** 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 Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. JUL 1, 2023 and ending JUN 30, 2024 A For the 2023 calendar year, or tax year beginning

В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre	SS MID WIGHTON CHILDDEN'S HOME			
	chang Name chang	2		48-05477	06
	Initial return		oom/suite	E Telephone numbe	
	Final return	7271 F 37TH CT N		316-684-	
	termir			G Gross receipts \$	15,463,985.
	Amen return			H(a) Is this a group re	
	Applic tion	F Name and address of principal officer. Dibotenti 1011111111111111111111111111111111111		for subordinates	? Yes X No
	pendi	¹⁹ 7271 E 37TH ST N, WICHITA, KS 67226		H(b) Are all subordinates in	ncluded? Yes No
ī	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions
	Websi			H(c) Group exemption	
K	Form of	organization; X Corporation Trust Association Other	L Year	of formation; 1888 🛚	A State of legal domicile: KS
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: TO ASS	SURE	THE SAFETY	AND
Governance		WELL-BEING OF CHILDREN AND TO CREATE HEATH			
, and	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net as:	
200	3			3	32
9	4	Number of independent voting members of the governing body (Part VI, line 1b)			32
Activities &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			237
1	6	Total number of volunteers (estimate if necessary)			332
Δct	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		Prior Year	0 . Current Year
		O A MARINE AND A STANDARD STAN		5,811,831.	4,205,461.
4	8	Contributions and grants (Part VIII, line 1h)		5,722,089.	6,875,484.
Revenue	9	Program service revenue (Part VIII, line 2g)		583,392.	465,010.
á	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		910,954.	2,710,134.
	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,028,266.	14,256,089.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		412,995.	414,244.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	1	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,018,964.	
Frnenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ď	h	Total fundraising expenses (Part IX, column (D), line 25) 364,637	7.		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,228,848.	4,361,735.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,660,807.	
		Revenue less expenses. Subtract line 18 from line 12		1,367,459.	
J.				ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		23,063,995.	25,685,012.
Ass	21	Total liabilities (Part X, line 26)		543,302.	593,505.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		22,520,693.	25,091,507.
P	art II	Signature Block			
Un	der pena	lities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of m	knowledge and belief, it is
tru	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.	
		COPY Debaran Kennedy CED		1/3	19/2025
Sig	ın	Signature of officer		Date	
He	re	DEBORAH KENNEDY, CHIEF EXECUTIVE OFFICER			
		Type or print name and title	15	r	
		Print/Type preparer's name Preparer's signature	1	Oate Check	PTIN
Pai	d	LAURA LEHMER, CPA LAURA LEHMER, CPA	A 0	1/29/25 self-employ	
Pre	parer	Firm's name REGIER CARR & MONROE, L.L.P.		Firm's EIN 4	8-0573184
Use	Only	Firm's address 300 W. DOUGLAS AVE. STE. 900			c 0.5.4 0.5.5
_		WICHITA, KS 67202-2914		Phone no. 31	6-264-2335
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Briefly describe the organization's mission:

TO ASSURE THE SAFETY AND WELL-BEING OF CHILDREN AND TO CREATE HEATHLY FAMILIES BY PROVIDING: ASSESSMENT AND INTERVENTION SERVICES; A TEMPORARY HOME FOR CHILDREN AT RISK OF ABUSE, NEGLECT, OR HOMELESSNESS; EDUCATION, PREVENTION AND ADVOCACY INITIATIVES.

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O.

If "Yes," describe these changes on Schedule O.

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

11,215,280.) (Expenses \$ including grants of \$ EVERY CHILD SAFE, EVERY FAMILY SUPPORTED AT THE WICHITA CHILDREN'S HOME, OUR PRIMARY COMMITMENT IS TO CREATE A SAFE PLACE FOR CHILDREN AND YOUTH IN CRISIS. OUR PROGRAMS AND SERVICES INCLUDE PERSONALIZED THERAPEUTIC INTERVENTIONS, THOROUGH CASE MANAGEMENT, AND HOLISTIC CARE CRAFTED TO ADDRESS THE UNIQUE NEEDS OF EACH CHILD. THESE SERVICES ENSURE THAT EVERY CHILD RECEIVES PERSONALIZED SUPPORT AND SPECIALIZED ATTENTION USING A SHARED DECISION-MAKING MODEL. OUR GOAL IS TO INSTILL IN THEM THE COURAGE AND CONFIDENCE NEEDED TO BUILD A BRIGHTER FUTURE, INSPIRED BY THE HOPE AND SUPPORT THEY FOUND AT WICHITA CHILDREN'S HOME.

WCH APPROACH

RECOGNIZING	THE	PROFOUND	EFFECTS	TRAUMA	HAS	ON	A	CHILD'	S	EMOTIONAL

/ (Expenses 3	including grants of \$) (Heveride ψ	
) (Expenses \$	including grants of \$) (Revenue \$	
) (Expenses \$	

Other program services (Describe on Schedule O.)

including grants of \$ Total program service expenses

11,215,280.

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Form 990 (2023) THE WICHITA
Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			.,
	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			, v
	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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		v	
	Part VI	11a	Х	_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		-
d	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	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
40-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 21	
12a		12a	X	
	Schedule D, Parts XI and XII	120	45	
b		12b		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	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		х
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	1.10		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	Y	_	000	

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	(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	X	_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	-
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			, .
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds? 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	240		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	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):		-21	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00.		x
	"Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	A	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
24	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- U		
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	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?		.	
Pa	Note: All Form 990 filers are required to complete Schedule O	38	_ X _	
I di	Check if Schedule O contains a response or note to any line in this Part V			
-	Officer if Octrodule O contains a response of flote to any line in this rail v	1	Yes	No
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	15	162	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0		16	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	150		
	(gambling) winnings to prize winners?	1c		
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THE WICHITA CHILDREN'S HOME Form 990 (2023) 48-0547706 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a 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)? X 4a **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 **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c 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? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a 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? X 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a 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 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

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? 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? If "Yes," complete Form 4720, Schedule O.

