



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning

07/01, 2008, and ending

06/30, 2009

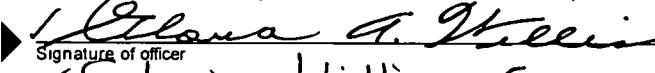
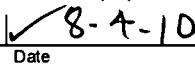
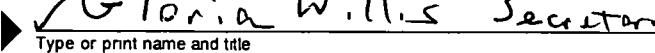
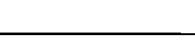
<input checked="" type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WYANDOT CENTER FOR COMMUNITY BEHAVIOR			D Employer identification number 48-0576044	
	Doing Business As WYANDOT CENTER			E Telephone number (913) 233-3300	
	Number and street (or P O box if mail is not delivered to street address) 757 ARMSTRONG AVE			Room/suite	
	City or town, state or country, and ZIP + 4 KANSAS CITY, KS 66101			G Gross receipts \$ 24,922,774.	
	F Name and address of principal officer MIKE RODINA 757 ARMSTRONG AVE KANSAS CITY, KS 66101			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	I Tax-exempt status X 501(c) (3) (Insert no.)			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	J Website: ► WYANDOTCENTER.ORG			H(c) Group exemption number ►	

K Type of organization **X Corporation** **Trust** **Association** **Other ►** L Year of formation **1953** M State of legal domicile **KS**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities IN PARTNERSHIP WITH THE COMMUNITY, WYANDOT CENTER PROVIDES A CONTINUUM OF QUALITY SERVICES TO ENRICH AND STRENGTHEN THE LIVES OF WYANDOTTE COUNTY CITIZENS.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a) 3		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4		
	5 Total number of employees (Part V, line 2a) 5		
	6 Total number of volunteers (estimate if necessary) 6		
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a		
7b Net unrelated business taxable income from Form 990-T, line 34 7b			
Revenue	8 Contribution and grants (Part VIII, line 1h) 4,524,094.	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) 17,683,402.		4,090,874.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 46,420.		20,393,013.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 528,579.		43,038.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 22,782,495.		24,922,774.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 38,380.		
	14 Benefits paid to or for members (Part IX, column (A), line 4) NONE		
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15,246,543.	Prior Year	Current Year
	16a Professional fundraising fees (Part IX, column (A), line 11e) NONE		17,027,173.
	b Total fundraising expenses, Part IX, column (D), line 25) NONE		NONE
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 5,178,496.		6,402,866.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 20,425,039.		23,468,419.
	19 Revenue less expenses Subtract line 18 from line 12 2,357,456.		1,454,355.
	20 Total assets (Part X, line 16) 14,053,500.	Beginning of Year	End of Year
21 Total liabilities (Part X, line 26) 7,596,887.		15,555,397.	
22 Net assets or fund balances Subtract line 21 from line 20. 6,456,613.		8,262,799.	
		7,292,598.	

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	  <input type="checkbox"/> Signature of officer   <input type="checkbox"/> Type or print name and title		

Paid	Preparer's signature 	Date JUL 30 2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 BKD, LLP 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246	EIN 	Phone no 816 221-6300	

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

JSA
8E1010 2 000

58915Y K922 07/22/2010 10:03:44 V08-8.3 052463

20
G16

Part III Statement of Program Service Accomplishments (see instructions)**1 Briefly describe the organization's mission**

IN PARTNERSHIP WITH THE COMMUNITY, WYANDOT CENTER PROVIDES A CONTINUUM OF QUALITY SERVICES TO ENRICH AND STRENGTHEN THE LIVES OF WYANDOTTE COUNTY CITIZENS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 8,920,251. including grants of \$ 17,655.) (Revenue \$ 9,562,877.)
SEE STATEMENT 1

4b (Code _____) (Expenses \$ 6,399,311. including grants of \$ 12,665) (Revenue \$ 6,860,324.)
COMMUNITY SUPPORT SERVICES PROVIDES CASE MANAGEMENT, MEDICATION MANAGEMENT AND SUPPORTIVE EMPLOYMENT SERVICES TO SERIOUSLY AND PERSISTENTLY MENTALLY ILL ADULTS WHO RESIDE IN WYANDOTTE COUNTY. CSS SERVED A TOTAL OF 1,199 CONSUMERS WHICH INCLUDED 109 IN THE SUPPORTED EMPLOYMENT PROGRAM. A NEWLY OPENED RESPITE SERVICES PROGRAM SERVED 72 CONSUMERS FOR 117 VISITS WHICH RESULTED IN HOSPITALIZATION BEING AVERTED 65 TIMES.

