtheran	ce of pub	lic	
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these iter	ns.			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance	sheet wo	orks of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance	of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X			▶ \$_		
2	If the organization received or held works of art, historical trea		al gain, p	orovide		
	the following amounts required to be reported under FASB AS	-				
а	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X			▶ \$		
	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form 9	90) 2020
032051	12-01-20	25				
		<u> </u>				

2020.04011 WICHITA HABITAT FOR HUMAN 67305__1

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization acquisition, accession, and other records, check any of the following that make significant use of its collection term (check all that apply): d Loan or exchange program b Bcholarly research 0 Other Other c Provide acciption of thore organization societions and explain how they further the organization seempt purpose in Part XIII. During the year, did the organization societion? Yes No Particle acciption of thore organization societion? Yes No Provide acciption of thore organization societion? Yes No Particle anamount on form 900, Part X, line 21. Escrow and Custodial Arrangements. Complete the following table: Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Yes No b If "Yes," explain the arrangement in Part XIII check here If the explanation in acuted an amount on Form 990, Part X, line 21, for escrow or custodial account lability? Yes No b If Yes," explain the arrangement in Part XIII Check here If the explanation in acuted on Part XIII Particle Status of Difference Image: Difference c Differencymark taming, gains, and losses Image: Difference<			HABITAT F							35540	
collection terms (check all that apply): Provide a cohibition Control the organization is collections and explain how they further the organization's exempt purpose in Part XIII. Provide a calculation is collections and explain how they further the organization's exempt purpose in Part XIII. Diamy the year, did the organization solution or and the organization collection? Yes No Particle coll calculation and then to be maintained as part of the organization collection? Yes No Particle coll calculation and then to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 2, no reportated an anount on Form 990, Part X, line 21, for serve or cutstollal account liability? Yes No b If "Yes," explain the arrangement in Part XIII Check here if the organization answered "Yes" on Form 990, Part X, line 2, 1 Yes No b If "Yes," explain the arrangement in Part XIII Check here if the organization answered "Yes" on Part XIII Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the organization answered "Yes" on Part XIII Part Y is a coll the organization include an anount on Form 990, Part X, line 2, for escrew or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the organization include an anount on Form 990, Part X, line 10. Inter yexplain the arr										(continu	<u>lea)</u>
a Public exhibition d □ can or exchange program b Scholarly research e □ Other	-			o, on oon		in a second second		9			
b Scholary research e Other	а	· · · · · ·	d	ı 🗆 I	Loan or exc	hange progra	am				
c Preservation for future generations 4 Provide a description of the organization solic of receive donations of at, historical treasures, or other similar assets to be sold to raise funds rather than to be maritalined as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes No. 1a Is the organization on Form 990, Part X, line 21. Is the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes No. 1a Is the organization on agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table:	b	Scholarly research	е								
S During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection? Yes No Part M Escrow and Outstodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. Ine 21. Is the organization an agent, fustsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance C Beginning balance C If Yes, "explain the arrangement or Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Tending balance (b) Prior year (c) Trony ears back (d) Three years back (d) Three years back (d) Four year years back	с	Preservation for future generations									
top out for raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No. 16 Is a state organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No. 17 Is of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No. 18 If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No. 14 Isolation include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No. 16 If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No. 14 Beginning of year balance [a] Current year (b) Prior year (c) Two years back (d) Three years back	4	Provide a description of the organization's co	pllections and explair	how the	ey further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X Yes No b If "Yes," explain the arrangement in Part XII and complete the following table:	5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	er similar	assets			
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 1d c Beginning balance 1d 1d 1d d Additions during the year 1d 1d 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 10. Image: the agent is the agent is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 10. Image: the agent is th											No
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on Form 990, Part X? Yes No b If 'Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d 1d d Additions during the year 1d 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No fa Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back in the organization instructions (a) Carrent year (b) Prior year (c) Two years back (d) Three years back in the postentiation or scholarships. (b) Prior year (c) Two years back in the postentiation is the postentiation in the postentiation in the postentiation in the postention that are held and administered for the organi		reported an amount on Form 990, Par	rt X, line 21.								
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	contribution	s or other ass	sets not i	included			
c Beginning balance Id d Additions during the year Id e Distributions during the year Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Ves No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Ves No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Ves No 2 Protein the arrangement in Part XIII. Check here if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: State St										Yes	No
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d Additions during the year 1d e Distributions during the year 1d f Ending balance 1t 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c Ret investment examings, gains, and losses (a) Current year (b) Prior year (c) Two years back (e) Four years back d Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back g End of year balance (a) Current year end balance (line 1g, column (a) held as: (a) Conservations (a) Conservations (b) Provide the estimated percentage of the current year end balance (line 1g, column (a) held as: (a) Coasi-padewent >										Amount	
e Distributions during the year 1e f Ending balance 1f 2n Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2n Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2n Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (e) Four years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back c Other expenditures for facilities (a) Corrent year endowment (b) Prior year (c) Two years back (e) Four years <td></td>											
f Ending balance											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? (b) Prior year (c) Two years back (d) Three years back (e) Four years back Complete fithe explanation has been provided on Part XIII. Control to sears back (d) Three years back (e) Four years back Control to sears back (d) Three years back (e) Four years back Control to sears back if (d) Three years back (e) Four years back Control to seponditions Control to seponditions A dynamication answered 'Yes' on Form 900, Part X, line 10. Decord to ganization											
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(a) Current year (b) Prior year (c) Two years back (c) food year b									<u></u>		
1a Beginning of year balance		Completer							ears back	(e) Four	vears back
b Contributions	1a	Reginning of year balance	(u) ourrent your	(5)	nor your		10 Duoit		ouro buok		youro buok
c Net investment earnings, gains, and losses											
d Grants or scholarships											
e Other expenditures for facilities and programs											
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % c Term endowment ▶ % c Term endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % b iii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations iii) Related organizations (iii) Related organizations isted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings 1a Land b Buildings 14 9, 984. 37, 215. 112, 769. c Leasehold improvements 14 Equipment 228, 906. 153, 123. 75, 783.											
f Administrative expenses		-									
g End of year balance	f										
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d Perturn ≥ 28, 906. 153, 123. 75, 783.											
b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a))) held as:					
c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) ag(ii) are the related organization's endowment funds. (i) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (investment) (b) Cost or other depreciation (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (f) Book value depreciation 1a Land 149,984. 37,215. 112,769. Leasehold improvements (a) Cup and and addition a	а	Board designated or quasi-endowment		_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 149,984. 37,215. 112,769. C Leasehold improvements d Equipment e Other 228,906. 153,123. 75,783.	b	Permanent endowment	%								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 149,984. 37,215. 112,769. c Leasehold improvements 228,906. 153,123. 75,783.	С	Term endowment	%								
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(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value Description of property (a) Cost or other basis (other) 149,984. 37,215. 112,769. t Leasehold improvements Image: Colspan="2">Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Image: Colspan="2">Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value Image: Description of property Image: Description of property Image: Description of Property Image: Description of Property Image: Description of Property		-									Yes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 1a Land b Buildings c Leasehold improvements d Equipment e Other 228,906. 153,123. 75,783.											
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land										36	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 149,984. 37,215. 112,769. c Leasehold improvements 228,906. 153,123. 75,783.	_			wment fl	unas.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land) Part IV	line 11a S	ee Form 990	Part X	line 10			
basis (investment) basis (other) depreciation 1a Land		· · · · ·							^{vd}		value
1a Land 149,984. 37,215. 112,769. b Buildings 149,984. 37,215. 112,769. c Leasehold improvements 228,906. 153,123. 75,783. e Other 228,906. 153,123. 75,783.		Description of property			• •						value
b Buildings 149,984. 37,215. 112,769. c Leasehold improvements 228,906. 153,123. 75,783. d Equipment 228,906. 153,123. 75,783.	1a	Land		,		<u>,</u> ,					
c Leasehold improvements					14	9,984.		37,2	15.	112	,769.
d Equipment 228,906. 153,123. 75,783.								,			
e Other											
					22	8,906.		153,12	23.	75	,783.
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. colum	n (B). line 1	0c.)				188	,552.

