PUBLIC DISCLOSURE COPY WICHITA HABITAT FOR HUMANITY, INC. 12/31/2023



** 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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

ΑΙ	or the	e 2023 calendar year, or tax year beginning and	enaing		
В	Check if applicabl	C Name of organization		D Employer identified	cation number
	Addre	e WICHITA HABITAT FOR HUMANITY, INC.			
	Name chang	Doing business as		58-17355	40
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 130 E MURDOCK ST	Room/suite 102	E Telephone number (316)269	
	return termin ated		102	G Gross receipts \$	4,558,391.
	Amen				
	return Applic			H(a) Is this a group re	
	tion pendir	F Name and address of principal officer: KIMBEKUI CKABIKEE		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1	list. See instructions
	Websi			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1986 N	1 State of legal domicile; KS
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities: WICH			
Activities & Governance		A NON-PROFIT CHRISTIAN HOUSING MINISTRY E			
ž	2	Check this box if the organization discontinued its operations or dispos	sed of more	1 1	
Š	3			3	23
رى ق	4	Number of independent voting members of the governing body (Part VI, line 1b)			23
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			40
ξ	6	Total number of volunteers (estimate if necessary)			2311
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)		5,034,768.	2,682,578.
Revenue	9	Program service revenue (Part VIII, line 2g)		908,513.	1,487,176.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		40,527.	147,929.
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-147,122.	-443,645.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,836,686.	3,874,038.
	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.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,245,630.	1,361,228.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	. в	Total fundraising expenses (Part IX, column (D), line 25) 218,79	82.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,403,329.	2,502,836.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,648,959.	3,864,064.
	19	Revenue less expenses. Subtract line 18 from line 12		2,187,727.	9,974.
or	3	•		ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		9,814,209.	9,604,765.
ASS	21	Total liabilities (Part X, line 26)		857,143.	637,725.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		8,957,066.	8,967,040.
Pa	art II	Signature Block			•
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule:	s and stateme	ents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich preparer	has any knowledge.	
		COPY			
Sig	n	Signature of officer		Date	
Her		KIMBERLY CRABTREE, FINANCE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Paid	i	MARSHAL HULL MARSHAL HULL	lo	9/05/24 if self-employe	P00715586
	parer	Firm's name REGIER CARR & MONROE, L.L.P.			8-0573184
	Only	Firm's address 300 W. DOUGLAS AVE. STE. 900			
		WICHITA, KS 67202-2914		Phone no 31	6-264-2335
May	/ the II	RS discuss this return with the preparer shown above? See instructions		1. 110110 110.0 2	X Yes No
	,o II	Denomination Destruction Act Nation and the community instructions			163 NO

Check 1 Schedule O contains a response or not to any line in this Part III Findly describe the organization simistics: WE PARTNER WITH HARD-WORKING PEOPLE IN OUR COMMUNITY TO BUILD, RENOVARE AND PRESERVE HOMES. OUR MODEL IS DESIGNED TO PREPARE FAMILIES TO BE SUCCESSFUL, SELF-RELIANT HOMEOWNERS. FAMILIES WHO PARTHER WITH US ARE REQUIRED TO INVEST 250-400 HOURS OF SWATE ROUTY, WORKING ON 2 Did the organization undertake any significant program services during the year which were not listed on the proof Form 300 of 990-E27 If 'Yes,' describe these new services on Schedule O. 3 Did the organization cause conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reschiele, Hardy for each program service exported. 1. WE RAD 16 PARMILIES WORK ALONGSTOR VOLUNTERRS TO BUILD SAPE, APFORDABLE HOMES THEY PURCHASED ON ZERO PERCENT INTEREST MORTGAGES. THROUGH OUR HOMEOWNERSHIP PROGRAM. THESE TAMILIES — WHICH INCLIDE 30 CHILDREN — ACHIEVED STABILITY AND INDEPENDENCE. NEW CONSTRUCTION WAS CONCENTRATED THE ARRAY THE REAL TO MAKEN USE OF EXISTING IMPRASTRUCTURE AND SUPPORTING COMMUNITY REVITALIZATION. IN ADDITION, WE PARTHERED WITH 31 QUALIFIED PARMILIES AND OFFERED HOME REFAIR SERVICES THROUGHOUT SEDOWICK COUNTY SO HOMEOWNERS CAN CONTINUE TO LIVE IN ASPE, DECENT HOMENTY PROPRESE TO COME. 2. WICHITA HABITAT FOR HUMANITY EMPOWERED LOCAL FAMILIES AND OFFERED HOME REFAIR SERVICES THROUGHOUT SEDOWICK COUNTY SO HOMEOWNERS CAN CONTINUE TO LIVE IN ASPE, DECENT HOMENTY SERVICES TO SUPPORT IN THE PORTY OF THE COMMUNITY OF THE CONTINUE TO LIVE IN A SAFE, DECENT HOMENTY SERVICES TO SUPPORT IN THE PORTY OF THE COMMUNITY SERVITALIZATION. 2. WICHITA HABITAT FOR HUMANITY EMPOWERS TO COME. 2. WICHITA HABITATE TOR HUMANITY EMPOWERS TO COME. 3.3373,238. 46 TOME PROGRAM SERVICES SERVICES SCHOOLS SERVICES SERVICES SCHOOLS SERVICES SERVICES SC	Pai	t III Si	tatement of Program Service Accomplishments	
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	4e	Total pro		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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 Rev. Proc. 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
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	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	11d		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			٠,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
_	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		х
	domestic government on Fartiz, condimition, line 1: IT Yes, complete Schedule I, Parts I and II	41		_ 43

Form 990 (2023) WICHITA HABITAT FOR HUMANITY, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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		<u> </u>
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	04-		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f	28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
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		<u> </u>
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	21	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 18 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
D.	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c	Х	
			000	

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Form 990 (2023) WICHITA HABITAT FOR HUMANITY, INC.