4c (Code _____) (Expenses \$ 4,072,288 including grants of \$ 8,060.) (Revenue \$ 4,365,661.)
COMPREHENSIVE OUTPATIENT SERVICES PROVIDES INDIVIDUAL, FAMILY AND GROUP THERAPY AND MEDICATION MANAGEMENT SERVICES TO RESIDENTS OF WYANDOTTE COUNTY. 6,240 OF WHOM WERE SEEN DURING THE PAST FISCAL YEAR. COS ALSO CONDUCTED 1,052 PSYCHIATRIC HOSPITAL ADMISSION SCREENS, SERVED 2,735 CLIENTS IN THE WALK-IN CRISIS CLINIC AND RESPONDED TO 1,797 CRISIS LINE PHONE CALLS.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 19,391,850. (Must equal Part IX, Line 25, column (B))

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?	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? If "Yes," complete Schedule C, Part II	4	X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where 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	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 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, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c	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	X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 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, Parts II, III, IV, and V, line 1	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
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

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	55
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	NONE
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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	628
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a	
a	Did the organization make any taxable distributions under section 4966?	9b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body	1a	11
1b	Enter the number of voting members that are independent	1b	11
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	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	X
8b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or 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 in Schedule O	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
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		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X
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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► KS,
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► CATHRYN CARTER 757 ARMSTRONG AVE KANSAS CITY KS 66101 913-233-3315

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List the organization's five **current highest compensated employees** (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
MIKE RODINA BOARD CHAIRPERSON	1.	X	X				NONE	NONE	NONE
MELISSA BYNUM VICE-CHAIRPERSON	1.	X	X				NONE	NONE	NONE
GLORIA WILLIS SECRETARY	1.	X	X				NONE	NONE	NONE
EVA WHITMIRE TREASURER	1.	X	X				NONE	NONE	NONE
REV. KEN NETTLING BOARD MEMBER	1.	X					NONE	NONE	NONE
KELLY LEROUX BOARD MEMBER	1.	X					NONE	NONE	NONE
ROSEMARY PODREBARAC BOARD MEMBER	1.	X					NONE	NONE	NONE
KEVIN STEPHENSON BOARD MEMBER	1.	X					NONE	NONE	NONE
JACKIE BENNETT BOARD MEMBER	1.	X					NONE	NONE	NONE
WAYNE HEADRICK BOARD MEMBER	1.	X					NONE	NONE	NONE
KATHY WOLFE-MOORE BOARD MEMBER	1.	X					NONE	NONE	NONE
PETER ZEVENBERGEN CEO	40.		X				151,044.	NONE	44,965.
CATHRYN CARTER CFO	40.		X				88,105.	NONE	7,303.
ROBERT COOLEY D. O.	40.			X			155,243.	NONE	6,315.
GORDON RISK M. D.	40.			X			159,829.	NONE	7,000.
RAUL HUET M. D.	40.			X			169,649.	NONE	7,111.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

1b Total ► 723,870. NONE 72,694.
2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 4

	Yes	No
3		X
4	X	
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.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ►