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? If "Yes," complete Form 6069.

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X

X

X

12a

13a

14a

14b

16

Form 990 (2023) 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 Yes No 32 1a Enter the number of 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 O. 32 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 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? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х **7b** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х The governing body? 8a b Each committee with authority to act on behalf of the governing body? X d8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c on Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 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 NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Another's website Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE WICHITA CHILDREN'S HOME - 316-684-6581 67226 7271 E 37TH ST N, WICHITA, KS

Form **990** (2023)

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 hours per week	box	not c , unle:	Pos heck ss per	more rson i	than of strus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional 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
(1) DEBORAH KENNEDY	40.00							450 550		40.604
CHIEF EXECUTIVE OFFICER	4 00			X				178,758.	0.	12,631.
(2) JULIE GENTILE	1.00			,,						0
PRESIDENT	1 00	X		X			_	0.	0.	0.
(3) KIM BREITENBACH	1.00	77		₹.				0.	0.	0
PAST PRESIDENT	1.00	Х	_	Х			-	0.	0.	0.
(4) STEPHEN CLARK II	1.00	v		х				0.	0.	0.
PRESIDENT-ELECT (5) EVAN FUNK	1.00	Х		Λ	_		-	0.	0.	0.
CO-TREASURER	1.00	x		x				0.	0.	0.
(6) MEGAN ADAMS	1.00	Δ		Λ	_			0.	0.	0.
CO-TREASURER	1.00	х		x				0.	0.	0.
(7) SETH ALBIN	1.00	Λ		Λ				0.	0.	0.
SECRETARY	1.00	x						0.	0.	0.
(8) KIM LETT	1.00							0.	0.	
TRUSTEE	1.00	x						0.	0.	0.
(9) JENNY HATCHETT	1.00				_					
TRUSTEE		x						0.	0.	0.
(10) JEFF JAMISON	1.00									
TRUSTEE		x						0.	0.	0.
(11) RHONDA TURNER	1.00						П			
TRUSTEE		х						0.	0.	0.
(12) MATT BISH	1.00									
TRUSTEE		X						0.	0.	0.
(13) ROBYN CHADWICK	1.00									
TRUSTEE		Х						0.	0.	0.
(14) TRACY FARRELL	1.00									
TRUSTEE		Х						0.	0.	0.
(15) BRITTANY FRENCH	1.00									
TRUSTEE		X						0.	0.	0.
(16) STACY HAND	1.00									
TRUSTEE		X						0.	0.	0.
(17) REV. DR. KEVASS HARDING	1.00									_
TRUSTEE		Х						0.	0.	0.

Form 990 (2023)

332007 12-21-23

Form 990 (2023) THE WICH	ITA CHII	DF	REN	1'8	Н	IOM	E		48-054	770	5	Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	and	ı Hig	ghes	st C	Compensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson i	than of the state	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	o	mpens from t rganiza ind rela ganiza	he ation ated
(18) STEPHANIE LUETTERS TRUSTEE	1.00	х						0.	0			0.
(19) ELY LUNA	1.00	1								•		
TRUSTEE		x						0.	0			0.
(20) MELISSA MURFIN MANGAN	1.00		П									
TRUSTEE		X						0.	0			0.
(21) SYLVIA OROZCO-DO, M.D.	1.00											
TRUSTEE		X						0.	0	•		0.
(22) PAUL OWENS TRUSTEE	1.00	x						0.	0			0.
(23) CAPTAIN TRAVIS RAKESTRAW TRUSTEE	1.00	x						0.	0			0.
(24) KIM RIPPEL TRUSTEE	1.00	x						0.	0			0.
(25) CHRISTI ROYSE	1.00											
TRUSTEE		X						0.	0	•		0.
(26) CINDY SCHWAN	1.00											0
TRUSTEE	<u> </u>	X		Щ.	_			178,758.	0		12,6	0.
1b Subtotal								0.	0	_	12,0	0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								178,758.	0		L2,6	31.
2 Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			1
compensation from the organization											Yes	_
3 Did the organization list any former officer line 1a? <i>If</i> "Yes." complete Schedule J for s										3		х
 For any individual listed on line 1a, is the st and related organizations greater than \$15 	um of reportabl	е сс	mpe	ensa	tion	and	oth	her compensation from t	he organization		х	
5 Did any person listed on line 1a receive or	accrue comper	ısati	on fr	rom	any	unre	elate	ed organization or individ	dual for services			v
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	ich i	pers	on .				5		X
Section B. Independent Contractors 1 Complete this table for your five highest co										sation f	rom	
the organization. Report compensation for	the calendar ye	ear e	ndir	g w	ith c	r wi	thir		ear.			
(A) Name and business	address							(B) Description of s	ervices		(C) ensatio	on
KENT AUDIO VISUAL 1131 E 1ST ST N, WICHITA,	KG 672	1 /					- 1	AUDIO/VISUAL SERVICES		15	38,9	59
IISI E ISI SI N, WICHIIA,	, KS 072	T.4						BERVICES			,0,5	55.
					_							
						_						
								l .	I			

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2023)