Schedule D (Form 990) 2020

Complete if the organization answered "Yes" (a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	(2) 2001 1220		
 (1) Financial derivatives (2) Closely held equity interests 			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	I		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)			()
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	<u>e 15.)</u>	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PAYROLL & SALES TAXES PAY	ABLE		4,368.
(3) ACCRUED SALARIES AND VACA	TION		56,475.
(4) CAPITAL LEASE PAYABLE			5,059.
(5)			
(6)			
(7)			
(8)			
(9)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	0.05 \		65,902.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🚺

Schedule D (Form 990) 2020

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_	edule D (Form 990) 2020 WICHITA HABITAT FOR HUMA			L735540 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State		e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,898,506.
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	2,898,506.
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	4a		
b	Other (Describe in Part XIII.)	4b		
			1.1	0.
С	Add lines 4a and 4b		<u>4c</u>	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part 1, line 12.)		5	2,898,506.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. <i>(This must equal Form 990, Part I, line 12.)</i> rt XII Reconciliation of Expenses per Audited Financial State		5	2,898,506.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part 1, line 12.)	ements With Expens	5	2,898,506. I.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ements With Expens	5 ses per Return	2,898,506.
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With Expens	5 ses per Return	2,898,506. I.
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	ements With Expens	5 ses per Return	2,898,506. I.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ements With Expens	5 ses per Return	2,898,506. I.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2a 2b 2b	5 ses per Return	2,898,506. I.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	5 ses per Return	2,898,506. I.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	5 ses per Return	2,898,506. 2,134,307. 0.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	5 ses per Return 1 2e	2,898,506. 2,134,307.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	5 ses per Return 1 2e	2,898,506. 2,134,307. 0.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 12a. 2b 2c 2d	5 ses per Return 1 2e	2,898,506. 2,134,307. 0.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	5 ses per Return 1 2e	2,898,506. 2,134,307. 0.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 12a. 2b 2b 2c 2d 2d 4a 4b	5 ses per Return 1 2e 3	2,898,506. 2,134,307. 2,134,307. 0. 2,134,307. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 12a. 2b 2b 2c 2d 2d 4a 4b	5 ses per Return 1 2e 3 3	2,898,506. 2,134,307. 2,134,307. 0. 2,134,307.