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

	. (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	110
	filed for the calendar year ending with or within the year covered by this return 2a 40			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
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		X
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		X
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		_X_
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			
	to file Form 8282?	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
^	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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		_X_
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_X_
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1	X
It filter are material differences in voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee to a management of other person? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes, Yes, Yes, Yes, Yes, Yes, Yes, Yes,	
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body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent	
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16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	
taxable entity during the year?	Х
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	
exempt status with respect to such arrangements?	
Section C. Disclosure	
17 List the states with which a copy of this Form 990 is required to be filed KS	
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) availa	ole
for public inspection. Indicate how you made these available. Check all that apply.	
Own website Another's website X Upon request Other (explain on Schedule O)	
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial	
statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records	
THE ORGANIZATION - (316)269-0755	
130 E MURDOCK, SUITE 102, WICHITA, KS 67214	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	Orga		(C Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	heck i ss per id a di	son is	s both	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer		Highest compensated Signature Brighten		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DANIELLE JOHNSON	40.00	-								
EXECUTIVE DIRECTOR				Х				97,516.	0.	0.
(2) KIMBERLY (CRENSHAW) CRABTREE	40.00	4						00.004		•
FINANCE DIRECTOR				Х				90,994.	0.	0.
(3) CHRIS BOHM CHAIR	2.00	х		х				0.	0.	0.
(4) SHAWN CAMPBELL	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) MARK HERBERT	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) PAMALINE KING-BURNS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) BILL MATTHEWS	1.00									
BOARD MEMBER/LEGAL COUNSEL		Х						0.	0.	0.
(8) CHET SEARS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ANN PATTERSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JIM BOONE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) EILEEN MCNICHOL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) SUSAN ADDINGTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) BRAD WHITE	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(14) BONNIE VOTH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) CHRIS BEASLEY	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(16) CHRIS MADSEN	1.00	l						_	_	_
BOARD MEMBER	1 2 2 2	Х						0.	0.	0.
(17) DAN GOEBEL	1.00	 								_
BOARD MEMBER		X						0.	0.	0 .

Form 990 (2023) WICHITA I	HABITAT	FU	K_	пU	MA	71/I T	.T. X	, INC.	20-1/35	540 Page 6
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	Hi	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl	ss per	more son i	than o s both or/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) GEORGE RANDALL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(19) NANCY KOWALSKI BOARD MEMBER	1.00	Х						0.	0.	0.
(20) NICK FLORES	1.00								•	
BOARD MEMBER		Х						0.	0.	0.
(21) PETE LOECKE BOARD MEMBER	1.00	Х						0.	0.	0.
(22) SARAH LOPEZ	1.00	Λ						· ·	0.	· ·
BOARD MEMBER	1.00	Х						0.	0.	0.
(23) SUSAN POOL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(24) VALERIA WHITE BOARD MEMBER	1.00	х						0.	0.	0.
1b Subtotal	1						l	188,510.	0.	0.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)		······	······				·-	188,510.	0.	0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	0

compensation from the organization

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

Section B. Independent Contractors

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

the organization: rieport compensation for the calculating year chaining with or within		
(A) Name and business address	(B) Description of services	(C) Compensation
ONOVO LLC 5232 NEWTON CIRCLE, PARK CITY, KS 67219	CONSTRUCTION	119,805.
2222 MINION CINCIL, IMM CITT, NO 07213	CONDINGCITON	119,003.
2 Total number of independent contractors (including but not limited to those listed	I l above) who received more than	

_		Check if Schedule O contains a response of	or note to anv lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							300010113 0 12 0 14
nts	1 a	Federated campaigns 1a					
ira ou	b	Membership dues	100 105				
s, (Am	С		<u>138,105.</u>				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d					
s, (imi	е	Government grants (contributions) 1e					
ion r S	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f 2,	544,473.				
Öţţ	g		197,028.				
Son	h	Total. Add lines 1a-1f		2,682,578.			
<u> </u>			Business Code	, ,			
•	2 2	SALE OF HOMES		1,487,176.	1 487 176.		
/ice	2 a		331330	1,10,,1,00	1,10,,1,00		
er ne	b						
n S	С						
Program Service Revenue	d						
roç	е						
Δ.		All other program service revenue		1 400 100			
	g	Total. Add lines 2a-2f		1,487,176.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		79,306.			79,306.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	ı a		747,205.				
		-	747,203				
•	D	Less: cost or other basis	678,582.				
ň			68,623.				
ève		Gain or (loss) 7c		60 602	60 600		
her Revenue		Net gain or (loss)	 T	68,623.	68,623.		
ihe!	8 a	Gross income from fundraising events (not					
₽		including \$ 138,105. of					
		contributions reported on line 1c). See	_				
		Part IV, line 188a	0.				
	b	Less: direct expenses8b	5,771.				
	С	Net income or (loss) from fundraising events		-5,771.			-5,771 .
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	h	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
_		Net income or hossy from sales of inventory	Business Code				
ns	44 -	AMORTIZATION OF DISCOU	531390	276,421.	276,421.		
je o	ıı a	MISCELLANEOUS REVENUE	531390	16,061.	16,061.		
llar	b						
Miscellaneous Revenue	С	NET SALES MDSE - HABIT	459900	-730,356.	-730,356.		
Σ̈́	d	All other revenue		127 071			
		Total. Add lines 11a-11d		-437,874.	1 117 005	^	72 525
	12	Total revenue. See instructions		3,874,038.	µ,⊥⊥/,9⊿5•	0.	73,535.