1

Form 990 THE WICH	ITA CHII	JDF	(EL	1.8	: H	LOM	IE:		48-054	7706		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)							(D)	(E)	(F)		
Name and title	Average			Pos		1		Reportable	Reportable	Estimated		
	hours	(c		call:			ly)	compensation	compensation	amount of		
	per	Ė				Ė	Ė	from	from related	other		
	week					yee		the	organizations	compensation		
	(list any	ector				읦		organization	(W-2/1099-MISC)	from the		
	hours for	or di	يو			ated e		(W-2/1099-MISC)		organization		
	related	stee	ruste		۰.	pens				and related		
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations		
	below	dividu	stituti	Officer	y em	ghest	Former					
-	line)	<u>=</u>	Ë	b	å	主	윤					
(27) JENNIFER SHIPLEY	1.00	-										
TRUSTEE		X						0.	0.	0.		
(28) KRIYA SHORTT	1.00											
TRUSTEE		X						0.	0.	0.		
(29) JENNIE STONE	1.00								,			
TRUSTEE		X						0.	0.	0.		
(30) SEAN TARBELL	1.00											
TRUSTEE		x						0.	0.	0.		
(31) JOE TIGERT	1.00											
TRUSTEE		x						0.	0.	0.		
(32) WILLIAM WISE III	1.00											
TRUSTEE		X						0.	0.	0.		
(33) GEORGES YOUSSEF	1.00											
TRUSTEE		X						0.	0.	0.		
	1	-	Т									
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		_										
		<u></u>			. ,							
Total to Part VII, Section A, line 1c												

	Part VIII	Statement of Revenue
--	-----------	----------------------

		Check if Schedule O co	ontains a	response	or note to any line	e in this Part VIII			
				in Fee		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(A) (A)	1.	Federated campaigns		1a	175,028.				
Contributions, Gifts, Grants and Other Similar Amounts	1			1b	173,020.				
جَ ق				1c	408,153.				
LS,	l '	Fundraising events			400,133.				
ig ig	l '			1d	1 280 438				
ns,	9	Government grants (contrib		1e	1,289,438.				
ario er	1	All other contributions, gifts, g			2 222 042				
들		similar amounts not included a		1f	2,332,842.				
duo.	٤	Noncash contributions included in lin	nes 1a-1f	1g \$	261,410.	4 005 461			
OF	ŀ	Total. Add lines 1a-1f			In	4,205,461.			
		222211 2221122 2222			Business Code	C 07E 40A	6 075 404		
ce	2 8	PROGRAM SERVICE FEES			812900	6,875,484.	6,875,484.		
erv Te	k								
Su	(
lran 3ev	•								
Program Service Revenue	€								
Δ.	m •	All other program service re							
		Total. Add lines 2a-2f				6,875,484.			
	3	Investment income (includir	-			404 550			
						401,579.			401,579.
	4	Income from investment of	tax-exem	pt bond p	roceeds				
	5	Royalties			T an =				
			(1	i) Real	(ii) Personal				
	6 a	Gross rents	6a						
			6b						
	C	: Rental income or (loss)	6c						
		Net rental income or (loss)							
	7 a	Gross amount from sales of		ecurities	(ii) Other				
		assets other than inventory	7a -	295,755.	45,532.				
	b	Less: cost or other basis					N = 1 1 1		
ige				269,171.	8,685.				
Revenue	c	Gain or (loss)	7c	26,584.	36,847.				
æ	d	Net gain or (loss)				63,431.			63,431.
her	8 a	Gross income from fundraising							
ö		including \$40	08,153.	of	1				
		contributions reported on lin	•						
		Part IV, line 18		8a				41	
		Less: direct expenses			930,040.				
	C	Net income or (loss) from fu	ındraising	events		2,699,995.			2699995.
	9 a	Gross income from gaming	activities	. See					
		Part IV, line 19							
		Less: direct expenses							
- 1		Net income or (loss) from ga			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	10 a	Gross sales of inventory, les							
		and allowances							
	b	Less: cost of goods sold		10b					
_	С	Net income or (loss) from sa	ales of inv	entory					
S					Business Code				5 11
Miscellaneous Revenue	11 a	MISCELLANEOUS OTHER			623990	10,139.	10,139.		
ane	b								
cell lev	C								
Mis	d	All other revenue							
	е	Total. Add lines 11a-11d				10,139.			
	12	Total revenue. See instructions	s			14,256,089.	6,885,623.	0,	3165005.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (**D**) Fundraising (A) Do not include amounts reported on lines 6b, Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 414,244. 414,244. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 196,363. 133,526. 49,091. 13,746. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,624,733. 127,322. 5,950,158. 198,103. Other salaries and wages 7 Pension plan accruals and contributions (include 56,180. 51,839. 2,621. 1,720. section 401(k) and 403(b) employer contributions) 630,520. 584,846. 26,864. 18,810. Other employee benefits 15,991. 465,405. 436,518. 12,896. Payroll taxes 10 Fees for services (nonemployees): 11 Management Legal 57,075. 57,075. Accounting Lobbying Professional fundraising services. See Part IV, line 17 37,265. 37,265. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,097,459. 16,826. 2,114,285. column (A), amount, list line 11g expenses on Sch O.) 5,726. 4,546. 1.180. 12 Advertising and promotion 36,922. 204,332. 11,175. 252,429. 13 Office expenses Information technology 14 15 Royalties 385,259. 357,974. 24,298. 2,987. Occupancy 16 146,513. 4,888. 1,159. 152,560. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 492,819. 401,898. 80.966. 9,955. 22 Depreciation, depletion, and amortization 5.358. 43.152. 449,201. 400,691. Insurance 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 187,938. 187,938. FOOD 956. 121,835. 115,190. 5,689. EQUIPMENT RENTAL AND MA 83,437. 36,257. 5,577. 41,603. DUES AND SUBSCRIPTIONS 21,906. 16,776. 4,629. 501. OTHER All other expenses 11,215,280. 494,688. 364,637. 12,074,605. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2023)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note t	o any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,992,704.	1	2,075,501
	2	Savings and temporary cash investments			218,742.	2	225,088
	3	Pledges and grants receivable, net			981,291.	3	271,899
	4	Accounts receivable, net			463,076.	4	465,024
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	tial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	d per	sons (as defined			
		under section 4958(f)(1)), and persons described in	sect	tion 4958(c)(3)(B)		6	
ις.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
As	9				167,485.	9	197,509
	10a	Land, buildings, and equipment: cost or other	- 1				
		basis, Complete Part VI of Schedule D	10a	14,671,162.			
	b	Less: accumulated depreciation	10b	3,842,064.	11,112,949.	10c	10,829,098
	11	Investments - publicly traded securities		8,116,797.	11	11,613,486	
	12	Investments - other securities. See Part IV, line 11	8,951.	12	5,407		
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			2,000.	15	2,000
	16	Total assets. Add lines 1 through 15 (must equal I			23,063,995.	16	25,685,012
	17	Accounts payable and accrued expenses			543,302.	17	593,505
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Par		21			
_s	22	Loans and other payables to any current or former	office	er, director,			
<u>≝</u>		trustee, key employee, creator or founder, substan	tial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these p	perso	ons		22	
ت	23	Secured mortgages and notes payable to unrelated	d thire	d parties		23	
	24	Unsecured notes and loans payable to unrelated th	nirđ p	arties		24	
	25	Other liabilities (including federal income tax, payak	bles t	o related third			
		parties, and other liabilities not included on lines 17	7-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			543,302.	26	593,505
		Organizations that follow FASB ASC 958, check	here	X			
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			19,327,422.	27	22,583,381
g	28	Net assets with donor restrictions	3,193,271.	28	2,508,126		
틸		Organizations that do not follow FASB ASC 958,	, che	ck here			
년		and complete lines 29 through 33.					
80	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equip				30	
Y S	31	Retained earnings, endowment, accumulated incor				31	
Š	32	Total net assets or fund balances			22,520,693.	32	25,091,507.
	33	Total liabilities and net assets/fund balances			23,063,995.	33	25,685,012.

