# PUBLIC DISCLOSURE COPY WICHITA SYMPHONY SOCIETY 06/30/2024



## \*\* 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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	= 2023 calendar year, or tax year beginning $$ JUL $1,$ $2023$ and ending	JUN 30, 2024	
	Check if	C Name of organization	D Employer identific	cation number
i	applicabl	e:		
	Addre chang			
	Name chang	Doing business as	48-06715	18
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/st	uite <b>E</b> Telephone numbe	r
	Final return		(316)267	-5259
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,809,666.
	Ameno return	WICHIIA, KS 0/202	H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: EDON 1 CLEMONS	for subordinates	? Yes X No
	pendir	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No
Ι.	Tax-ex		527 If "No," attach a	list. See instructions
	Websi		H(c) Group exemptio	
<u>K</u>	orm of		ear of formation: 1945 N	N State of legal domicile; KS
Pa	art I	Summary		
Ф	1	Briefly describe the organization's mission or most significant activities: THE LIVE	PERFORMANCE (	OF
Governance		SYMPHONIC AND ORCHESTRAL PRODUCTIONS.		
š	2	Check this box if the organization discontinued its operations or disposed of m	1	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		31
		Number of independent voting members of the governing body (Part VI, line 1b)		31
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		47
ΞĘ	6	Total number of volunteers (estimate if necessary)		0
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
	١.		Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	2,107,711.	1,108,976.
en.	9	Program service revenue (Part VIII, line 2g)	900,261.	812,630.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	208,467.	205,808.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	900.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,217,339.	2,127,414.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,195,327.	1,269,772.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  70,919.	0.	0.
X	_b		1,284,315.	992,649.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,479,642.	2,262,421.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	737,697.	-135,007.
_ 0		Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
t Assets or		Total assets (Part X, line 16)	9,906,478.	10,580,445.
4sse	20 21	Total liabilities (Part X, line 16)  Total liabilities (Part X, line 26)	536,839.	538,231.
Net/		Net assets or fund balances. Subtract line 21 from line 20	9,369,639.	10,042,214.
_	art II	Signature Block	3,303,033.	10,012,211.
		lties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare		internedge and zoner, it is
	,	СОРУ		
Sig	n	Signature of officer	Date	_
Hei		EBONY CLEMONS, CHAIR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	MARSHAL HULL, CPA MARSHAL HULL, CPA	12/12/24 self-employ	P00715586
Pre	parer	Firm's name REGIER CARR & MONROE, L.L.P.		8-0573184
Use	Only	Firm's address 300 W. DOUGLAS AVE. STE. 900		
		WICHITA, KS 67202-2914	Phone no. 31	6-264-2335
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No
LH/	A For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23		Form <b>990</b> (2023)

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE WICHITA SYMPHONY SOCIETY IS TO ENRICH, EDUCATE, AND
	ENTERTAIN DIVERSE AUDIENCES OF ALL AGES IN OUR REGION THROUGH
	PERFORMANCES OF ORCHESTRAL MUSIC, THEREBY ENHANCING THE VIBRANCY AND
	VITALITY OF WICHITA.
2	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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4-	4 806 084
4a	(Code:) (Expenses \$1, 726, 374. including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$
	BROAD RANGE OF CULTURAL, EDUCATIONAL, AND ENTERTAINMENT ACTIVITIES ARE
	PLANNED EACH SEASON THAT WILL REACH AND/OR INVOLVE AN ESTIMATED 100,000
	KANSANS OF ALL AGES AND ECONOMIC MEANS. PROGRAMS INCLUDE TRADITIONAL
	MASTERWORKS CONCERTS, SYMPHONIC POPS, FAMILY CONCERTS, EDUCATIONAL
	PROGRAMMING, AND A FREE COMMUNITY CONCERT AT CHRISTMAS. PUBLIC RADIO
	AND OCCASIONAL PUBLIC TELEVISION BROADCASTS REACH THOUSANDS ACROSS THE
	STATE. SMALL ENSEMBLES DELIVER SHORT CONCERTS TO COMMUNITY-WIDE VENUES,
	PRODUCING A HIGHLY REGARDED OUTREACH PROGRAM.
4b	(Code:) (Expenses \$150,534. including grants of \$) (Revenue \$72,750. )
	THE WICHITA SYMPHONY PRESENTS MANY EDUCATIONAL PROGRAMS THROUGHOUT THE
	SEASON. THESE INCLUDE TWO SETS OF YOUNG PEOPLE'S CONCERTS FOR NEARLY
	11,000 AREA STUDENTS IN THIRD THROUGH EIGHTH GRADE; A YOUTH ORCHESTRAS
	PROGRAM WITH FOUR DIFFERENT LARGE ENSEMBLES, SERVING ABOUT 230 STUDENTS
	IN GRADES 4 THROUGH 12 FROM KANSAS AND NORTHERN OKLAHOMA; AND A CAREER
	TRAINING OPPORTUNITY FOR QUALIFIED WICHITA STATE GRADUATE MUSIC
	STUDENTS TO PERFORM IN THE PROFESSIONAL WICHITA SYMPHONY WHILE EARNING
	THEIR MASTERS DEGREE.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$\frac{1}{2} \text{ including grants of \$}\frac{1}{2} \text{ (Revenue \$}\frac{1}{2} \t
<u>4e</u>	Total program service expenses 1,876,908.
	Form <b>990</b> (2023)