Part VIII Statement of Revenue

48-0576044

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 39,716.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 4,034,311					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 16,847.					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f ►		4,090,874.				
Program Service Revenue	Business Code						
	2a NET PATIENT SERVICE REVENUE	624100	20,393,013.	20,393,013			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f ►		20,393,013.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	STMT. 2 . . . ►	43,038			43,038.	
	4 Income from investment of tax-exempt bond proceeds		NONE				
	5 Royalties		NONE				
	6a Gross Rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ►		NONE				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss) ►		NONE					
8a Gross income from fundraising events (not including \$. . . of contributions reported on line 1c) See Part IV, line 18 a							
b Less direct expenses b							
c Net income or (loss) from fundraising events ►		NONE					
9a Gross income from gaming activities See Part IV, line 19 a							
b Less direct expenses b							
c Net income or (loss) from gaming activities ►		NONE					
10a Gross sales of inventory, less returns and allowances a							
b Less cost of goods sold b							
c Net income or (loss) from sales of inventory. ►		NONE					
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS INCOME	900099	395,849	395,849.				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ►		395,849.					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ►		24,922,774.	20,788,862.			43,038.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	38,380.	38,380.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	300,266.	248,873.	51,393.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	13,603,222.	11,274,913.	2,328,309.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	114,771.	70,676.	44,095.	
9 Other employee benefits	1,897,244.	1,521,450.	375,794.	
10 Payroll taxes	1,111,670.	926,232.	185,438.	
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	44,985.		44,985.	
c Accounting	25,729.		25,729.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	323,676.	123,900.	199,776.	
12 Advertising and promotion	40,945.	6,451.	34,494.	
13 Office expenses	223,688.	147,936.	75,752.	
14 Information technology	125,066.	32,620.	92,446.	
15 Royalties	NONE			
16 Occupancy	942,375.	730,809.	211,566.	
17 Travel	1,033,790.	962,327.	71,463.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	19,838.	13,151.	6,687.	
20 Interest	453,644.	371,224.	82,420.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	464,165.	337,134.	127,031.	
23 Insurance	251,841.	217,575.	34,266.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BAD_DEBT_EXPENSE	2,075,801.	2,075,801.		
b CLINIC_RESIDENTIAL	133,180.	133,180.		
c MEDICATION_TESTING_&_LAB_EX	92,868.	92,868.		
d DUES,_LICENSES,_AND_PUBS	67,573.	10,335.	57,238.	
e CONTRIBUTIONS_EXPENSE	16,487.	16,487.		
f All other expenses	67,215.	39,528.	27,687.	
25 Total functional expenses. Add lines 1 through 24f	23,468,419.	19,391,850.	4,076,569.	NONE
26 Joint Costs. Check here ► <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,185.	1	NONE
	2 Savings and temporary cash investments	1,811,496.	2	2,869,549.
	3 Pledges and grants receivable, net	662,858.	3	103,420.
	4 Accounts receivable, net	2,606,210.	4	2,630,125.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges	167,934.	9	222,346.
	10a Land, buildings, and equipment cost basis	10a 11,493,934.		
	b Less accumulated depreciation Complete Part VI of Schedule D.	10b 2,216,643.	8,634,585.	10c 9,277,291.
	11 Investments - publicly traded securities		NONE	11 73,103.
	12 Investments - other securities See Part IV, line 11			12
	13 Investments - program-related See Part IV, line 11			13
	14 Intangible assets			14
Liabilities	15 Other assets See Part IV, line 11	168,232.	15	379,563.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	14,053,500.	16	15,555,397.
	17 Accounts payable and accrued expenses	1,622,493.	17	2,108,521.
	18 Grants payable			18
	19 Deferred revenue	4,473.	19	37,048.
	20 Tax-exempt bond liabilities	4,725,490.	20	4,441,961.
	21 Escrow account liability Complete Part IV of Schedule D			21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22
	23 Secured mortgages and notes payable to unrelated third parties	1,244,431.	23	1,602,166.
	24 Unsecured notes and loans payable			24
Net Assets or Fund Balances	25 Other liabilities. Complete Part X of Schedule D		NONE	25 73,103.
	26 Total liabilities. Add lines 17 through 25	7,596,887.	26	8,262,799.
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,456,613.	27	7,292,598.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
Net Assets or Fund Balances	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	6,456,613.	33	7,292,598.
	34 Total liabilities and net assets/fund balances	14,053,500.	34	15,555,397.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	X

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization	WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC.	Employer identification number
		48-0576044

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

a <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III - Functionally Integrated	d <input type="checkbox"/> Type III - Other
-----------------------------------	------------------------------------	---	---
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) A family member of a person described in (i) above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	Yes	No
11g(I)		
11g(II)		
11g(III)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

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.)
Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
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 1-3						
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

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
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 IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. 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 ► <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)
Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations. Complete Part III.