Form **990** (2023)

_			á	^
D	20	0	п	~

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,25		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,07		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,18		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,52		
5	Net unrealized gains (losses) on investments	5	38	9,3	30.
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,				
11:	column (B))	10	25,09	1,5	07.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		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?		3a	X	_
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	X	L
			Form	990	(2023)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Publi

OMB No. 1545-0047

Name of the organization

Inspection

THE WICHITA CHILDREN'S HOME

Employer identification number 48 – 0547706

Part I Reason for Public	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1 A church, convention of c				on 170(b)(1)(A)(i).			
2 A school described in sec		•						
3 A hospital or a cooperative	e hospital service org	janization described in s	ection 17	0(b)(1)(A){	iii).			
4 A medical research organi	ization operated in co	onjunction with a hospita	I describe	d in section	on 170(b)(1)(A)(iii). Ente	r the hospital's name,		
city, and state:								
5 An organization operated	for the benefit of a co	ollege or university owner	d or opera	ted by a q	overnmental unit describ	ed in		
section 170(b)(1)(A)(iv).		,		, ,				
6 A federal, state, or local ge		mental unit described in	coation 1	70/b)/4)/A	Vv4			
					• • •			
	•	antiai part of its support i	rom a gov	emmentai	unit or from the general	public described in		
section 170(b)(1)(A)(vi). (
8 A community trust describ								
9 An agricultural research or	rganization described	in section 170(b)(1)(A)	(ix) operat	ed in conj	unction with a land-grant	college		
or university or a non-land	grant college of agric	culture (see instructions).	Enter the	name, city	/, and state of the colleg	e or		
university:								
10 An organization that norm	ally receives (1) more	than 33 1/3% of its supp	oort from o	ontributio	ns, membership fees, an	d gross receipts from		
activities related to its exe	mpt functions, subje	ct to certain exceptions;	and (2) no	more than	33 1/3% of its support	from gross investment		
income and unrelated bus	iness taxable income	e (less section 511 tax) fro	om busine	sses acqu	ired by the organization	after June 30, 1975.		
See section 509(a)(2). (Co		,		•	, ,	, , , , , , , , , , , , , , , , , , , ,		
11 An organization organized	•	sively to test for public sa	fety. See	section 5	09(a)(4).			
12 An organization organized			,			Durnoses of one or		
more publicly supported o								
						Check the box on		
lines 12a through 12d that				•				
a Type I. A supporting org	•					• •		
the supported organizat	* * * *		majority o	of the direc	ctors or trustees of the s	upporting		
organization. You must	•							
b Type II. A supporting or	ganization supervised	d or controlled in connec	tion with it	s supporte	ed organization(s), by ha	ving		
control or management	of the supporting org	anization vested in the s	ame perso	ns that co	ntrol or manage the sup	ported		
organization(s). You mu	st complete Part IV,	Sections A and C.						
c Type III functionally into	e grated. A supportir	ng organization operated	in connec	tion with,	and functionally integrate	ed with,		
its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.			
d Type III non-functionall	y integrated. A supp	oorting organization oper	ated in co	nnection v	vith its supported organi	zation(s)		
that is not functionally in						1 /		
requirement (see instruc	-	= -	•		•	***************************************		
e Check this box if the org			-					
functionally integrated, o					Type i, Type ii, Type iii			
		many integrated supporti	ng organiz	ation.				
f Enter the number of supported								
g Provide the following informatio (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the ora	anization listed	(v) Amount of monetary	(vi) Amount of other		
organization	(11) 2.114	(described on lines 1-10	in your govern	ing document?	support (see instructions)	support (see instructions)		
		above (see instructions))	Yes	No	capport (see motractions)	oupport (see instructions)		
Total			P					