	Check if Schedule O contains a respons	e or note to any line in t			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 510	60 076	60 076	40 550
	trustees, and key employees	188,510.	69,876.	69,876.	48,758
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	001 000	F.C.C. 204	100 400	106 001
7	Other salaries and wages	981,092.	766,384.	108,487.	106,221
8	Pension plan accruals and contributions (include	20 722	11 015	4 054	2 052
_	section 401(k) and 403(b) employer contributions)	20,722.	11,815. 57,702.	4,954.	3,953 10,315
9	Other employee benefits	82,318.	57,702.	14,301.	10,315
10	Payroll taxes	88,586.	63,161.	13,668.	11,757
11	Fees for services (nonemployees):				
a	Management	8,579.	8,579.		
b	· · · · · · · · · · · · · · · · · · ·	17,920.	0,379.	17,920.	
_	Accounting	17,940.		17,920.	
d	, , , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1,120.	1,120.		
40	column (A), amount, list line 11g expenses on Sch 0.)	18,926.	11,724.	64.	7,138.
12 13	Advertising and promotion	78,505.	55,437.	8,464.	14,604
14	Office expenses	7073031	3371371	0,1011	11,001
15	Royalties				
16	Occupancy	33,130.	21,854.	5,524.	5,752.
17	Travel	23,027.	22,062.	965.	37,32
18	Payments of travel or entertainment expenses			7001	
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	317.	317.		
21	Payments to affiliates	· •			
22	Depreciation, depletion, and amortization	122,790.	116,763.	4,305.	1,722.
23	Insurance	,	,	,	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) CONSTRUCTION COSTS	1,719,343.	1,719,343.		
a b	CONSTRUCTION MATERIALS	292,438.	292,438.		
C	TITHE	63,061.	63,061.		
d	FEES	37,408.	31,731.	5,677.	
e		86,272.	59,871.	17,839.	8,562
25	Total functional expenses. Add lines 1 through 24e	3,864,064.	3,373,238.	272,044.	218,782
<u>20 </u>	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)				

Par	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,778,255.	1	3,551,869.
	2	Savings and temporary cash investments			285,008.	2	294,651.
	3	Pledges and grants receivable, net			84,710.	3	116,567.
	4	Accounts receivable, net			283,650.	4	147,292.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pei				
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
y.	7	Notes and loans receivable, net			4,096,161.	7	4,108,658.
Assets	8	Inventories for sale or use			523,123.	8	636,873.
As	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	463,140.			
	b	Less: accumulated depreciation		180,112.	171,377.	10c	283,028.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		591,925.	15	465,827.	
	16	Total assets. Add lines 1 through 15 (must ed		I	9,814,209.	16	9,604,765.
	17	Accounts payable and accrued expenses			185,796.	17	101,820.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		I		21	
g	22	Loans and other payables to any current or for	rmer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
abi		controlled entity or family member of any of th	ese pers	ons		22	
=	23	Secured mortgages and notes payable to unre	elated thi	d parties	17,910.	23	0.
	24	Unsecured notes and loans payable to unrelat	ed third p	oarties		24	
	25	Other liabilities (including federal income tax, p	oayables	to related third			
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D			653,437.	25	535,905.
	26	Total liabilities. Add lines 17 through 25			857,143.	26	637,725.
		Organizations that follow FASB ASC 958, ch	neck her	e X			
Ses		and complete lines 27, 28, 32, and 33.					
a	27	Net assets without donor restrictions			8,866,698.	27	8,855,965.
Ba	28	Net assets with donor restrictions			90,368.	28	111,075.
밑		Organizations that do not follow FASB ASC	958, che	eck here			
핀		and complete lines 29 through 33.					
0 8	29	Capital stock or trust principal, or current fund				29	
set	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Š	32	Total net assets or fund balances		L	8,957,066.	32	8,967,040.
	33	Total liabilities and net assets/fund balances			9,814,209.	33	9,604,765.