Name of organization

LANDOT CENTER FOR COMMUNITY REHABILITATION

Employer identification number

48-0576044

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures ► \$
3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____

3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ► \$ _____

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

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

Schedule C (Form 990 or 990-EZ) 2008

JSA
8E12B4 1 000

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

A Check if the filing organization belongs to an affiliated group.

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns.														
<table border="1"> <tr> <td>If the amount on line 1e, column (a) or (b) is:</td> <td>The lobbying nontaxable amount is:</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a														
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		1,346.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total lines 1c through 1i			1,346.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

Section 501(c)(3), see the instructions for Schedule C for details.		
	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5 and Part II-B, line 1. Also, complete this part for any additional information.

Part IV **Supplemental Information (continued)**

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

2008Open to Public
Inspection

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **WYANDOT CENTER FOR COMMUNITY BEHAVIORAL** Employer identification number **48-0576044**
HEALTHCARE, INC.

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of certified historic structure <input type="checkbox"/> Preservation of open space
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i)	Revenues included in Form 990, Part VIII, line 1 ► \$
(ii)	Assets included in Form 990, Part X ► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a	Revenues included in Form 990, Part VIII, line 1 ► \$
b	Assets included in Form 990, Part X ► \$

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

Schedule D (Form 990) 2008

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Yes	No
-----	----

(i) unrelated organizations

3a(i)	
-------	--

(ii) related organizations

3a(ii)	
--------	--

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

3b	
----	--

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		456,461.			456,461.
b Buildings		9,372,640.	1,116,739.		8,255,901.
c Leasehold improvements		3,818.	1,556.		2,262.
d Equipment		987,885.	704,501.		283,384.
e Other		673,130.	393,847.		279,283.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))					9,277,291.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990, Part X, col (B) line 12)

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Total. (Column (b) should equal Form 990, Part X, col (B) line 13)

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		
DEFERRED COMPENSATION	73,103.	

Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ► 73,103.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV | Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

SEE PAGE 5

Part XIV Supplemental Information (continued)

LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48

SCHEDULE D, PART X

IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) STAFF

POSITION NO. FIN 48-3, WYANDOT, INC., THE SOLE MEMBER OF WYANDOT CENTER

FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC., HAS ELECTED TO DEFER THE

EFFECTIVE DATE OF FASB INTERPRETATION NO. 48 (FIN 48), ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES, UNTIL ITS FISCAL YEAR ENDING JUNE 30, 2010.

WYANDOT, INC. HAS CONTINUED TO ACCOUNT FOR ANY UNCERTAIN TAX POSITIONS IN

ACCORDANCE WITH LITERATURE THAT WAS AUTHORITATIVE IMMEDIATELY PRIOR TO

THE EFFECTIVE DATE OF FIN 48, SUCH AS FASB STATEMENT NO. 109, ACCOUNTING

FOR INCOME TAXES, AND FASB STATEMENT NO. 5, ACCOUNTING FOR CONTINGENCIES.

AT JUNE 30, 2009, WYANDOT, INC. IS NOT AWARE OF ANY UNCERTAIN TAX

POSITIONS.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

Part IV **Supplemental Information** Complete this part to provide the information required in Part I line 2 and any other additional information

PROCESS FOR MONITORING THE USE OF GRANTS IN THE U.S.

SCHEDULE I. PART I. LINE 2

COPIES OF THE GRANT AWARDS ARE MAINTAINED BY THE CEO, FISCAL SERVICES

MANAGER, THE CLINICAL DEPT DIRECTOR AND THE CEO'S ADMINISTRATIVE

ASSISTANT. INDIIVIDUAL GRANT ACTIVITY IS TRACKED VIA EXCEL WORKSHEETS.