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar 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.")	5164071.	6302618.	4990334.	5811831.	4205461.	26474315.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5164071.	6302618.	4990334.	5811831.	4205461.	26474315.
5	The portion of total contributions		- T				
	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,						424 226
	column (f)						434,386.
	Public support. Subtract line 5 from line 4.						26039929.
	ction B. Total Support	1110010	410000	7 1 0004	4 15 0000	(1)0000	
	ndar year (or fiscal year beginning in)	(a) 2019 5164071.	(b) 2020 6302618.	(c) 2021 4990334.	(d) 2022 5811831.	(e) 2023	(f) Total 26474315.
	Amounts from line 4	3104071.	0302010.	4990334.	3611631.	4203401.	204/4313.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	146,912.	121,657.	220,304.	266,422.	401,579.	1156874.
_	and income from similar sources	140,912.	121,057.	220,304.	200,422.	401,379.	11300/4.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
		94 697	446,548.	603,962.	1072526	3640174	5857907.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	74,057.	440,540.	005,502.	1072320.		33489096.
	Gross receipts from related activities,	etc /see instruction	ine)				,734,822.
	First 5 years. If the Form 990 is for th	•	,	ourth or fifth tay v			, , , , , , ,
13	organization, check this box and stor	-					
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (li			olumn (fl)		14	77.76 %
	Public support percentage from 2022					15	87.10 %
	33 1/3% support test - 2023. If the o					ore, check this bo	
	stop here. The organization qualifies						37
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pui	blicly supported or	rganization		
b	10% -facts-and-circumstances test	-	-				
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organizatio						
						Schedule A	(Form 990) 2023

Schedule A (Form 990) 2023 THE WICHITA CHILDREN'S HOME

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization	failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
7.0	3 received from disqualified persons						
ib	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						
_	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support					W	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(4)2010	(10) 2 0 2 0		107	(6)	(1)
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
IJ	(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						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	o organization's fi	ret second third t	fourth or fifth tay	vear as a section 5	int(c)(3) organizatio	20
14							,, ,,
Sec	check this box and stop heretion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (li			column (ft)		15	%
	Public support percentage from 2022		-			16	%
	tion D. Computation of Inves					1101	
	Investment income percentage for 20			ne 13. column (fl)		17	%
	Investment income percentage from 2		-			18	%
	33 1/3% support tests - 2023. If the						
134	more than 33 1/3%, check this box an						
L	33 1/3% support tests - 2022. If the						nd
Ŋ	line 18 is not more than 33 1/3%, chec	-					
20	Private foundation. If the organization						and the second s
-~	THE TO THE PROPERTY OF THE PRO	wid not officer at		.,			

332023 12-21-23

Schedule A (Form 990) 2023

Part IV Supportin

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.)

No
_
_

Schedule A (Form 990) 2023

332024 12-21-23

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	17:		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		2	
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	311		
_	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		_	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	_	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
a	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.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	struction		N-
2			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
IJ	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	-		
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2.17		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Schedule A (Form 990) 2023

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	edule A (Form 990) 2023 THE WICHITA CHILDREN'S	HOME	4	8-0547706 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	·
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on 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		

Schedule A (Form 990) 2023

4

Enter greater of line 2 or line 3. 5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

🗌 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

4

5

6

Schedule A (Form 990) 2023

6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2019

b Excess from 2020

c Excess from 2021

d Excess from 2022

e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE WICHITA CHILDREN'S HOME

Employer identification number

48-0547706

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

37 -----

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Schedule B (Form 990) (2023)

Employer identification number

THE WICHITA CHILDREN'S HOME

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 -		\$ 675,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 -		\$\$	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		\$ 292,513.	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 -	realite, and ess, and all 177	\$\$\$\$	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

Employer identification number

THE WICHITA CHILDREN'S HOME

(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		\$\$ 	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
9	Traine, dealess, and an 1-4	\$ \$ 87,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, address, and zar + 4	\$\$130,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$112,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

THE WICHITA CHILDREN'S HOME

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	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
16	Name, address, and zir + 4	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

THE WICHITA CHILDREN'S HOME

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			
		\$				

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** THE WICHITA CHILDREN'S HOME 48-0547706 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. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (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 (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

202454 10 00 00

Schedule B (Form 990) (2023)

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.

2023
Open to Public Inspection

Name of the organization

THE WICHITA CHILDREN'S HOME

Employer identification number 48-0547706

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	·
>:		(a) Donor advised funds	(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	writing that the assets held in donor advised f	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose con	ferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the organization	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a h	istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	anization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserve	ation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conservation	easements during the year
	Described and the Od above	and infection and income and another 170/h/////	DV:
8	Does each conservation easement reported on line 2d above		
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
9	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.	iote to the organization's illiancial statements	that describes the
Par		Art. Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under FASB ASC 95		nalance sheet works
10	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
h	If the organization elected, as permitted under FASB ASC 95		nce sheet works of
_	art, historical treasures, or other similar assets held for public		
	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		
_	the following amounts required to be reported under FASB A		•
а	Revenue included on Form 990, Part VIII, line 1	_	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