Pa	rt XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	3,87	4,0	64.
3	Revenue less expenses. Subtract line 2 from line 1	3		9,9'	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,95	7,0	66.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,96	7,0	40.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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 School	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ((2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization WICHITA HABITAT FOR HUMANITY, 58-1735540 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

ection A. Public Support						
· · ·	(-) 0010	(h) 0000	(=) 0001	(4) 0000	(=) 0000	(f) Tatal
lendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
Total. Add lines 1 through 3						
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.						
ction B. Total Support		T		T	T	Ι
endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Amounts from line 4						
Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
Total support. Add lines 7 through 10						
Gross receipts from related activities,	etc. (see instruction	ons)			12	
First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	_
organization, check this box and stop	here					
ection C. Computation of Public	c Support Per	centage			, ,	
					14	
		II, line 14			15	
	Schedule A, Part		line 13 and line	14 is 33 1/3% or m	nore, check this bo	x and
Public support percentage from 2022		ot check the box or	i iii io io, and iii io			
Public support percentage for 2023 (li Public support percentage from 2022 a 33 1/3% support test - 2023. If the o stop here. The organization qualifies a	rganization did no					L
Public support percentage from 2022 a 33 1/3% support test - 2023. If the o	rganization did no as a publicly supp	orted organization				
Public support percentage from 2022 a 33 1/3% support test - 2023. If the o stop here. The organization qualifies a	rganization did no as a publicly supp rganization did no	orted organization ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%		is box
Public support percentage from 2022 a 33 1/3% support test - 2023. If the o stop here. The organization qualifies a b 33 1/3% support test - 2022. If the o	rganization did no as a publicly supp rganization did no fies as a publicly s	orted organization ot check a box on l supported organiza	ine 13 or 16a, and ation	line 15 is 33 1/3%	or more, check th	is box
Public support percentage from 2022 a 33 1/3% support test - 2023. If the o stop here. The organization qualifies a b 33 1/3% support test - 2022. If the o and stop here. The organization quali	rganization did no as a publicly supp rganization did no fies as a publicly s - 2023. If the org	orted organization ot check a box on I supported organiza ganization did not o	ine 13 or 16a, and ation check a box on line	line 15 is 33 1/3% e 13, 16a, or 16b,	or more, check th	is box or more,
Public support percentage from 2022 a 33 1/3% support test - 2023. If the o stop here. The organization qualifies a b 33 1/3% support test - 2022. If the o and stop here. The organization quali a 10% -facts-and-circumstances test	rganization did no as a publicly supp organization did no fies as a publicly or - 2023. If the org s-and-circumstanc	orted organization of check a box on I supported organization did not one test, check this	ine 13 or 16a, and ation check a box on line box and stop he	line 15 is 33 1/3% 13, 16a, or 16b, 16. Explain in Part	or more, check th	is box or more,
Public support percentage from 2022 a 33 1/3% support test - 2023. If the o stop here. The organization qualifies a b 33 1/3% support test - 2022. If the o and stop here. The organization quali a 10% -facts-and-circumstances test and if the organization meets the facts	rganization did no as a publicly supp organization did no fies as a publicly s - 2023. If the org s-and-circumstanc st. The organizatio	orted organization of check a box on I supported organiza ganization did not o es test, check this on qualifies as a pu	ine 13 or 16a, and ation check a box on line box and stop he blicly supported o	line 15 is 33 1/3% e 13, 16a, or 16b, re. Explain in Part	or more, check th and line 14 is 10% VI how the organiz	is box or more, zation