WAI NATAI NED IN THE DOCUMENTATION IS BACK-UP ACCOUNTING DEPT.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees► Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization	WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC.	Employer identification number
		48-0576044

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	
1b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee	
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a		
a Receive a severance payment or change of control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X

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

Schedule J (Form 990) 2008

Part II Officers Directors Trustees Key Employees and Highest Compensated Employees. Use Schedule I if additional space is needed.

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

N-512 The sum of columns (B) / (C) / (D) must equal the applicable column (D) or column (E) amounts on Form 900 Part VII line 12

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

NON-FIXED PAYMENTS**SCHEDULE J, PART I, LINE 7**

ANNUALLY, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS TO

REVIEW THE PERFORMANCE OF THE CEO, FROM TIME TO TIME, THE COMMITTEE MAY

AUTHORIZE A SALARY INCREASE AND/OR A BONUS. THE COMMITTEE USUALLY MEETS

IN DECEMBER OR JANUARY WHICH CAN RESULT IN THE PAYMENT OF BOTH YEARS'

BONUSES IN ONE YEAR.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
HEALTHCARE, INC.

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2008.

Open to Public
Inspection

Name of the organization

WYANDOT CENTER FOR COMMUNITY BEHAVIORAL
HEALTHCARE, INC.

Line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Employer identification number

48-0576044

Part I Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased	(h) On behalf of issuer
						Yes	No
						Yes	No
A UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/KANSAS CITY	48-1194075		04/14/2005	5,000,000	BUILDING	X	X
B							
C							
D							
E							

Part II Proceeds (Optional for 2008)

	A	B	C	D	E		
1 Total proceeds of issue							
2 Gross proceeds in reserve funds							
3 Proceeds in refunding or defeasance escrows							
4 Other unspent proceeds							
5 Issuance costs from proceeds							
6 Working capital expenditures from proceeds							
7 Capital expenditures from proceeds							
8 Year of substantial completion							
9 Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	No
10 Were the bonds issued as part of an advance refunding issue?							
11 Has the final allocation of proceeds been made?							
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?							

Part III Private Business Use (Optional for 2008)

	A	B	C	D	E	
	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?						
2 Are there any lease arrangements with respect to the financed property which may result in private business use?						

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

Schedule K (Form 990) 2008

Part III **Private Business Use (Continued)**

• Page 2

	A					B					C					D					E				
	Yes	No																							
3a Are there any management or service contracts with respect to the financed property which may result in private business use?					
b Are there any research agreements with respect to the financed property which may result in private business use?					
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. ▲					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. ▲					
6 Total of lines 4 and 5					
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?					
Part IV Arbitrage (Optional for 2008)																									
	A					B					C					D					E				
	Yes	No																							
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?					
2 Is the bond issue a variable rate issue?					
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?					
b Name of provider					
c Term of hedge					
4a Were gross proceeds invested in a GIC?					
b Name of provider					
c Term of GIC					
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?					
5 Were any gross proceeds invested beyond an available temporary period?					
6 Did the bond issue qualify for an exception to rebate?					

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

WYANDOT CENTER FOR COMMUNITY BEHAVIORAL

Employer identification number

HEALTHCARE, INC.

48-0576044

NEW PROGRAM SERVICESFORM 990, PART III, LINE 2NEW PROGRAMS INCLUDE THE REBRANDING OF YOUTH SERVICES WITH THE NEW NAMEOF "PACES" WHICH HAS A MISSION TO GO BEYOND TRADITIONAL CASE MANAGEMENTAND MENTAL HEALTH CARE TO RESPOND TO BASIC NEEDS OF YOUNG CONSUMERS SUCHAS FOOD AND CLOTHING. THE CENTER LAUNCHED A TEEN LEADERSHIP PROGRAM TOENGAGE 13 TO 22 YEAR OLDS WHO ARE LEARNING BY DOING. THE PROGRAM FOCUSESAROUND THEMES OF COMMUNICATION SKILLS, EDUCATION, CAREER AND JOBDEVELOPMENT, HEALTHY RELATIONSHIPS AND FINANCIAL INDEPENDENCE. INADDITION, THE CENTER CONTRACTED WITH THE UNIFIED GOVERNMENT OF KANSASCITY, KS AND WYANDOTTE COUNTY TO OPERATE AN EMERGENCY SHELTER TO SERVEYOUTH IN POLICE PROTECTIVE CUSTODY DUE TO NEGLECT AND ABUSE. THE CENTERBEGAN OFFERING RESPITE SERVICES TO ADULT CONSUMERS ON A 24/7 BASIS.CONSUMERS BENEFIT FROM EXTRA SUPPORT DUE TO STRESSORS/MEDICATION CHANGES;BECAUSE THEY MAY HAVE JUST BEEN RELEASED FROM THE STATE HOSPITAL, ORBECAUSE A CRISIS IS BREWING.