## Form 990 (2023) WICHITA SYMPHONY SOCIETY 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	Λ	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
٨	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
u		11d	Х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's slability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			٠,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	domestic government on it active, conditingly, line it! If "Yes," complete Schedule I, Parts I and II	41		

332003 12-21-23

Pa	rt IV Checklist of Required Schedules (continued)	1310	<u>P</u>	age -
	Continuedy		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
<b>2</b> 4a	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			l
	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			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		₩
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			<del>,</del>
	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%			<b> </b> ₩
	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	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		┢
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		<del>  ^</del>
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV			X
30	Did the organization receive more than \$23,000 in noncast contributions? If "Yes," complete schedule in	25		1
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	0.		<del></del>
<b>0</b> _	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		_	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		
	Enter the number of Forms w 2d included of fine 1a. Enter of inflot applicable	<u>0</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

332004 12-21-23

Form **990** (2023)

(gambling) winnings to prize winners?

Form 990 (2023) WICHITA SYMPHONY SOCIETY

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

	i (continued)			T
0-	Fator the growth are of annular conservated on Farma W.C. Transport that of Warra and Tay Chatamanta		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 47			
<b>L</b>	, , , , , , , , , , , , , , , , , , , ,	2b	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	3a		х
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		21
	If "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	14		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form **990** (2023) 332005 12-21-23

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 31										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 31										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5											
6	Did the organization have members or stockholders?	6		Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х							
Sec	tion 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							
	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									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	X								
b	Other officers or key employees of the organization	15b	Х								
	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?	16a		X							
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?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed KS										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole							
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website X Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	THE WICHITA SYMPHONY SOCIETY - 316-267-5259										
	225 W DOUGLAS, WICHITA, KS 67202										

## 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)	(B)			((	<del>)</del>			(D)	(E)	(F)
Name and title	Average	(do	not cl	Posi neck i			one	Reportable	Reportable	Estimated
	hours per		unles					compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	direct				9		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal trı		loyee	omp.		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DONALD REINHOLD	40.00	드	드	10	32	王ə	7.			
CHIEF EXECUTIVE OFFICER		1		х				120,582.	0.	0.
(2) EBONY CLEMONS	1.00							, , , , ,	-	
CHAIR		Х		Х				0.	0.	0.
(3) JENNIFER JONES	1.00									
CO-VICE CHAIR		Х		Х				0.	0.	0.
(4) JAMIL MALONE	1.00									
CO-VICE CHAIR		Х		X				0.	0.	0.
(5) JESS SOJKA	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) ANNA BAKER	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) LORI SUPINIE	1.00									
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
(8) ANDY ADAMS	1.00									
DIRECTOR		Х						0.	0.	0.
(9) CHARLOTTE BALES	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MARIE BUKOWSKI	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(11) SHAWN CHASTAIN	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(12) KIANGA COLEMAN	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(13) KATIE DAWES	1.00	l								
DIRECTOR		Х						0.	0.	0.
(14) STEPHEN EDDY	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(15) DANIEL FLYNN	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(16) JACQUELYN GRANT	1.00									_
DIRECTOR	1 00	Х						0.	0.	0.
(17) DAVID JERVIS	1.00	٦,							_	•
DIRECTOR	<u> </u>	X						0.	0.	<b>0.</b>

332007 12-21-23

	ITA DIMITIONI								40 0071	JIO Fage
Part VII Section A. Officers, Director		oloy	ees,			ghes	t Co	ompensated Employee	s (continued)	<b>.</b>
(A)	(B)			_ ((				(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unles cer an	ss per	more son i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) CHAU KOVACH	1.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(19) HEATHER MEYER DIRECTOR	1.00	X						0.	0.	0.
(20) SHOKO KATO SEVART	1.00									
DIRECTOR		Х						0.	0.	0.
(21) STEPHEN SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(22) ANNA ANDERSON DIRECTOR	1.00	Х						0.	0.	0.
(23) BILL DEVORE	1.00								•	_
DIRECTOR	1 00	Х						0.	0.	0.
(24) PHILLIP FRICK DIRECTOR	1.00	Х						0.	0.	0.
(25) JANET WESSELOWSKI	1.00							-	-	-
DIRECTOR		Х						0.	0.	0.
(26) KURT HARPER	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								120,582.	0.	0.
c Total from continuation sheets to	Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								120,582.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

