Form *990-T	=	empt Organization Business. and proxy tax under sec			11	OMB No 1545-0687
101111	 	dar year 2017 or other tax year beginning07/01			.18	െ47
P	For cale	► Go to www.irs.gov/Form990T for instruction		_	ا — ا	
Department of the Treasury Internal Revenue Service	▶ Do	not enter SSN numbers on this form as it may be made			. <sub>1/31</sub>	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if	1	Name of organization ( Check box if name changed			D Empl	oyer identification number
address changed					(Emple	oyees' trust, see instructions )
B Exempt under section	2	WYANDOT, INC.				
X 501( C <u>)(</u> 3	Print	Number, street, and room or suite no. If a P.O. box, see ins	structions	·	26-3	338038
408(e) 220(e	Type	- <b>-</b>				ated business activity codes
408A530(a		757 ARMSTRONG AVENUE			(300 11	20th mats )
529(a)		City or town, state or province, country, and ZIP or foreign	postal code			
C Book value of all assets at end of year		KANSAS CITY, KS 66101	<del> </del>			<del></del>
·		up exemption number (See instructions )		<u> </u>		
		ck organization type X 501(c) corporation	501(c		401(a)	trust Other trust
		rimary unrelated business activity	ATTACHM:			▶ Yes X No
		corporation a subsidiary in an affiliated group or a particular of the parent corporation.	arent-subsidiary o	controlled group?		▶ Yes _^ No
		ANDY CALLSTROM	Telephon	e number ▶ 91	3-233-	-3300
			Income	(B) Expen		(C) Net
1a Gross receipts or						
b Less returns and allow		c Balance ▶ 1c				
2 Cost of goods so	old (Sched	ule A, line 7)			•	1
			ECEIV			
4a Capital gain net	income (a	ttach Schedule D) 4a		00		
		Part II, line 17) (attach Form 4797) 4b	MAY 20 20	19 0		<del></del>
		s and S corporations (attach statement) 5	CDEN	<del></del>		<del></del>
			OGDEN,	<u> </u>		
_		ts from controlled organizations (Schedule F) 8				
· ·		(c)(7), (9), or (17) organization (Schedule G)				
		ncome (Schedule I)				
11 Advertising inco	ne (Sched	ule J)				
		tions, attach schedule) 12	3,612.	ATCH 2		3,612.
		ough 12	3,612.			3,612.
		Taken Elsewhere (See instructions for lir		, ,	Except f	or contributions,
		be directly connected with the unrelated I				1
		directors, and trustees (Schedule K)				
<ul><li>15 Salaries and wag</li><li>16 Repairs and mai</li></ul>	es				. 15	
						104.
		iee instructions for limitation rules)				
		4562)	1 1			
22 Less depreciation	n claimed	on Schedule A and elsewhere on return	. 22a		22b	
24 Contributions to	deferred	compensation plans			. 24	
					· —	
		Schedule I)				•
		chedule J)				
		chedule)				104.
		s 14 through 28			_	3,508.
		le income before net operating loss deduction on (limited to the amount on line 30)				3,308.
		on (limited to the amount on line 30)				3,508.
		ally \$1,000, but see line 33 instructions for exception				1,000.
		ple income. Subtract line 33 from line 32 If				
		line 32	_		. 34	2,508.
For Paperwork Reduc	tion Act N	otice, see instructions.			,	Form <b>990-T</b> (2017)
'^''" '63937Y 'R9	22 4/2	26/2019 11:14:07 AM V 17-7.10	,	20-052449-0	)52441	PAGE 4