Schedule A (Form 990) 2023

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

(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

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(2) 2020	(0) 2021	(u) Loca	(0) 2020	(i) rotal
	membership fees received. (Do not						
	include any "unusual grants.")	2062937.	2298312.	2895983.	5181129.	2682578.	15120939.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	766,950.			918,965.		
•	1 1 1	700,550.	030,130.	124/374.	J10, J05.	1333733.	3343300.
3	Gross receipts from activities that are not an unrelated trade or business 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						
6	Total. Add lines 1 through 5	2829887.	3154510.	4143377.	6100094.	4238377.	20466245.
7 <i>a</i>	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.
8	Public support. (Subtract line 7c from line 6.)						20466245.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	maar your (or moour your bogimming m)		(b) 2020			(0) 2020	
	Amounts from line 6	2829887.	3154510.	4143377.	6100094.	4238377.	20466245.
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,		3154510.			4238377.	
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on	2829887.	3154510. 18,811.	4143377.	6100094.	4238377.	20466245.
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	10,099.	18,811.	6,521.	30,075.	79,306.	144,812.
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	10,099.	18,811.	6,521. 544,324.	6100094.	79,306.	144,812.
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	10,099. 463,247.	3154510. 18,811. 476,988.	6,521. 544,324.	30,075. 478,578.	79,306. 525,722.	20466245. 144,812. 2488859.
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	10,099. 463,247.	18,811. 476,988. 495,799.	6,521. 544,324. 550,845.	30,075. 478,578.	79,306. 525,722. 605,028.	2488859. 2633671.
9 10 <i>a</i> th	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain	10,099. 463,247. 473,346.	18,811. 476,988. 495,799.	6,521. 544,324. 550,845.	30,075. 478,578. 508,653.	79,306. 525,722. 605,028.	2488859. 2633671.
9 10a b 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	10,099. 463,247. 473,346. 346,660. 3649893.	3154510. 18,811. 476,988. 495,799. 328,759. 3979068.	6,521. 544,324. 550,845. 397,088. 5091310.	30,075. 478,578. 508,653. 354,792. 6963539.	79,306. 525,722. 605,028. 355,727. 5199132.	2488859. 2488859. 2633671. 1783026. 24882942.
9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	2829887. 10,099. 463,247. 473,346. 346,660. 3649893. ne organization's fire	3154510. 18,811. 476,988. 495,799. 328,759. 3979068. st, second, third, f	4143377. 6,521. 544,324. 550,845. 397,088. 5091310. Gourth, or fifth tax y	30,075. 478,578. 508,653. 354,792. 6963539. ear as a section 56	4238377. 79,306. 525,722. 605,028. 355,727. 5199132. O1(c)(3) organization	2488859. 2633671. 1783026. 24882942.
9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	2829887. 10,099. 463,247. 473,346. 346,660. 3649893. ne organization's fire	3154510. 18,811. 476,988. 495,799. 328,759. 3979068. st, second, third, f	4143377. 6,521. 544,324. 550,845. 397,088. 5091310. Gourth, or fifth tax y	30,075. 478,578. 508,653. 354,792. 6963539. ear as a section 56	4238377. 79,306. 525,722. 605,028. 355,727. 5199132. O1(c)(3) organization	2488859. 2488859. 2633671. 1783026. 24882942.
9 10a b 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	2829887. 10,099. 463,247. 473,346. 346,660. 3649893. ne organization's firection of the component of the	3154510. 18,811. 476,988. 495,799. 328,759. 3979068. st, second, third, formula centage	4143377. 6,521. 544,324. 550,845. 397,088. 5091310.	30,075. 478,578. 508,653. 354,792. 6963539. ear as a section 56	4238377. 79,306. 525,722. 605,028. 355,727. 5199132. O1(c)(3) organization	20466245. 144,812. 2488859. 2633671. 1783026. 24882942. on, 82.25 %
9 10 <i>a</i> 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Etion C. Computation of Public Public support percentage from 2022 (li	2829887. 10,099. 463,247. 473,346. 346,660. 3649893. ie organization's fir c Support Per ine 8, column (f), d Schedule A, Part	3154510. 18,811. 476,988. 495,799. 328,759. 3979068. st, second, third, formula to the centage invided by line 13, coll, line 15	4143377. 6,521. 544,324. 550,845. 397,088. 5091310.	30,075. 478,578. 508,653. 354,792. 6963539. year as a section 56	4238377. 79,306. 525,722. 605,028. 355,727. 5199132. 01(c)(3) organization	2488859. 2488859. 2633671. 1783026. 24882942. on,
9 10 <i>a</i> 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here extion C. Computation of Public	2829887. 10,099. 463,247. 473,346. 346,660. 3649893. ie organization's fir c Support Per ine 8, column (f), d Schedule A, Part	3154510. 18,811. 476,988. 495,799. 328,759. 3979068. st, second, third, formula to the centage invided by line 13, coll, line 15	4143377. 6,521. 544,324. 550,845. 397,088. 5091310. Fourth, or fifth tax y	30,075. 478,578. 508,653. 354,792. 6963539. year as a section 56	4238377. 79,306. 525,722. 605,028. 355,727. 5199132. 01(c)(3) organization	2488859. 2488859. 2633671. 1783026. 24882942. on, 82.25 %
9 10 <i>a</i> 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Etion C. Computation of Public Public support percentage from 2022 (li	2829887. 10,099. 463,247. 473,346. 346,660. 3649893. ae organization's fir c Support Per ine 8, column (f), d Schedule A, Part itment Income	3154510. 18,811. 476,988. 495,799. 328,759. 3979068. st, second, third, find the centage invided by line 13, colling line 15. Percentage	4143377. 6,521. 544,324. 550,845. 397,088. 5091310. Fourth, or fifth tax y	30,075. 478,578. 508,653. 354,792. 6963539. rear as a section 56	4238377. 79,306. 525,722. 605,028. 355,727. 5199132. 01(c)(3) organization	2488859. 2488859. 2633671. 1783026. 24882942. on, 82.25 %
9 10a 11 12 13 14 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Ection C. Computation of Public Public support percentage for 2023 (li Public support percentage from 2022 ction D. Computation of Investigation of the section	2829887. 10,099. 463,247. 473,346. 346,660. 3649893. The organization's firmer s, column (f), do schedule A, Part of the street income 123 (line 10c, column 123).	3154510. 18,811. 476,988. 495,799. 328,759. 3979068. st, second, third, for the second state of the s	4143377. 6,521. 544,324. 550,845. 397,088. 5091310. courth, or fifth tax y	30,075. 478,578. 508,653. 354,792. 6963539. rear as a section 50	4238377. 79,306. 525,722. 605,028. 355,727. 5199132. 01(c)(3) organization	20466245. 144,812. 2488859. 2633671. 1783026. 24882942. on, 82.25 % 81.25 %
9 10a 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here exion C. Computation of Public Public support percentage for 2023 (In Public support percentage from 2022) Extion D. Computation of Investing Investment income percentage for 2020.	2829887. 10,099. 463,247. 473,346. 346,660. 3649893. ae organization's firmer s, column (f), d Schedule A, Part itment Income 123 (line 10c, colum 2022 Schedule A,	3154510. 18,811. 476,988. 495,799. 328,759. 3979068. st, second, third, formula to the second sec	4143377. 6,521. 544,324. 550,845. 397,088. 5091310. fourth, or fifth tax y	30,075. 478,578. 508,653. 354,792. 6963539. rear as a section 50	79,306. 525,722. 605,028. 355,727. 5199132. 01(c)(3) organization	2488859. 2488859. 2633671. 1783026. 24882942. on,
9 10a 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Etion C. Computation of Public Public support percentage from 2022 Etion D. Computation of Inves Investment income percentage from 203 1/3% support tests - 2023. If the more than 33 1/3%, check this box and stop the more than 33 1/3%, check this box and stop the more than 33 1/3%, check this box and stop the more than 33 1/3%, check this box and stop the more than 33 1/3%, check this box and stop the more than 33 1/3%, check this box and stop the more than 33 1/3%, check this box and stop the more than 33 1/3%, check this box and stop the more than 33 1/3%, check this box and stop the more than 33 1/3%, check this box and stop the more than 33 1/3%, check this box and stop the more than 33 1/3%, check this box and stop the more than 33 1/3%, check this box and stop the more than 33 1/3%, check this box and stop the more than 33 1/3%, check this box and stop the more than 33 1/3%, check this box and stop the more than 33 1/3%, check this box and stop the more than 33 1/3%, check this box and stop the more than 33 1/3%, check this box and stop the more than 34 1/3% support tests - 2023.	2829887. 10,099. 463,247. 473,346. 346,660. 3649893. The organization's firmer second of the se	3154510. 18,811. 476,988. 495,799. 328,759. 3979068. st, second, third, for the centage in (f), divided by line 13, continue 15. Percentage in (f), divided by line 17 ot check the box corganization qualification qualification in the corganization qualification in the centage in (f), divided by line 17 ot check the box corganization qualification qualification in the centage in (f), divided by line 17 ot check the box corganization qualification qualification in the centage i	4143377. 6,521. 544,324. 550,845. 397,088. 5091310. Fourth, or fifth tax y column (f)) The 13, column (f)) on line 14, and line fies as a publicly si	30,075. 478,578. 508,653. 354,792. 6963539. rear as a section 50. 15 is more than 33. upported organization.	4238377. 79,306. 525,722. 605,028. 355,727. 5199132. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 1 in	20466245. 144,812. 2488859. 2633671. 1783026. 24882942. on, 82.25 % 81.25 % 10.58 % 10.72 % 7 is not X
9 10a 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Etion C. Computation of Public Public support percentage from 2022 cition D. Computation of Investment income percentage from 2021 Investment income percentage from 2031/3% support tests - 2023. If the	2829887. 10,099. 463,247. 473,346. 346,660. 3649893. Be organization's firmer s, column (f), do Schedule A, Part of the street street lncome of the street street lncome of the stop here. The organization did not stop here. The organization did not stop here. The organization did not stop here.	3154510. 18,811. 476,988. 495,799. 328,759. 3979068. st, second, third, formula to the contage in (f), divided by line 15. Percentage in (f), divided by line 17. ot check the box coorganization qualified to the coorganization qualified to the coorganization of the coorganizatio	4143377. 6,521. 544,324. 550,845. 397,088. 5091310. Fourth, or fifth tax y column (f)) Ine 13, column (f)) Ine 14, and line fies as a publicly so line 14 or line 19a	30,075. 478,578. 508,653. 354,792. 6963539. rear as a section 56. 15 is more than 33. upported organizate, and line 16 is more	355,727. 5199132. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 1 ion re than 33 1/3%, a	20466245. 144,812. 2488859. 2633671. 1783026. 24882942. Dn, 82.25 % 81.25 % 10.58 % 10.72 % 7 is not X and