	rt III Organizations Maintaining C	collections of Ar	t. Historical Tre	asures, or Oth	er Simi	ar Asse	154//U	0 P	'age ∠
_								nueaj	
3	Using the organization's acquisition, accessi	on, and other records	s, cneck any of the	rollowing that make	significar	it use of h	S		
	collection items (check all that apply).								
а	Public exhibition	d		hange program					
b	Scholarly research	е	Other						_
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further th	ne organization's ex	empt pur	oose in Pa	art XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, historical treas	sures, or other simi	lar assets				ere.
_	to be sold to raise funds rather than to be ma						Yes		No
Pai	rt IV Escrow and Custodial Arrangement of Escrow and Custodial Arrangement on Form 990, Pa		te if the organizatior	answered "Yes" o	n Form 99	0, Part IV	, line 9, or		
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for contribution	s or other assets n	ot include	d			
14	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII						163	L	_ 140
D	ii res, explain the arrangement ii r art Ain	and complete the for	lowing table.			_	Amoun	t	
_	Decision belong				4.		7 1110 011		
	Beginning balance								
	Additions during the year								
_	Distributions during the year								
f	Ending balance						7.,		٦
	Did the organization include an amount on F					L	Yes		_ No
Pai	If "Yes," explain the arrangement in Part XIII.								
Fai	t V Endowment Funds Complete if	(a) Current year				e years bac	de (a) Four	ruooro	haak
		· · · · ·	(b) Prior year	(c) Two years back	+		+ • • •		
	Beginning of year balance	3,293,179.	3,071,997.	3,527,678	. 4	,799,131	- · Z	,806,	364.
	Contributions	256 824	0.40 500	400 000	-	F.10.00			
	Net investment earnings, gains, and losses	356,734.	242,529.	-432,399	•	749,807	<u>'- </u>	12,	049.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	1,286.	1,376.	1,242		1,242	2.	1,	243.
f	Administrative expenses	19,754.	19,971.	22,040		20,018		18,	039.
g	End of year balance	3,628,873.	3,293,179.	3,071,997	. 3	527,678	3. 2	,799,	131.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	43.7300	_%						
b	Permanent endowment 34.5600	%							
С	Term endowment 21.7100	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	d administered for	the				
	organization by:							Yes	No
							3a(i)	Х	
									X
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
	t VI Land, Buildings, and Equipm								
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accumula	ated	(d) Book	c value	
	a configuration in the classical	basis (investm		, ,	depreciation		(-,		
12	Land			0,457.			740),45	57.
	Buildings				,640,	279	9,565		
	Leasehold improvements			9,012.	17,			L,1(
				4,282.	789,			1,92	
	Equipment			1,806.	394,			7,29	
	Other						10,829		
<u> </u>	. Aud iiiles Ta tiliougit Te. [Column (a) must ei	Jual Form 990, Part 2	. line ruc. column	DII			-0,042	,, 0.	, U •

Schedule D (Form 990) 2023

Schedule D	(Form 990) 2023	THE WICHITA	CHILDREN'S	3 HOME	48-0547706	Page
Part VII	Investments -	- Other Securities				

Part VII Investments - Other Securities		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" o		
(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)		

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

(9)

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

(a) Description	(b) Book value
(1)	
(2)	(*)
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
tol (Outroon (A) assist a size! Forms 000, Book V. Size 45, and (B))	

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

Part X Other Liabilities

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

1	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

Schedule D (Form 990) 2023

Schedule D						HILDRE						48-
Part XI	Recond	iliation of	Rever	nue per	Audite	d Financi	al Sta	atements	With F	Revenue	per F	?eturn

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	15,657,764.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	389,330.		
b	Donated services and use of facilities		119,570.	121	
С	Recoveries of prior year grants	2c			
d			930,040.		
е	Add lines 2a through 2d			2e	1,438,940.
3	Subtract line 2e from line 1			3	14,218,824.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1;			88	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	37,265.		
b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	37,265.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,256,089.
	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per P		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	13,086,950.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	119,570.		
b	Prior year adjustments				
C	Other losses				
d	Other (Describe in Part XIII.)		930,040.		
е	Add lines 2a through 2d			2e	1,049,610.
3	Subtract line 2e from line 1			3	12,037,340.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	37,265.		
b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	37,265.
-	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	12,074,605.
Par	t XIII Supplemental Information				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/. lines 1b a	and 2b: Part V. line 4:	Part)	K. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi				-, <u>-,</u> ,
PAR	T V, LINE 4:				
ENL	OWMENT FUNDS AND THE EARNINGS FROM THESE FU	JNDS A	RE TO BE U	SED	FOR
PRC	GRAMS, MANGEMENT, OR FUND-RAISING ACTIVITIE	ES.			
PAR	T X, LINE 2:				
	WANT TO ORGANITED AS A WANGAS MONDOUTE OF	20002			
THE	HOME IS ORGANIZED AS A KANSAS NONPROFIT CO	DRPORA	TION AND HA	AS I	BEEN
ᄆᄧᄼ	OCNITED BY MUE INMEDNAL DEVENUE CERVICE /II	20	EVENDO EDA	OM T	
KEC	OGNIZED BY THE INTERNAL REVENUE SERVICE (IF	CO / HO	EAEMPI PK	JM I	EDEKAL
INC	OME TAXES UNDER SECTION 501(A) OF THE INTER	RNAT, R	EVENUE CODI	E AS	SAN
	The second of the second of the second secon	CATTLE IC	ZVZIVOZ COBI		7111
ORG	ANIZATION DESCRIBED IN SECTION 501(C)(3). T	гне но	ME IS QUAL	IFIE	ED TO
REC	EIVE DEDUCTIBLE CHARITABLE CONTRIBUTIONS UN	NDER S	ECTION		
170	(B)(1)(A)(VI), AND HAS BEEN DETERMINED NOT	TO BE	A PRIVATE	FOU	JNDATION
JND	ER SECTIONS 509(A)(1) AND (3). THE HOME IS	REQUI	RED TO FILE	E A	RETURN OF
200054	80.00.00			Cohod	tule D (Ferms 000) 0002

Continued
ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS ANNUALLY. IN
ADDITION, THE HOME IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED
FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. THE
HOME HAS FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM
990-T) WITH THE IRS.
THE HOME BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS
TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE
ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.
THE HOME WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO
UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH
INTEREST AND PENALTIES ARE INCURRED.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
SCHEDULE G FUNDRAISING EXPENSES 930,040.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SCHEDULE G FUNDRAISING EXPENSES 930,040.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

2023

Open to Public Inspection

Employer identification number Name of the organization THE WICHITA CHILDREN'S HOME 48-0547706 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. Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants h Phone solicitations Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 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.