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

28

032054 12-01-20

Schedule D (Form 990) 2020

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2020.04011 WICHITA HABITAT FOR HUMAN 67305_1

Schedule D (Form 990) 2020 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.

Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public

Inspection

Employer identification number

58-1735540

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

WICHITA HABITAT FOR HUMANITY, INC.

Pai	TI I ypes of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determin ontribution ar		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							
25	Other (CONSTRUCTION)	Х	150,000	799,386.	SELLING	PRICE O	OF I	DON
26	Other (CONSTRUCTION)	Х	2,000	195,234.	COST OF	SIMILA	R MZ	ATE
27	Other ► ()							
28	Other ► (
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement				-
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties o	or related or	ganizations to solid	cit, process, or sell noncash				

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

contributions?

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

Schedule M (Form 990) 2020

32a

х

032141 11-23-20

Schedule M	(Form 990) 2020	WICHITA	HABITAT	FOR	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 dditional informat	 Provide the ir e number of co tion. 	nformation ntribution	n required by Part I is, the number of it	, lines 30b, 32 ems received,	b, and 33, and whether the organizati or a combination of both. Also compl	on ete
							.	
032142 11-23-2	20				2.1		Schedule M (Form S	990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

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 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

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 504 PEOPLE IN

SEARCH OF MORE AFFORDABLE HOUSING OPTIONS IN SEDGWICK COUNTY.

FORM 990, PART VI, SECTION A, LINE 4:

THE BOARD AMENDED THEIR BYLAWS FOR A CHANGE IN THEIR CONFLICT OF INTEREST POLICY AND TO REMOVE REFERENCES TO COMMITTEE STRUCTURE, TO ALLOW COMMITTEES TO BE ESTABLISHED BY RESOLUTION OF THE BOARD, AND TO CLARIFY THE AUTHORITY THE BOARD CHAIR. OF

FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 WAS REVIEWED BY DANIELLE JOHNSON, EXECUTIVE DIRECTOR, KIMBERLY CRENSHAW, FINANCE DIRECTOR AND SUSAN POOL, CURRENT BOARD TREASURER, PRIOR TO FILING. THE FORM 990 IS ALSO DISTRIBUTED TO BOARD MEMBERS PRIOR TO FILING.

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Name of the organization	Page 2 Employer identification number
WICHITA HABITAT FOR HUMANITY, INC.	58-1735540
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:

SALARY DATA FOR COMPARABLE EXECUTIVE DIRECTOR SALARIES IS GATHERED AND

REVIEWED BY THE BOARD OF DIRECTORS ON AN AT LEAST ANNUAL BASIS

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE FOR INSPECTION BY REQUEST AT THE

OFFICES NOTED ON PAGE 6, SECTION C, LINE 20 OF FORM 990.

FORM 990, PART XII, LINE 2C

THE BOARD OF DIRECTORS REVIEWS THE AUDITED FINANCIAL STATEMENTS AND

SELECTS THE INDEPENDENT ACCOUNTANT TO PERFORM THE AUDIT.

032212 11-20-20

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(F	000	

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 58 - 1735540

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Department of the Treasury Internal Revenue Service 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 ity?
				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) 2020

Schedule R (Form 990) 2020 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	-		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	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	alloca	ortionate ations?	amount in box 20 of Schedule	Gene mana partr	iging her?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	

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

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

Schedule R (Form 990) 2020 WICHITA HABITAT FOR HUMANITY, INC.

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
	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)			
(2)			
<u>(3)</u>			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2020 WICHITA HABITAT FOR HUMANITY, INC.

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 se 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h) Dispro tiona allocation Yes	Code V-UBI amount in box 2 ons? of Schedule K-	(j) General of managin partner? Yes No	(k) Percentage ownership
						103			

Schedule R (Form 990) 2020

Part VII Supplemental Information

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

Schedule R (Form 990) 2020

032165 10-28-20

EL DORADO	PO BOX 847	EL DORADO, KS 67042-0847	316-321-1150
McALESTER	101 S. 2ND. STE. B	McALESTER, OK 74501-5345	918-426-1234
TUCSON	4801 E. BROADWAY BLVD., STE. 501	TUCSON, AZ 85711-3648	520-624-8229
TULSA	4200 E. SKELLY DR., STE. 560	TULSA, OK 74135-3209	918-494-8700
WAGONER	611-D W. CHEROKEE ST.	WAGONER, OK 74467-4618	918-485-5531
WICHITA	300 W. DOUGLAS AVE., STE. 900	WICHITA, KS 67202-2914	316-264-2335