Т..

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	0		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
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	7		
	8		
	9a		
	9b		
	90		
	9c		
	10a		
	10b		
_	100	~ 000	

Pai	t IV	Supporting Organizations (continued)			
	•			Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		prization, describe now the powers to appoint and or renove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	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			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	,	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	icant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	ı		
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 ins	struction	s).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did +h	o organization eversions 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.

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		
ect	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):			
а	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		
ect	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		1

Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ued)	. aga
	ion 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	es of supported organizations	3	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 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
c	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

2023

Name of the organization

WICHITA HABITAT FOR HUMANITY, INC.

58-1735540

Organization type (check one):

Organization type (check one):						
Filers of: Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
X For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or by one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
For an organization sections 509(a)(1) contributor, during or (ii) Form 990-E.	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one age 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; Z, line 1. Complete Parts I and II.					
contributor, durin literary, or educat	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.					
year, contributior is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the as exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ble, etc., contributions totaling \$5,000 or more during the year \$					
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must to e2, 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 an or requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

WICHITA HABITAT FOR HUMANITY, INC.

58-1735540

Part I	Contributors (see instructions). Use duplicate copies of Part I i		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$113,686.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	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
4		\$\$	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
5		\$\$	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
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **2**

Name of organization Employer identification number

WICHITA HABITAT FOR HUMANITY, INC.

58-1735540

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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
8		\$\$ <u>89,551.</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.)
(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.)

Name of organization Employer identification number

WICHITA HABITAT FOR HUMANITY, INC.