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

the organization. Report compensation for the calcular year chaing with or within	the organization stax year.	
(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
APPLES & ARROWS 2724 E CENTRAL AVE #200, WICHITA, KS 37214		182,116.
DANSCORP 4588 RELIANT ROAD, JAMESVILLE, NY 13078		132,400.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 WICHITA S	SYMPHONY	្រ	OC	:1E	.T. X				48-067	1218
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd H	lighe	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average Position							Reportable	Reportable	Estimated
Name and the	hours	(cl			that		lv)	compensation	compensation	amount of
	per		I	T	I	I	.,,	from	from related	other
	week					ee ee		the	organizations	compensation
	(list any	ctor				l ge		organization	(W-2/1099-MISC)	from the
	hours for	rdire				ed en		(W-2/1099-MISC)	, ,	organization
	related	tee oi	ıstee			ensat				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	idua	tution	æ	empl	est c	ıer			
	line)	Indi	Insti	Officer	Key	High	Former			
(27) WILLIAM HERCHER	1.00									
DIRECTOR		х						0.	0.	0.
(28) MARILYN MCNEISH	1.00							•	•	•
DIRECTOR	1.00	Х						0.	0.	0.
	1 00	Λ						0.	0.	0.
(29) HELEN MEYER	1.00	l								
DIRECTOR		Х						0.	0.	0.
(30) DORIS NELSON	1.00									
DIRECTOR		Х						0.	0.	0.
(31) BARBARA CROTCHETT	1.00									
DIRECTOR		Х						0.	0.	0.
(32) DELMAR KLOCKE	1.00									
DIRECTOR		х						0.	0.	0.
										• • • • • • • • • • • • • • • • • • • •
			$\vdash$							
	-		_							
		ĺ								
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	<u> </u>	ł								
	-	_	$\vdash$	_		$\vdash$				
		l								
			_			_				
Total to Part VII, Section A, line 1c										
,, ,										

Form 990 (2023) WICHITA SYMPHONY SOCIETY
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a re	esponse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
SΩ	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
င်္ခ ဗြ			Fundraising events			1c					
ffs,						1d					
ig je				iburtid		1e					
Sir			Government grants (contr			ie					
e Hi		T	All other contributions, gifts,				1 100 076				
- ế			similar amounts not included			1f	1,108,976.				
ont Od		_	Noncash contributions included in	lines 1	a-1f	1g  \$	13,829.	1 100 076			
<u>0</u> <u>6</u>		h	Total. Add lines 1a-1f				I	1,108,976.			
							Business Code				
Se	2		CONCERT TICKET SALES				711190	680,377.	680,377.		
ΘŽ		b	YOUTH ORCHESTRA FEES	3			711190	91,523.	91,523.		
Program Service Revenue		С	MISCELLANEOUS				711190	40,730.	40,730.		
ar eve		d									
oga		е									
<u> </u>		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f					812,630.			
	3		Investment income (include	ling o	dividend	ds, intere	st, and				
			other similar amounts)					179,282.			179,282.
	4		Income from investment of								
	5		Royalties		-						
			,		(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
			Gross amount from sales of	·	(i) Se	curities	(ii) Other				
	•	а	assets other than inventory	7a		08,778.	()				
		h	Less: cost or other basis	1 a	2,70	,,,,,,,					
ø.		D		76	2 68	32,252.					
ğ		_	and sales expenses			26,526.					
ther Revenue			Gain or (loss)					26,526.	26,526.		
Ä			Net gain or (loss)					20,320.	20,320.		
‡	8	а	Gross income from fundraising	•	•	_					
0			including \$			of					
			contributions reported on		,						
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from				 I				
	9	а	Gross income from gamin	-							
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from			vities					
	10	а	Gross sales of inventory, I								
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales	of inve	entory					
<sub>ω</sub>							Business Code				
ő a	11	а									
ane		b									
Miscellaneous Revenue		С									
Λišc		d	All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ns				2,127,414.	839,156.	0.	179,282.