LHA 332081 09-13-23

Schedule G (Form 990) 2023

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

Pa	ırt l	I Fundraising Events. Complete if the	e organization answered	l "Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gro			events with gross receipt	
			(a) Event #1	(b) Event #2 WINGS FOR	(c) Other events NONE	(d) Total events (add col. (a) through
			EPIC (event type)	DREAMS (event type)	(total number)	col. (c))
ane			(event type)	(event type)	(total fluffiber)	
Revenue	1	Gross receipts	363,696.	3,674,492.		4,038,188.
	2	Less: Contributions	208,153.	200,000.		408,153.
_	3	Gross income (line 1 minus line 2)	155,543.	3,474,492.		3,630,035.
	4	Cash prizes	9,918.	54,825.		64,743.
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	10,960.	339,769.		350,729.
	7	Food and beverages	29,109.	126,107.		155,216.
	٥	Entertainment	5,669.	321,727.		327,396.
	9	Entertainment Other direct expenses	7,431.			31,956.
	10	Direct expense summary. Add lines 4 through	0			930,040.
		Net income summary. Subtract line 10 from lin				2,699,995.
	rt I			990, Part IV, line 19, or r	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	,			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ď	1	Gross revenue				
ses	2	Cash prizes			-	
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes% 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)			
0	Ent	er the state(s) in which the organization conduc	cte gaming activities:			
		ne organization licensed to conduct gaming ac				Yes No
		No," explain:				
	_					
		re any of the organization's gaming licenses rev			ear?	Yes No
	_					
	_					
22208	2 00	-13-23			Scher	dule G (Form 990) 2023

Sch	edule G (Form 990) 2023 THE WICHITA CHILDREN'S HOME 4	8-0547706	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No 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?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,,,
	<u> </u>		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amou	nt	
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes [No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne	
	organization's own exempt activities during the tax year \$		
Pai	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, lines 9, 9b	, 10b,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

332083 09-13-23

Schedule G	(Form 990)	THE	WICHITA	CHILDREN'S	HOME	48-0547706	Page 4
Part IV	(Form 990) Supplementa	I Information	(continued)				
7.							
			_				
						_	

Schedule G (Form 990)

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Open to Public OMB No. 1545-0047 Inspection **%** ⊠

Employer identification number 48-0547706 Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Go to www.irs.gov/Form990 for the latest information. Attach to Form 990. THE WICHITA CHILDREN'S HOME General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Department of the Treasury Internal Revenue Service

Part

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	nd government org s listed in the line 1	anizations listed in the table	line 1 table				

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

Schedule I (Form 990) 2023

48-0547706

Page 2

Schedule I (Form 990) 2023

Part III Grants and Othe

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASSISTANCE TO THE CHILDREN LIVING UNDER THE CARE OF THE ORGANIZATION	1838	.0	414,244, FMV	ΔM.d.	CLOTHING, FOOD, PERSONAL CARE ITEMS AND OTHER EXPENSES PAID ON BEHALF OF THOSE LIVING IN THE CARE OF THE ORGANIZATION,
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b); and any other a	ditional information.	

332102 11-01-23

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Attach to Form 990.

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

Department of the Treasury

THE WICHITA CHILDREN'S HOME

Employer identification number 48-0547706

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				15.
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study		10	
	Form 990 of other organizations X Approval by the board or compensation committee		-	12
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		-	
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	_	X
C	c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		9.14	
	contingent on the revenues of:			v
а	The organization?	5a	-	X
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:		- 1	v
	The organization?	6a	-	X
b	Any related organization?	6b	-	
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	\rightarrow	_X_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	_	<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
_	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			o o
(1) DEBORAH KENNEDY	€	178,758.	0.	0	3,284.	9,347.	191,389.	0.
CHIEF EXECUTIVE OFFICER	■	0.	0.	0.	0.	0.	0	0
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Schedule J (Form 990) 2023

Schedule J (Form 990) 2023	THE WICHITA CHI	CHILDREN'S HOME	48	48-0547706	Ï
Part III Supplemental Information					
Provide the information, explanation, or descriptions required for Parl	or descriptions required	±	lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	any additional information.	

Schedule J (Form 990) 2023
THEN THE BOARD OF DIRECTORS.
WITH THE ANNUAL BUDGET BEING REVIEWED AND APPROVED BY THE FINANCE COMMITTEE
EMPLOYEES IS DETERMINED DURING THE ORGANIZATION'S ANNUAL BUDGET PROCESS,
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. COMPENSATION FOR OTHER KEY
SCHEDULED FOR JUNE EACH YEAR. THE COMPENSATION IS THEN APPROVED BY THE
COMMITTEE IN CONNECTION WITH AN ANNUAL PERFORMANCE REVIEW, NORMALLY
COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED BY THE EXECUTIVE
LINE 3:

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

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.

THE WICHITA CHILDREN'S HOME

Employer identification number 48-0547706

Pa	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		nts	
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 (SUPPLIES)	Х	771	261,410.	FAIR MARKET	VALUE		
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 828							
						Yes	No	
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	must hold for at least 3 years from the date of t	the initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?				I	30a	X	
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribu	tions?	31	X	
32a	Does the organization hire or use third parties of							
						32a	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is che	cked,			
	describe in Part II.							
For F	or Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023							

LHA 332141 09-11-23

332142 09-11-23

Schedule M (Form 990) 2023

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE WICHITA CHILDREN'S HOME

Employer identification number 48-0547706

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ASSESSMENT AND INTERVENTION SERVICES; A TEMPORARY HOME FOR CHILDREN AT NEGLECT, OR HOMELESSNESS; EDUCATION, PREVENTION AND RISK OF ABUSE, ADVOCACY INITIATIVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: WELL-BEING, BEHAVIOR, AND ABILITY TO FORM HEALTHY RELATIONSHIPS, APPROACH IS ROOTED IN THE RICH RELATIONSHIP MODEL OF CARE. THE RICH MODEL EMPHASIZES RESPECT, INFORMATION, CONNECTION, AND HOPE, GUIDING OUR STAFF TO BUILD RELATIONSHIPS GROUNDED IN EMPATHY, TRUST, AND COMPASSION. THESE RICH RELATIONSHIPS ARE ESSENTIAL FOR CHILDREN AND YOUTH WHO HAVE EXPERIENCED PAST BETRAYAL AND TRAUMA AS THEY PROVIDE A SAFE SPACE FOR HEALING AND GROWTH. WE ARE COMMITTED TO CREATING AN ENVIRONMENT WHERE EVERY CHILD FEELS UNDERSTOOD AND SUPPORTED, PAVING THE WAY FOR HEALING RELATIONSHIPS, PERSONAL GROWTH, AND A HOPEFUL, BRIGHTER FUTURE.