Name of the organization	WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC.	Employer identification number
		48-0576044

OPERATION OF ONE OR MORE HOSPITALS

FORM 990, PART IV, LINE 20 & SCHEDULE A, PART I, LINE 3

WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC IS AN

ORGANIZATION DESCRIBED AS A HOSPITAL IN SECTION 170(B)(1)(A)(III) AS

DETERMINED BY THE IRS. THE ORGANIZATION IS NOT REQUIRED TO BE LICENSED,

REGISTERED, OR SIMILARLY RECOGNIZED BY ANY STATE AS A HOSPITAL AND

THEREFORE NOT REQUIRED TO FILE SCHEDULE H.

Name of the organization	WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC.	Employer identification number
		48-0576044

MEMBERS OR STOCKHOLDERSFORM 990, PART VI, SECTION A, LINE 6

WYANDOT, INC., A KANSAS NONPROFIT CORPORATION, IS THE SOLE MEMBER OF

WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC. WYANDOT, INC.

IS DESIGNATED AS THE SOLE MEMBER SO LONG AS WYANDOT, INC. SHALL CONTINUE

TO QUALIFY AS A TAX EXEMPT, NONPROFIT ENTITY RECOGNIZED UNDER SECTION

501(C)(3) OF THE IRC. WYANDOT, INC. HAS THE RIGHT TO ELECT THE MEMBERS

OF WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC.'S GOVERNING

BODY. WYANDOT, INC. HAS THE RESERVED POWER TO APPROVE SIGNIFICANT

DECISIONS OF WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC.'S

GOVERNING BODY. WYANDOT, INC. IS NOT ENTITLED TO RECEIVE A SHARE OF

WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC.'S PROFITS,

EXCESS DUES OR A SHARE OF WYANDOT CENTER FOR COMMUNITY BEHAVIORAL

HEALTHCARE, INC.'S NET ASSETS UPON DISSOLUTION.

Name of the organization	WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC.	Employer identification number
		48-0576044

MEMBERS OR STOCKHOLDERS MAY ELECT GOVERNING BODY

FORM 990, PART VI, SECTION A, LINE 7A

WYANDOT INC, BEING THE SOLE MEMBER OF WYANDOT CENTER, HAS THE RIGHT TO

ELECT ALL THE BOARD OF DIRECTORS.

Name of the organization	WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC.	Employer identification number
		48-0576044

GOVERNING BODY DECISIONS SUBJECT TO APPROVAL OF MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINE 7B

WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC.'S BYLAWS VEST

SUBSTANTIAL DECISION-MAKING AUTHORITY IN THE COMPANY'S BOARD OF DIRECTORS

(SEC 3.01 OF THE BYLAWS). BECAUSE THE SOLE MEMBER POSSESSES THE RIGHT TO

APPOINT THE COMPANY'S DIRECTORS, IT RETAINS WHAT AMOUNTS TO AN INDIRECT

CONTROL OF OR APPROVAL OF THE GOVERNING BODY'S DECISIONS. HOWEVER, THE

BOARD MAY DIRECTLY ACT WITHOUT THE APPROVAL OF THE SOLE MEMBER.

Name of the organization	WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC.	Employer identification number
		48-0576044

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION A, LINE 10

AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. THE

CENTER'S CEO, CFO AND ACCOUNTING STAFF THEN REVIEW THE 990 AND ADDRESS

ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE. THE FINAL 990

WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL VOTING MEMBERS OF THE

BOARD PRIOR TO FILING THE 990.