332009 12-21-23

## Form 990 (2023) WICHITA SYMPHONY SOCIETY Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respons	e or note to any line in t	his Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 500	40 004	60 001	10 007
	trustees, and key employees	120,582.	42,204.	60,291.	18,087
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 076 650	1 010 000	40 650	15 072
7	Other salaries and wages	1,076,650.	1,018,920.	42,658.	15,072
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	30,753.	20,732.	7,580.	2 111
9	Other employee benefits	41,787.	37,036.	3,593.	2,441 1,158
0	Payroll taxes	41,/0/•	37,030.	3,393.	1,130
1	Fees for services (nonemployees):				
a	Management	7,314.		7,314.	
	Legal	68,777.		68,777.	
	Accounting	00,111.		00,777.	
	Lobbying  Professional fundraising services. See Part IV, line 17				
e					
f	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A), amount, list line 11g expenses on Sch 0.)	291,303.	291,303.		
2	Advertising and promotion	196,625.	175,672.	3,778.	17,175
3	Office expenses	230,0231	27370720	377731	
4	Information technology				
5	Royalties				
6	Occupancy	20,861.		20,861.	
7	Traval	77,251.	76,676.	575.	
8	Payments of travel or entertainment expenses	,	,		
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	266.		266.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,477.		1,477.	
3	Insurance	32,826.	16,413.	16,413.	
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	RENTAL AND MAINTENANCE	64,553.	54,056.	10,497.	
b	SALES TAX	48,439.	48,439.		
С	CONCERT FACILITY RENTAL	39,818.	39,818.		
d	INVESTMENT FEES	36,702.		36,702.	
е	All other expenses	106,437.	55,639.	33,812.	16,986
5	Total functional expenses. Add lines 1 through 24e	2,262,421.	1,876,908.	314,594.	70,919
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
	ı				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1 1 1 0 6 1 1	1	1 000 004
	2	Savings and temporary cash investments			1,140,611.	2	1,080,284.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren	t or forme	er officer, director,			
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t	-			5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ				6	
şţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			C4 020	8	C1 742
⋖	9				64,930.	9	61,743.
	10a	Land, buildings, and equipment: cost or othe	<b>I</b>	C4 205			
		basis. Complete Part VI of Schedule D			4 FOC		2 020
		Less: accumulated depreciation			4,506. 8,151,210.	10c	3,030.
	11	Investments - publicly traded securities			8,131,210.	11	8,880,686.
	12	Investments - other securities. See Part IV, Iir				12	
	13	Investments - program-related. See Part IV, lii				13	
	14	Intangible assets			545,221.	14	55 <i>1</i> 702
	15	Other assets. See Part IV, line 11				15	554,702. 10,580,445.
	16	Total assets. Add lines 1 through 15 (must e			9,906,478.	16	70,050.
	17	Accounts payable and accrued expenses		ı	103,234.	17	70,030
	18 19	Grants payable			315,066.	18 19	360,578.
	20	Deferred revenue			313,0001	20	300,370
	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Comple		/ - 4 O - 1 1 - 1 - D		21	
	22	Loans and other payables to any current or for				21	
Liabilities	~~	trustee, key employee, creator or founder, su					
Ē		controlled entity or family member of any of t		·		22	
E.	23	Secured mortgages and notes payable to un	-			23	
	24	Unsecured notes and loans payable to unrela			33,603.	24	18,100.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		(0			84,916.	25	89,503.
	26	Total liabilities. Add lines 17 through 25			536,839.	26	538,231.
		Organizations that follow FASB ASC 958, o	heck he	re X	,		•
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			3,651,388.	27	4,069,712.
Bal	28				5,718,251.	28	4,069,712. 5,972,502.
Net Assets or Fund Balances		Organizations that do not follow FASB ASG	C 958, ch	eck here			
Ī		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated		Г		31	
Net	32	Total net assets or fund balances			9,369,639.	32	10,042,214.
	33	Total liabilities and net assets/fund balances			9,906,478.	33	10,580,445.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	<u>,12</u>	7,4	<u>14.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	2,26	2,4	<u>21.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		-13	5,0	07.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	,36	9,6	39.
5	Net unrealized gains (losses) on investments	5		80	7,5	82.
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,					
	coluṃn (B))	10	10	,04	2,2	14.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					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					
С	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 Sche	edule C	).			
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		lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Bub

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
WICHITA SYMPHONY SOCIETY

Employer identification number 48 – 0 6 7 1 5 1 8

Pa	rt I	Reason for Public (		(All organizations must c	omplete th	nis nart ) S	ee instructions	0 0071310
_							cc instructions.	
	organ	anization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
1	$\vdash$					n 170(b)(1	I)(A)(I).	
2	$\vdash$	A school described in secti						
3	Щ	A hospital or a cooperative					-	
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	<b>n 170(b)(1)(A)(iii).</b> Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that norma	Ilv receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general i	oublic described in
		section 170(b)(1)(A)(vi). (C	•	1	3		3	
8		A community trust describe	-	(1)(Δ)(vi) (Complete Part	· II )			
9	H	An agricultural research org				ad in coni	unction with a land-grant	college
9		•				-	-	-
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	iame, city	, and state of the college	e Of
40	v	university:			.,			
10	X	An organization that norma						
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section s	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated. si	upervised, or controlled	ov its supr	orted ora	anization(s), typically by	aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•		_		
		organization. You must o			majority o	T tire direc	1010 01 11001000 01 1110 01	apporting
b		Type II. A supporting org			ion with its	cupporto	nd organization(s), by bay	uina.
			•				• • • • • • • • • • • • • • • • • • • •	•
		control or management o			ine perso	ns mai co	ntroi or manage the supp	Jortea
		organization(s). You mus	-					
C			-				• •	ed with,
		its supported organization		·				
C			•					` '
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution red	quirement and an attentiv	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g	Pro	vide the following information	about the supporte	d organization(s).				
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tota	al							

332021 12-21-23

#### 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.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support	Section A. Public Support						
membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by seach person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Stematities trenslines.  Section B. Total Support  Callendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Cross receipts from related activities, etc. (see instructions)  13 First Syears. If the Form 990 is for the organization of first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2022 Schedule, A Part II, line 14  16a S3 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2022. If the organization did not check the box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization of did not check this box and s	Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
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Schedule A (Form 990)	r i vate i ou i u au organizatio	n did not check a	DON OF THE 13, 10	a, 100, 17a, 01 17k	o, check this box a		

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#### 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.)