CHILD PLACING AGENCY: YOUNG CHILDREN (AGES 0-12) ARE CARED FOR BY WCH FOSTER PARENTS WHO HAVE COMPLETED EXTENSIVE TRAINING IN HOW TO MEET THE NEEDS OF ABUSED AND NEGLECTED CHILDREN. MOST CHILDREN COME TO US IN POLICE PROTECTIVE CUSTODY. SOME FIND PERMANENT HOMES THROUGH OUR FOSTER-TO-ADOPT PROGRAM. EMERGENCY RESIDENTIAL SHELTER: OLDER CHILDREN (AGES 13-17) THAT HAVE EXPERIENCED TRAUMA ARE CARED FOR AND OFFERED INTENSIVE SUPPORT ON THE WCH MAIN CAMPUS IN A HOME-LIKE SETTING WITH INDIVIDUAL BEDROOMS.

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

Schedule O (Form 990) 2023

Page 2 Schedule O (Form 990) 2023 **Employer identification number** Name of the organization 48-0547706 THE WICHITA CHILDREN'S HOME CROSSROADS YOUTH HOMELESS PROGRAM: EMERGENCY SHELTER A 30-DAY SHELTER BED PROGRAM THAT PROVIDES RUNAWAY, HOMELESS AND AT-RISK YOUTH WHO ARE 18-24 WITH A SAFE PLACE TO SLEEP. STREET OUTREACH SERVICES/DROP-IN SHELTER - THROUGH MOBILE OUTREACH AND THE OPPORTUNITY ZONE DROP-IN CENTER, HOMELESS YOUTH RECEIVE THE PHYSICAL, EMOTIONAL AND LOGISTICAL SUPPORT THEY NEED TO STABILIZE THEIR LIVES AND ACCESS SERVICES THAT HELP THEM REDUCE THEIR RISKS, GET OFF THE STREET AND BUILD A BRIGHTER FUTURE. STREET OUTREACH ALSO OPERATES OUR COMMUNITY'S 24-HOUR SAFE PLACE PROGRAM FOR RUNAWAYS AND YOUTH WHO ARE IN CRISIS OR DANGER. CROSSROADS TEENS - RUNAWAY YOUTH AND THEIR FAMILIES RECEIVE THE INTENSIVE SUPPORT THEY NEED TO DEVELOP AND MAINTAIN HEALTHY RELATIONSHIPS WITH EACH OTHER. WORKSHOPS IN AREA SCHOOLS HELP TEENS IDENTIFY DANGEROUS SITUATIONS, REDUCE THEIR RISK OF HARM, AND PROVIDE EDUCATION ON HOW TO GET HELP IF THEY NEED IT. POLARIS - YOUTH RESIDENTIAL CENTER: A RESIDENTIAL PROGRAM FOR YOUTH (AGES 16-18) IN STATE'S CUSTODY WHO NEED SUPPORT AS THEY LEARN TO IMPROVE THEIR DECISION MAKING, COPING SKILLS, AND TO ADDRESS ANY UNDERLYING PROBLEMS WHICH ARE AFFECTING THEIR SUCCESSFUL TRANSITION WITH THEIR FAMILIES OR COMMUNITIES. BRIDGES APARTMENTS: FORMERLY HOMELESS YOUTH WHO ARE TRANSITIONING TO

Schedule O (Form 990) 2023

SELF-SUFFICIENCY LIVE IN ONE-BEDROOM APARTMENTS. PARENTING YOUTH HAVE

ACCESS TO LICENSED, ON-SITE DAYCARE WHILE THEY WORK AND ATTEND SCHOOL.

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

BEFORE IT IS FILED, A COPY OF THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE. A COPY IS ALSO MADE AVAILABLE VIA E-MAIL FOR ALL OTHER BOARD Schedule O (Form 990) 2023 332212 11-14-23

Name of the organization THE WICHITA CHILDREN'S HOME	Employer identification number 48 – 0 5 4 7 7 0 6
MEMBERS TO REVIEW PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST POLICY IS REVEIWED AND SIGNED ANNUALI	Y BY DIRECTORS
AND OFFICERS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED BY	THE EXECUTIVE
COMMITTEE IN CONNECTION WITH AN ANNUAL PERFORMANCE REVIEW,	NORMALLY
SCHEDULED FOR JUNE EACH YEAR. THE COMPENSATION IS THEN AF	PROVED BY THE
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. COMPENSATI	ON FOR OTHER KEY
EMPLOYEES IS DETERMINED DURING THE ORGANIZATION'S ANNUAL E	UDGET PROCESS,
WITH THE ANNUAL BUDGET BEING REVIEWED AND APPROVED BY THE	FINANCE COMMITTEE
AND THEN THE BOARD OF DIRECTORS.	
(
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND F	INANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER CONSULTING:	
PROGRAM SERVICE EXPENSES	2,097,459.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	16,826.
TOTAL EXPENSES	2,114,285.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,114,285.
FORM 990, PART XII, LINE 2C	
332212 11-14-23	Schedule O (Form 990) 2023

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