Name of the organization WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC.	Employer identification number 48-0576044
---	---

CONFLICT OF INTEREST POLICYFORM 990, PART VI, SECTION B, LINE 12CAT THE TIME OF HIRE OR ELECTION (IN THE CASE OF DIRECTORS) AND ANNUALLYTHEREAFTER, THE OFFICERS, DIRECTORS AND KEY EMPLOYEES SHALL PROVIDE THEAPPLICABLE CONFLICT OF INTEREST DISCLOSURES WHICH SHALL BE COMPLETED TOIDENTIFY ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES IN WHICH IT ISBELIEVED A CONFLICT MAY ARISE. IF A CONFLICT ARISES, THE OFFICER,DIRECTOR OR KEY EMPLOYEE ABSTAINS FROM THE VOTE OF THE CONFLICTEDTRANSACTION, ANNUAL MONITORING AND REVIEW PROCEDURE SHALL BE PART OF THEORGANIZATION'S COMPLIANCE PLAN. AN APPROPRIATE REPORT SHALL BE SUBMITTEDTO THE EXECUTIVE COMMITTEE CONCERNING ANY INTEREST DISCLOSED.

Name of the organization	WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC.	Employer identification number 48-0576044
--------------------------	---	--

COMPENSATION REVIEWFORM 990, PART VI, SECTION B, LINE 15A & B15A: THE ORGANIZATION'S PROCESS FOR DETERMINING CEO COMPENSATION BEGINSWITH AN INITIATIVE LEAD BY THE CHAIRPERSON OF THE BOARD OF DIRECTORS. THECHAIRPERSON COMPARES COMPENSATION AND SALARY DATA WITH OTHERORGANIZATIONS OF A SIMILAR SIZE AND INDUSTRY. THE CHAIRPERSON REVIEWSTHE DATA AND MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE. WITHAPPROVAL THE EXECUTIVE COMMITTEE PRESENTS ITS RECOMMENDATION TO THE BOARDOF DIRECTORS IN A CLOSED SESSION. THE COMPENSATION IS THEN VOTED UPON BYALL INDEPENDENT MEMBERS OF THE BOARD. THIS PROCESS WAS LAST COMPLETED IN2008.15B: ANNUAL PERFORMANCE REVIEWS ARE TYPICALLY CONDUCTED IN OCTOBER FOREVERY EMPLOYEE WHO WAS EMPLOYED PRIOR TO JAN 1 OF THAT YEAR. THE CEOEVALUATES THE PERFORMANCE OF HIS DIRECT REPORTS. WITHIN THE FRAMEWORK OFTHE OVERALL AMOUNT BUDGETED FOR SALARY INCREASES AND CASH FLOWPROJECTIONS BEING STABLE, HE MAY ELECT TO GIVE HIS STAFF THE SAMEPERCENTAGE OF MERIT INCREASE THAT ALL SATISFACTORY EMPLOYEES ARE ENTITLEDTO.

Name of the organization	WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC.	Employer identification number
		48-0576044

AVAILABILITY OF DOCUMENTSFORM 990, PART VI, SECTION C, LINE 19THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY ANDFINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization	WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC.	Employer identification number
		48-0576044

AUDITED FINANCIAL STATEMENTS

FORM 990, PART IV, LINE 12 & PART XI, LINE 2B & C

THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT

ACCOUNTANT ON A CONSOLIDATED BASIS. THE ORGANIZATION HAS A COMMITTEE

THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF

THE INDEPENDENT ACCOUNTANT.

Name of the organization	WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC.	Employer identification number
		48-0576044

AMENDED RETURN

FORM 990, SECTION B

FORM 990, PART IV, LINE 20 -

AS ORIGINALLY FILED: YES

AS AMENDED: NO

SEE PART IV, LINE 20 SCHEDULE O DISCLOSURE FOR EXPLANATION REQUIRING AN

AMENDED RETURN.