Sed	etion A. Public Support	ciow, picase comp	icte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	,	,	,	,	,	
	include any "unusual grants.")	1223754.	966,444.	1470119.	2106946.	1095147.	6862410.
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	756,155.	74,453.	539,306.	1143509.	812,630.	3326053.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1979909.	1040897.	2009425.	3250455.	1907777.	10188463.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						10188463.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019 1979909.	(b) 2020 1040897.	(c) 2021 2009425.	(d) 2022 3250455.	(e) 2023	(f) Total 10188463.
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		749,256.		208,467.		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	196,382.	749,256.	651,371.	208,467.	205,808.	2011284.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	56,545. 2232836.	1790153.	7,050. 2667846.	900. 3459822.	2112505	64,495. 12264242.
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	<b>First 5 years.</b> If the Form 990 is for the check this box and <b>stop here</b>	· ·		•		. , . ,	· —
Sec	etion C. Computation of Publi						
	Public support percentage for 2023 (li			column (f))		15	83.07 %
	Public support percentage from 2022		•			16	81.90 %
	ction D. Computation of Inves	·					
	Investment income percentage for 00	023 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	16.40 %
17	Investment income percentage for 20						
	Investment income percentage from 2					18	<u>17.14 %</u>
18		<b>2022</b> Schedule A,	Part III, line 17				7 is not
18 19a	Investment income percentage from 3 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box ar	2022 Schedule A, organization did nond stop here. The	Part III, line 17 ot check the box o organization qualif	on line 14, and line ies as a publicly su	15 is more than 33 upported organizat	3 1/3%, and line 17	7 is not
18 19a	Investment income percentage from 2 33 1/3% support tests - 2023. If the	2022 Schedule A, organization did n at op here. The organization did n	Part III, line 17 ot check the box o organization qualit ot check a box on	on line 14, and line fies as a publicly su line 14 or line 19a	15 is more than 33 upported organizat , and line 16 is mo	3 1/3%, and line 17 tion re than 33 1/3%, a	7 is not X

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3c		
40		
4a		
4b		
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5c		
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8		
9a		
9b		
9c		
40		
10a		
10b		
100		

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11 Has the organization accepted a gift or contribution from any of the following persons?  a 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?  12 A family member of a person described on line 11a above?  6 A 35% controlled entity of a person described on line 11a above?  7 Into 15 A family member of a person described on line 11a above?  8 A family member of a person described on line 11a above?  8 A family member of a person described on line 11a above?  13 Post Section B. Type I Supporting Organizations  14 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 offices, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of effectively operated, supervised, or controlled the organization ships. If the regularization and more than one supported organization, describe how the powers to appoint and/or remove offices, directors, or trustees were allocated among the supported organization of a managed or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year. (i) a copy of the Form 90 both tax was most recently field as of the date of nofification, and (ii) of the directors or trustees of each of the organization is accorded o	Par	t IV	Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b and 11b and 11b alone in the governing body of a supported organization?  b A family member of a person described on line 11a above? c A 30% controlled entity of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide details in Part VI supporting Organizations  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 now the supported organizations of officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI now the supported organization of controls and the appoint or organization and more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were elicosted among the supported organization and was continued to supported organization and the supported organization of the supported organization (Part VI now providing such benefit carried out the purposes of the supported organization(s) that operated, supersiged, controlled the supporting organization of the supported organization of the supported organization of the supported organization of the directors or trustees of each of the organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the organization is directors or trustees of each of the organization is directors or trustees during the tax year amount of support provided organization of the organization o					Yes	No
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b A Astify controlled entity of a person described on line 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide optical Part VI.  Section B. Type I Supporting Organizations  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 sactivities. If the organization have than one supported organization, describe how the powers to appoint anotice remove officers, directors, or trustees were allocated among the supported organization of what conditions or restrictions. If any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of them than the supported organization of the tax year, applied to such powers during the tax year.  Part VI how providing such benefit carried out the purposes of the supported organization(s) If Yes, "explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations.  Section C. Type II Supporting Organizations or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If Yes," describe in Part VI how control or managed organizations and the supporting organization was vested in the same persons that controlled or managed It supporting Organization was vested in the same persons that controlled or managed It supporting organization was vested organizations, but the supported organization's tax year, (i) a viritien notice describing the type and amount of support provided city in the organization's	а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
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Section B. Type I Supporting Organizations	b	A fam	nily member of a person described on line 11a above?	11b		
Section B. Type I Supporting Organizations	С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
1 Did the governing body, members of the governing body, offices 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, effectively operated, supervised, or controlled regularly appoint or elect at least a majority of the organization's officers, effectively operated, supervised, or controlled regular to great the supported organization of the tax year. It is supported organization of the tax year in the supported organization of the tax year in the supported organization of the tax year. It is apported organization of the tax year allowed organization operated for the benefit of any supported organization other than the supported organization of providing such benefit carried out the purposes of the supported organization of the supported organizations of the supported organizations of the supported organizations.  1 Were a majority of the organization's directors or trustees of each of the organization's supported organizations? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization or supported organization or supported organizations. It is supported organization or supported organizations or supported organizations or supported organizations. It is supported organizations or supported organizations or supported organizations or supported organizations. It is supported organizations or or the organization or since supported organizations is when organization is necessary. If "No," support				11c		
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Pa	rt v   Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organi	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional instructions).	lly integrate	d Type III supporting orga	nization (see			
	ilistructions).						