58-1735540

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		
		\$			

Schedule B (Form 990) (2023) Page 4 Name of organization **Employer identification number** WICHITA HABITAT FOR HUMANITY, 58-1735540 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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, and 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, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

WICHITA HABITAT FOR HUMANITY,

Employer identification number 58-1735540

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ilar Funds or Ac	counts. Complete if the
		(a) Donor advised fu	unds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in	n donor advised fund	ds
	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			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any of	ther purpose conferr	ing
	impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" o	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, recreati	ion or education) P	reservation of a histo	orically important land area
	Protection of natural habitat	P	reservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contributio	n in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure	cture included on line 2a		2c
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006, and	not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			zation during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection	, handling of	
	violations, and enforcement of the conservation easements it I	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and e	nforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforce	cing conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above s	· ·		
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue	and expense statem	ent and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's fina	ancial statements tha	at describes the
Da	organization's accounting for conservation easements.	Aut Historiaal Tusses		incilor Access
Pai	rt III Organizations Maintaining Collections of		ures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenu	e statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or	research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describ	es these items.	
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its revenue sta	atement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	search in furtherance	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
				•
2	If the organization received or held works of art, historical trea-	sures, or other similar asse	ts for financial gain, p	provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2023

332051 09-28-23

a Board designated or quasi-endowment

Permanent endowment

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:

(ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		149,984.	53,577.	96,407.
c Leasehold improvements				
d Equipment				
e Other		313,156.	126,535.	186,621.
Total. Add lines 1a through 1e. (Column (d) must equa	I Form 990. Part X. line 1	0c. column (B))		283,028.

Schedule D (Form 990) 2023

h

С

Schedule D	(Form 990)) 2023	

Concadio D	(1 01111 000	,			 	,	
Part VII	Investr	nents -	Other Securitie	es			

Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
T-1-1 (O-1 (b)1 F 000 D+ V (b 401 (D))	·	

Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))

Part VIII Investments - Program Related.

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

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

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
	ı

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL & SALES TAXES PAYABLE	1,977.
(3) ACCRUED SALARIES AND VACATION	92,037.
(4) DEFERRED REVENUE	5,277.
(5) OPERATING LEASE LIABILITY	436,614.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	535,905.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

5	8 –	1	7	3	5	5	4	n	Page 4	
,	() —		•	.)	.)	.)	4	u	Page T	

Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Re	evenue per Ret	turn	· ugo
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,875,937.
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.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,875,937.
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	-1,899.		
С	Add lines 4a and 4b			4c	-1,899.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	3,874,038.
Par	t XII Reconciliation of Expenses per Audited Financial State		xpenses per R	eturi	า
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:				2 2 2 2 2 2 2 2
1	Total expenses and losses per audited financial statements			1	3,865,963.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1				2 0 6 5 0 6 2
4				3	3,865,963.
-	Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	3,003,903.
a		1 1		3	3,003,903.
-	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	-1,899.	3	
a b	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	4a 4b	-1,899.	4c	-1,899. 3,864,064.

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

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 58-1735540 WICHITA HABITAT FOR HUMANITY Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5.00

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			RAISE THE	WOMEN'S		` '
			ROOF	BUILD	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e l			, ,,,	, ,,	,	
Revenue	1	Gross receipts	10,000.	15,919.	112,186.	138,105.
	2	Less: Contributions	10,000.	15,919.	112,186.	138,105.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
,	5	Noncash prizes				
kpenses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages		3,872.		3,872.
비	8	Entertainment				
		Other direct expenses		1,334.		1,899.
		Direct expense summary. Add lines 4 through	a			5,771.
	11	Net income summary. Subtract line 10 from li				-5,771.
Pa	rt I	II Gaming. Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	_
		\$15,000 on Form 990-EZ, line 6a.				
a			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(=, =95	bingo/progressive bingo	(e) o area garrang	col. (a) through col. (c))
ě						
	1	Gross revenue				
တ္ထ	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Jirect E	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·			Yes No
J	"	Yes," explain:				
	_					
	_					-

Schedule G (Form 990) 2023

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Sch	edule G (Form 990) 2023 WICHITA HABITAT FOR HUMANITY, INC. 58-1	73554	40 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Ye	s No
12	Indicate the percentage of gaming activity conducted in:		.5 110
		ا ءمدا	0.4
	The organization's facility	13a	<u>%</u>
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	es No
L	If IIVes II enter the amount of seming revenue received by the averagination		
L	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
10	daming manager mormation.		
	News		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	ls the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Ye	s LLI No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III. lines	9. 9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	, , , , , , ,
	res, rec, and res, and appropriation rice provide any additional minormation.		
		-	-

Schedule G	G (Form 990)	WICHITA	HABITAT	FOR	HUMANITY,	INC.	58-1735540	Page 4
Part IV	G (Form 990) Supplemental Inform	mation (contin	ued)					
		(OOTHER)	404)					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	WICHITA HABI	TAT FO	R HUMANITY	Y, INC.	58-1	735540	
Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermining	ts
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 MA)	X	150,000	904,590.	SELLING PRI	CE OF	DON
26	Other (CONSTRUCTION MA)	X	2,000	292,438.	COST OF SIM	ILAR M	ATE
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions			
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			
						Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used t	or		
	exempt purposes for the entire holding period?	?				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31	X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

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

Schedule M (Form 990) 2023

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WICHITA HABITAT FOR HUMANITY, INC.