FORM 990, PART VII, SECTION A, COLUMN F -

PETER ZEVENBERGEN

AS ORIGINALLY FILED: \$59,472

AS AMENDED: \$44,965

THE TAXPAYER IS AMENDING THE JUNE 30, 2009 FORM 990 DUE TO AN INADVERTANT

ERROR OF OVER REPORTING COMPENSATION AND BENEFITS.

SCHEDULE J, PART II, COLUMN D -

PETER ZEVENBERGEN

AS ORIGINALLY FILED: \$42,472

AS AMENDED: \$27,965

THE TAXPAYER IS AMENDING THE JUNE 30, 2009 FORM 990 DUE TO AN INADVERTANT

ERROR OF OVER REPORTING COMPENSATION AND BENEFITS.

Part III Identification of Related Organizations Taxable as a Partnership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) 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
NYANDOT MANAGEMENT CORP 57 ARMSTRONG KANSAS CITY, KS 66101	26-2337921 ACCOUNTING SOFTWARE	KS	N/A	C CORP	NONE	51,415.	100.0000

Part V Transactions With Related Organizations

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

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 (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)

(B) Transaction type (a-r)

(C) Amount involved

(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

Schedule R (Form 990) 2008

FORM 990, PART III - PROGRAM SERVICES

4 A PROGRAM SERVICE

PACES PROVIDES CARE TO WYANDOTTE COUNTY YOUTH THROUGH CASE MANAGEMENT, INDIVIDUAL AND FAMILY THERAPY, MEDICATION MANAGEMENT AND PSYCHOSOCIAL PROGRAMMING. IN PARTNERSHIP WITH USD 500, PACES OPERATES WYANDOT ACADEMY AND PROJECT SUCCESS (OUTREACH AND CONTINUITY OF CARE). PACES ALSO PARTNERS WITH THE UNIFIED GOVT OF KANSAS CITY, KS AND WYANDOTTE COUNTY IN PROVIDING SERVICES TO YOUTH AT RISK OF LEGAL INTERVENTION, GROUP THERAPY FOR DETAINED YOUTH AND AN EMERGENCY SHELTER FOR CHILDREN IN POLICE PROTECTIVE CUSTODY. PACES SERVED A TOTAL OF 2,252 KIDS THAT INCLUDED 938 IN CASE MANAGEMENT, 200 KIDS IN THE PSYCHOSOCIAL SUMMER PROGRAM AND 21 IN THE RECENTLY LAUNCHED TEEN LEADERSHIP PROGRAM.

WYANDOT CENTER FOR COMMUNITY BEHAVIORAL

48-0576044

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST ON SAVINGS & TEMPORARY CASH INVESTMENTS	43,038.	43,038.	43,038.	43,038.
TOTALS	43,038.	43,038.	43,038.	43,038.

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ►
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ► *All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**

Type or print	Name of Exempt Organization WYANDOT CENTER FOR COMMUNITY BEHAVIOR HEALTH	Employer identification number 48-0576044
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 757 ARMSTRONG AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, KS 66101	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► CATHRYN CARTER

Telephone No. ► 913 233-3315

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . ► . If it is for part of the group, check this box . . ► and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► calendar year _____ or
► tax year beginning 08/05, 2008, and ending 06/30, 2009 .

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ <u>NONE</u>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ <u>NONE</u>
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ <u>NONE</u>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ►
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization WYANDOT CENTER FOR COMMUNITY B	Employer identification number 48-0576044
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions 757 ARMSTRONG AVENUE	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions KANSAS CITY, KS 66101	

Check type of return to be filed (File a separate application for each return).

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► CATHRYN CARTER
- Telephone No. ► 913 233-3315 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . . . ► . If it is for part of the group, check this box . . . ► and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15/2010

5 For calendar year , or other tax year beginning 08/05/2008 and ending 06/30/2009

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$ <u>NONE</u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$ <u>NONE</u>
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ <u>NONE</u>

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►

BKD, LLP
120 WEST 12TH STREET, SUITE 1200
KANSAS CITY, MO 64105-1936

Date ►

Form 8868 (Rev 4-2009)