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	on D - Distributions		•		Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3			
4	Amounts paid to acquire exempt-use assets			4			
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
_6	Other distributions (describe in Part VI). See instructions.			6			
_ 7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2023 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023		
			176-2020		Amount for Loco		
_1_	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
_3_	Excess distributions carryover, if any, to 2023						
	From 2018						
	From 2019						
<u>C</u>	From 2020						
	From 2021						
e	From 2022						
	Total of lines 3a through 3e						
	Applied to underdistributions of prior years						
	Applied to 2023 distributable amount						
_ <u>i</u> _	Carryover from 2018 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2023 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
_	Part VI. See instructions.						
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.						
_8_	Breakdown of line 7:						
	Excess from 2019						
<u>b</u>	Excess from 2020						
<u>c</u>	Excess from 2021						
<u>d</u>	Excess from 2022						
<u>e</u>	Excess from 2023						

Schedule A (Form 990) 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

**Employer identification number** 

WICHITA SYMPHONY SOCIETY 48-0671518 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) For (ii) Form 990-EZ, line 1. Complete Parts I and II.	rm 990, Part VIII, line 1h;
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scie literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (ent "N/A" in column (b) instead of the contributor name and address), II, and III.	ntific,
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled mor is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it re religious, charitable, etc., contributions totaling \$5.000 or more during the year	e than \$1,000. If this box charitable, etc.,

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

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

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

## WICHITA SYMPHONY SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 64,600.	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		\$ <u>13,750.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

## WICHITA SYMPHONY SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>152,684.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions  \$ 40,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## WICHITA SYMPHONY SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	Total contributions  \$ 5,000.	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
17		\$ 25,000.	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
18		\$37,929.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

## WICHITA SYMPHONY SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Hume, dudices, and En 1 7	\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## WICHITA SYMPHONY SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
25		Person X Payroll  Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
26		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
27		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c) (d)			
No. 28	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
29		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
30		Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

## WICHITA SYMPHONY SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4	Total contributions  \$ 5,000.	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
35		\$10,784.	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
36		\$5,616.	Person X Payroll

Name of organization Employer identification number

## WICHITA SYMPHONY SOCIETY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
37		Person X Payroll  Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
38		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
39		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c) (d)			
No. 40	Name, address, and ZIP + 4	Total contributions  Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
41		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
42		Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

## WICHITA SYMPHONY SOCIETY

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	
323453 12-26.			Schedule B (Form 990) (2023)	

Schedule B (Form 990) (2023) Page 4 Name of organization **Employer identification number** WICHITA SYMPHONY SOCIETY 48-0671518 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

WICHITA SYMPHONY SOCIETY

**Employer identification number** 48-0671518

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) i unus and other accounts
1 2	Total number at end of 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 advis	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization 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 in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and volunteer neare develor to mornioring, inspecting,	Thanking or violations, and ornoroning our	oor valien casements daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1, 3,	3	3
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	· ·	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2023