Employer identification number 58-1735540

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

HOUSING SOLUTIONS THAT BRINGS PEOPLE TOGETHER TO BUILD HOMES,

COMMUNITIES AND HOPE.

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

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

ALSO COMPLETE 40 HOURS OF CLASSES IN FINANCIAL LITERACY AND HOME

MAINTENANCE BEFORE PURCHASING THEIR HOMES FROM HABITAT WITH A

ZERO-PERCENT MORTGAGE. ADDITIONALLY, WE ADVOCATE FOR POLICIES THAT

SUPPORT AFFORDABLE HOUSING BECAUSE OF THE CRITICAL ROLE IT PLAYS IN A

FAMILY'S FUTURE SUCCESS.

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

REPAIR, DEBT REDUCTION, AND HOME RETENTION, WE ENABLED OUR FAMILY

PARTNERS WITH FINANCIAL CONTROL. IN ADDITION, OUR EDUCATIONAL CLASSES

WERE OPEN TO THE PUBLIC TO EMPOWER ALL FAMILIES IN OUR COMMUNITY. WE

OFFERED OVER 35 FREE EDUCATIONAL CLASSES AND WERE ATTENDED BY 767

PEOPLE. OUR GENERAL HOMEBUYER INFORMATIONAL MEETINGS WERE ATTENDED BY

210 PEOPLE IN SEARCH OF MORE AFFORDABLE HOUSING OPTIONS IN SEDGWICK

COUNTY.

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

FORM 990 WAS REVIEWED BY DANIELLE JOHNSON, EXECUTIVE DIRECTOR, KIMBERLY

CRABTREE, FINANCE DIRECTOR AND MARK HERBERT, CURRENT BOARD TREASURER, PRIOR

TO FILING. THE FORM 990 IS ALSO DISTRIBUTED TO BOARD MEMBERS PRIOR TO

FILING.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization WICHITA HABITAT FOR HUMANITY, INC.	Employer identification number 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 INTER	EST POLICY
FORM 990, PART VI, SECTION B, LINE 15A:	
	CAMUEDED AND
SALARY DATA FOR COMPARABLE EXECUTIVE DIRECTOR SALARIES IS	
REVIEWED BY THE BOARD OF DIRECTORS ON AN AT LEAST ANNUAL E	PASIS
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT C	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE FOR INSPECTION	BY REQUEST AT THE
OFFICES NOTED ON PAGE 6, SECTION C, LINE 20 OF FORM 990.	
	_
	_
	_

SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

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

WICHITA HABIT	AT FOR HUMANITY, IN	1C.				58-17355	40	
Part I Identification of Disregarded Entities. Complete	lete if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	eme End-of-year		Direct c	(f) controlline ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	or more	related tax-exer	mpt	
(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	Direc	(f) ct controlling entity	cont	g) 512(b)(13) rolled tity?
HABITAT FOR HUMANITY INTERNATIONAL -				501(c)(3))			Yes	No
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
	<u></u>							

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

Schedule R (Form 990) 2023

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

(a)	(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	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disproportiona allocations?		Code V-UBI	General c	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
	1										
	1										
	1										
	1										
	1			1					1		

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

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

1a

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

X

Yes No

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		<u> </u>
type (a-s) 1) 2) 3) 4)							Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е					1e		Х
f	Dividends from related organization(s)				1f		X
					1g		<u>X</u>
					1h		<u>X</u>
i	Exchange of assets with related organization(s)				1i		<u>X</u>
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		_X_
k	C Lease of facilities, equipment, or other assets from related organization(s)				1k		_X_
- 1					11		<u> </u>
					1m		<u> </u>
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
0							
р	Reimbursement paid to related organization(s) for expenses				1 p		_X_
q	Reimbursement paid by related organization(s) for expenses		1q		_X_		
					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 co	omplete th	s line, including covered re	lationships and transaction thresholds.			
	Name of related organization Transa	action		(d) Method of determining amount inv	olved		
1)							
2)							
3)							
4)							
5)							
6)		sto related organization(s) assets with related organization(s) tites, equipment, or other assets to related organization(s) tites, equipment, or other assets from related organization(s) of services or membership or fundraising solicitations for related organization(s) of services or membership or fundraising solicitations by related organization(s) idities, equipment, maling lists, or other assets with related organization(s) idities, equipment, maling lists, or other assets with related organization(s) idities, equipment, maling lists, or other assets with related organization(s) idities, organization(s) iditie					
3216	63 09-28-23	4.2		Schedule I	R (Form	990)	2023

Schedule R (Form 990) 2023

Page 4

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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000

EL DORADO 117 W. CENTRAL AVE

TUCSON TULSA 4200 E. SKELLY DR., STE. 560 WAGONER 509 S. MCQUARRIE AVE WICHITA 300 W. DOUGLAS AVE., STE. 900

EL DORADO, KS 67042-0847 4801 E. BROADWAY BLVD., STE. 501 TUCSON, AZ 85711-3648 TULSA, OK 74135-3209

WAGONER, OK 74467-6223

WICHITA, KS 67202-2914

520-624-8229 918-494-8700 918-485-5531 316-264-2335

316-321-1150