48	Tax due	e. If line 46 is less than th	e total of lines 44 and 4	7, enter amount o	wed			<b>34</b> 8		4	51
49	Overpa	yment. If line 46 is larger	than the total of lines 4	l4 and 47, enter ar	mount overpaid		<b>▶</b> [ੈ	49			
<u>56</u>	Enter the	e amount of line 49 you want	Credited to 2018 estimate	ated tax		Refu	ınded 🕨	50			
Par	t V	Statements Rega	rding Certain Act	tivities and C	ther Inform	nation (see in	structions	)			
51	At any	time during the 2017	calendar year, did ti	he organization	have an intere	est in or a sign	nature or	other a	uthority \	/es	No
	over a	financial account (ban	k, securities, or other	r) in a foreign	country? If Y	ES, the organiz	zation may	, have	to file		
	FinCEN here ▶	Form 114, Report of	Foreign Bank and I	Financial Accour	its If YES, e	nter the name	of the f	oreign (	country		 X
52	During t	the tax year, did the organ	nization receive a distrib	oution from, or wa	s it the grantor	of, or transferor	to, a foreig	n trust?.			Х
		ee instructions for other fo			J	•	, ,		Γ		
53	_	e amount of tax-exempt i	•	•	year ▶ \$						
Sign	1 tru	nder penalties of perjury, I decl ie, correct, and complete Declarat		ayer) is based on all info	ormation of which pr				-		ef it
Her	👱	gnature of officer	stcon	05/15/203 Date	Title	//5//		the pr	eparer show	$\overline{}$	elow No
D-:-		Print/Type preparer's name	Á	Freparer's signature  MAY		Date	∩4∩ Check	ıf	PTIN		
Paid		MICHAEL J ENGLE	<u> </u>			MAY 132	3011-011	ployed	P00482		4
	arer	Firm's name ► BKD,	LLP				Firm's I	EIN ►44	-01602	60	

Firm's address ▶ 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246 Phone no

816-221-6300

Use Only

Form **990-T** (2017)

Enter here and on page 1, Part I, line 7, column (B)

Total dividends-received deductions included in column 8

Enter here and on page 1,

Part I, line 7, column (A)

26-3338038

Schedule F - Interest, Annı	iities, Royalties,	and Re	nts Fro	m Contro	led Or	ganizati	ons (see	instructio	ns)	
	•	Exe	empt Co	ntrolled Org	ganızatı	ons	•			
1 Name of controlled organization	2 Employer identification number		3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
1)										
2)										
3)				•						,
4)										
Nonexempt Controlled Organia	zations	<u>_</u>		-			l			
7 Taxable Income	8 Net unrelated inc (loss) (see instruction			Total of specific ayments made		ınclude	t of column ed in the co ation's gross	ntrolling		Deductions directly inected with income in column 10
1)										
2)										
3)										,
4)										
otals				(0) 07 (47	>	Enter h Part I,	columns 5 a here and on line 8, colum	page 1, mn (A)	Ent	dd columns 6 and 11 ler here and on page 1, rt I, line 8, column (B)
Schedule G - Investment in	Tome of a Sect	1011 50 1	(6)(7),	3 Deduc		lization				5 Total deductions
1 Description of income	2 Amount of	ncome		directly cor (attach sch	nected		4 Set-asides (attach schedule)			and set-asides (col 3 plus col 4)
1)										
2)										
3)	<u> </u>									
4)										
	Enter here and or Part I, line 9, col									Enter here and on page 1, Part I, line 9, column (B)
otals	1		<del></del>	4.1	<del></del>					
Schedule I - Exploited Exe	empt Activity Inc	ome, O	ther Th	an Adverti	sing In	come (s	ee instru	ctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expe direc connecte product unrela business	ctly ed with tion of ated	4 Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ed trade (column umn 3) ompute	from act	s income ivity that nrelated s income	6 Expe attributa colum	ible to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
1)	<del>                                     </del>								_	
	1 -			<del> </del>						
2) 3)								<del></del>		
4)				<del> </del>						
fotals	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Part I,					I		Enter here and on page 1, Part II, line 26
Schedule J - Advertising In	come (see instru	ctions)								
Part I Income From Per	iodicals Reporte	d on a	Consoli	idated Bas	is					
	<u> </u>									1
1 Name of periodical	2 Gross advertising income	3. Dii advertisin		2 minute co			ulation ome	6 Reade cost	-	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
1)										
2)										
3)				1						7 !
4)	<del>                                     </del>			1						7 .
Satala (carpy to Part II line (5))										