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

Pai	rt III Organizations Maintaining Co	llections of Art	t, Historical Tre	asures, or Ot	her S	imilar <i>i</i>	Assets	(continu	red)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply).								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explair	how they further th	e organization's	exempt	purpose	in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	ures, or other sin	nilar as	sets			
	to be sold to raise funds rather than to be main	ntained as part of th	ne organization's col	lection?				Yes	☐ No
Pai	rt IV Escrow and Custodial Arrange	ements Comple	te if the organization	answered "Yes"	on For	m 990, P	art IV, li	ne 9, or	
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodian	n, or other intermed	liary for contribution	s or other assets	not inc	luded			
	on Form 990, Part X?						$\square$	Yes	X No
b	If "Yes," explain the arrangement in Part XIII ar								
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For							Yes	No No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	planation has been p	orovided in Part >	III				
Pai									
	·	(a) Current year	(b) Prior year	(c) Two years ba		Three yea	ars back	(e) Four y	ears back
1a	Beginning of year balance	8,151,210.	6,564,603.	7,916,01	.4.	6,092	2,286.	6,3	314,959.
	Contributions	180,152.	1,170,838.			223	1,766.		3,660.
	Net investment earnings, gains, and losses	976,688.	760,187.	-1,176,99	4.	1,909	9,052.		61,095.
	Grants or scholarships	·	•			-			
	Other expenditures for facilities								
_	and programs	427,364.	344,418.	314,54	0.	307	7,090.	2	287,428.
f	Administrative expenses	·	•						
g	End of year balance	8,880,686.	8,151,210.	6,564,60	3.	7,916	6,014.	6,0	92,286.
2	Provide the estimated percentage of the current				•	•	,		
	Board designated or quasi-endowment	34.0700	%	,					
	Permanent endowment 65.5050	%	_,,						
	Term endowment .4240 %								
	The percentages on lines 2a, 2b, and 2c shoul								
За	Are there endowment funds not in the possess	•	tion that are held an	d administered fo	or the				
	organization by:				oo			[\forall	res No
	(i) Unrelated organizations?							3a(i)	X
	(m) —							3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the o							0.0	
	rt VI Land, Buildings, and Equipme		William Tarras.						
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990, Pai	t X, line	e 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (	c) Accı	umulated ciation		(d) Book	value
	Lond	<del>\</del>	Dasis	Other)	uepre	CIALIOII			
	Land								
	Buildings			+			+		
	Leasehold improvements	I		4,285.	-	1,25	_	2	,030.
	Equipment		0	<del>-</del> ,403•	0	1,40	<del>-                                     </del>		,030.
	Other						-	า	030
ı ota	I. Add lines 1a through 1e. (Column (d) must equ	ual Form 990. Part	X. line 10c. column	(B))				<u> </u>	,030.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023	WICHITA SIMPHONI	SOCIETI	40-0
Part VII Investments -	Other Securities		

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		

(2) (3) (4) (5) (6)(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))

#### Part IX Other Assets

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

(a) Description	(b) Book value
(1) NON-DEPRECIABLE ASSETS MUSIC LIBRARY	234,201.
(2) NON-DEPRECIABLE ASSETS	230,998.
(3) OPERATING LEASE RIGHT-OF-USE ASSET	89,503.
(4)	
(5)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	554,702.

#### 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) OPERATING LEASE LIABILITY	89,503.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 900, Part Y, line 25, col. (R))	89,503.

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

Schedule D (Form 990) 2023

Pa	rt XI	Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re	turn	<u> </u>
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total r	evenue, gains, and other support per audited financial statements			1	2,898,294.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a	807,582.		
b	Donate	ed services and use of facilities	2b			
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d			2e	807,582.
3	Subtra	ct line <b>2e</b> from line <b>1</b>			3	2,090,712.
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investr	ment expenses not included on Form 990, Part VIII, line 7b	4a	36,702.		
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	36,702.
5		evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	2,127,414.
Ра	rt XII	Reconciliation of Expenses per Audited Financial Statem		Expenses per F	teturi	ו
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				0 005 510
1		expenses and losses per audited financial statements			1	2,225,719.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а		ed services and use of facilities			-	
b		ear adjustments				
С		osses			-	
d		(Describe in Part XIII.)				^
е		nes 2a through 2d			2e	0.
3		ct line 2e from line 1			3	2,225,719.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1	26 500		
а		ment expenses not included on Form 990, Part VIII, line 7b	··· —	36,702.	-	
b		(Describe in Part XIII.)	4b			26 500
С		nes <b>4a</b> and <b>4b</b>			4c	36,702.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,262,421.
ıra	rt XIII	Supplemental Information				

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

#### PART X, LINE 2:

THE WICHITA SYMPHONY SOCIETY HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE THAT RECOGNIZES AS A PUBLICLY SUPPORTED NOT-FOR-PROFIT CORPORATION AND IS EXEMPT, EXCEPT FOR UNRELATED BUSINESS INCOME, FROM TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE WICHITA SYMPHONY SOCIETY FILES A FORM 990-T TO REPORT UNRELATED BUSINESS TAXABLE INCOME, IF ANY. THE WICHITA SYMPHONY SOCIETY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE THE WICHITA SYMPHONY SOCIETY'S FEDERAL FORMS 990 FINANCIAL STATEMENTS. AND 990-T AND KANSAS INCOME TAX RETURNS FOR PERIODS ENDED JUNE 30, 2023, 2022 AND 2021 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE

Schedule D (Form 990) 2023

Part XIII   Supplemental Information (continued)
YEARS AFTER THEY WERE FILED. IT IS THE WICHITA SYMPHONY SOCIETY'S POLICY
THAT PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES, IF ANY,
ARE INCLUDED IN OPERATING EXPENSES.
PART V, LINE 4
THE WICHITA SYMPHONY SOCIETY ESTABLISHED AN ENDOWMENT FUND TO ASSIST IN
THE MANAGEMENT OF PERMANENTLY RESTRICTED NET ASSETS AND TO PROVIDE AN
OPPORTUNITY TO INTERNALLY DESIGNATE FUNDS TO PROVIDE LONG TERM BENEFIT OF
THE SOCIETY WHICH IS THE PERFORMANCE OF SYMPHONIC AND ORCHESTRA
PRODUCTIONS AND OTHER EDUCATIONAL ACTIVITIES FOR THE CITIZENS OF WICHITA,
KS AND THE SURROUNDING AREAS.

#### **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WICHITA SYMPHONY SOCIETY

**Employer identification number** 48-0671518

WICHITA SYMPHONY SOCIETY	48-0671518
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE 990 IS PROVIDED TO THE GOVERNING BODY BEFORE	IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:	
OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO DISC	LOSE ANNUALLY
INTERESTS THAT COULD GIVE RISE TO CONFLICTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE CHIEF EXECUTIVE OFFICER IS EVALUATED ON AN ANNUAL BASI	S
FORM 990, PART VI, SECTION C, LINE 19:	
PROVIDED UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
GUEST ARTIST FEES:	
PROGRAM SERVICE EXPENSES	84,058.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	84,058.
SECURITY:	
PROGRAM SERVICE EXPENSES	4,500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,500.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023  Name of the organization  WICHITA SYMPHONY SOCIETY	Employer identification number 48-0671518
RECORDING ENGINEER:	, =====================================
PROGRAM SERVICE EXPENSES	5,528.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,528.
CONDUCTOR EXPENSE:	
PROGRAM SERVICE EXPENSES	140,135.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	140,135.
PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	57,082.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	57,082.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	291,303.

#### **SCHEDULE R** (Form 990)

Name of the organization

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

WICHITA SYMPHO	4	48-0671518						
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Ye	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Or Total inco	me End-of-yea	I .	(f) Pits Direct con entit		9
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	itions. Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 34, I	pecause it had one	or more re	elated tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) controlling entity	enti	rolled ity?
SYMPHONY MANAGEMENT, INC 48-0673776  225 W DOUGLAS, SUITE 207  WICHITA, KS 67202	ORCHESTRA MUSICIANS	KANSAS	501(C)(3)	509(A)(3)	WICHITA SOCIETY	SYMPHONY	Yes	No X
	-							
	-							
	1			1			1 '	

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

Schedule R (Form 990) 2023

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate itions?	amount in box	managir partner	Percentage ownership
		country)		sections 512-514)		466615	Yes	No	K-1 (Form 1065)	Yes N	o
							1				<u> </u>

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

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

Schedule R (Form 990) 2023

Page 3

Yes No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

b	Gift, grant, or capital contribution to related organization(s)				1b		X					
c Gift, grant, or capital contribution from related organization(s)												
d	Loans or loan guarantees to or for related organization(s)				1d		X					
е	Loans or loan guarantees by related organization(s)				1e		X					
f	Dividends from related organization(s)				1f		X					
g	g Sale of assets to related organization(s)											
h	h Purchase of assets from related organization(s)											
i	i Exchange of assets with related organization(s)											
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X					
- 1					11		Х					
m Performance of services or membership or fundraising solicitations by related organization(s)												
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s)  10												
	d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) f Purchase of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) i Exchange of assets with related organization(s) i Lease of facilities, equipment, or other assets to related organization(s) i Lease of facilities, equipment, or other assets from related organization(s) i Performance of services or membership or fundraising solicitations for related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) in Sharing of paid employees with related organization(s) in Sharing of paid employees with related organization(s) in Sharing of paid employees with related organization(s) in Peimbursement paid to related organization(s) for expenses in Peimbursement paid to related organization(s) for expenses in Peimbursement paid to related organization(s) for expenses in Quarticle of Cash or property to related organization(s) in Chira transfer of cash or property from related organization(s) in Transaction in Chira SYMPHONY MANAGEMENT  P 597,423. CASH AMOUNT OF REIMBURSEMEN  WICHITA SYMPHONY MANAGEMENT  P 597,423. CASH AMOUNT OF REIMBURSEMEN											
p Reimbursement paid to related organization(s) for expenses												
					1q		Х					
_	•											
r	Other transfer of cash or property to related organization(s)				1r		Х					
					1s		Х					
2												
	(a)			(d)								
	Name of related organization		Amount involved	Method of determining amount inv	olved							
		type (a-s)										
۰. ۱	ATCHIMA CYMDHONY MANACEMENIO		507 422	CACH AMOUND OF DEIMBURGE	MENT	пc						
1) '	NICHIIA SIMPHONI MANAGEMENI	P	391,443.	CASH AMOUNT OF REIMBURSE	иси.	LO						
٥,												
2)												
<b>3</b> )												
3)												
4)												
•												
5)												
6)												

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000

**EL DORADO** 117 W. CENTRAL AVE

TUCSON TULSA WICHITA

4801 E. BROADWAY BLVD., STE. 501 TUCSON, AZ 85711-3648 4200 E. SKELLY DR., STE. 560 WAGONER 509 S. MCQUARRIE AVE 300 W. DOUGLAS AVE., STE. 900

TULSA, OK 74135-3209 WAGONER, OK 74467-6223

WICHITA, KS 67202-2914

EL DORADO, KS 67042-0847

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

316-321-1150