Form **990-T** (2017)

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) Part II

2 through 7 on a i	inc by fine basi	3 /			<del></del>	
1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)	·					
(4)					,	
Totals from Part I ▶			,			,
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line .11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Tille	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
1)		%	
2) ATTACHMENT 4		%	
3)		%	
4)		` %	
Total. Enter here and on page 1, Part II, line 14			

Form **990-T** (2017)

F	'ORM	990-T	: FISCAL	YEAR	CORPOR	NOITA	TAX	COMPUTAT	'ION	APPLYING	BLENDED	TAX RA	ATE_
	·												
1	UNE	RELATE	D BUSINE	SS TAX	KABLE I	NCOME	(PA	GE1, PART	ΊΙ,	LINE 34)	١.	2,5	508.
2	TAX	ON L	INE 1 FI	GURED	USING	THE T	AX RA	ATE SCHED	ULE	OR TAX			
	COI	TATUAN	ION WORK	SHEET	FOR ME	MBERS	OF Z	A CONTROL	LED	GROUP	• •	3	376.
3	TAX	ON L	INE 1 FI	GURED	USING	THE 2	1% RA	ATE				5	527.
4	MU	TIPLY	LINE 2	BY THE	E NUMBE	ROF	DAYS	184					
-	-IN	THE CO	ORPORATI	ON'S	CAX YEA	R BEF	ORE	01/01/201	8	· · · · · · · · · · · · · · · ·	• •	69,I	84.
			LINE 3								•		
	IN	THE C	ORPORATI	ON'S	TAX YEA	R AFT	ER 1:	2/31/2017	'		• •	95,3	387.
6								DAYS 365				•	
											• •	1	90.
7	DI	JIDE L	INE 5 BY	THE T	COTAL N	UMBER	OF I	DAYS 365					
	IN	THE C	ORPORATI	ON'S	rax yea	λR					• •	2	261.
											-		
8	ADI	LINES	6 AND	7: THE	TOTAL	TAX	FOR ?	THE FISCA	L YE	EAR	· •	4	151.

## ATTACHMENT 4

## SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
REV KEN NETTLING 757 ARMSTRONG AVENUE KANSAS CITY, KS 66101	BOARD CHAIRPERSON	0	Ů.
KATHY WOLFE-MOORE 757 ARMSTRONG AVENUE KANSAS CITY, KS 66101	BOARD MEMBER	0	0.
BRETT WILLIAMS 757 ARMSTRONG AVENUE KANSAS CITY, KS 66101	BOARD MEMBER	0	0.
PAUL VICTOR 757 ARMSTRONG AVENUE KANSAS CITY, KS 66101	BOARD MEMBER	0	0.
JACKIE BENNETT 757 ARMSTRONG AVENUE KANSAS CITY, KS 66101	BOARD MEMBER	0	0.
MIKE BELFONTE 757 ARMSTRONG AVENUE KANSAS CITY, KS 66101	BOARD MEMBER	0	0.
ROSEMARY PODREBARAC 757 ARMSTRONG AVENUE KANSAS CITY, KS 66101	BOARD MEMBER/VICE CHAIR	0	0.
RANDY CALLSTROM 757 ARMSTRONG AVENUE KANSAS CITY, KS 66101	CEO	0	0.
DEB MAIWALD 757 ARMSTRONG AVENUE KANSAS CITY, KS 66101	CFO .	0	0.
THERESE BYSEL 757 ARMSTRONG AVENUE KANSAS CITY, KS 66101	BOARD MEMBER	0	0.

WYANDOT, INC.

26-3338038

ATTACHMENT 4 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, &	& TRUSTEES	

NAME AND ADDRESS

TITLE

BUSINESS

PERCENT

COMPENSATION

TOTAL COMPENSATION

0.