

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545 0047 2018

▶ Do not enter social security numbers on this form as it may be made public ► Go to www irs gov/Form990 for instructions and the latest information Internal Revenue Service

Open to Public Inspection:

A	For t	he 2018	calendar year, or tax year beginning	07/01,20	18, and ending	J		06/30 , 20 19
_			C Name of organization				Employer iden	tification number
В	Check if	applicable	WYANDOT BEHAVIORAL HEALT	H NETWORK, INC			26-3338	1038
		iress nge	Doing business as	-				
×	,	ne change	Number and street (or P O box if mail is not de	livered to street address)	Room/suite	Е	Telephone num	nber
	Initi	alreturn.	757 ARMSTRONG AVENUE			(913) 233	3-3300
	Fina	l return/	City or town, state or province country, and Zli	or foreign postal code			,	
\vdash	Ame	ninaled anded	KANSAS CITY, KS 66101	•		٦	Gross receipts	\$ 5,095,453
\vdash	relu App	lication		ANDY CALLSTROM			a) Is this a group	
_	pen	ding		ISAS CITY, KS 661	12 1_		subordinates?	
_	Tay a	xempt sta					b) Are all subordin	
÷			atus	(insert no) 4947(a)	(1) or \ 52	_		ach a list (see instructions)
<u>. </u>					1.		c) Group exempt	
K		of organ		ation Other	L Year o	f formation	2008 M S	tate of legal domicile KS
نا	art I	. Su	mmary					
	1		describe the organization's mission or mos				HEALTH N	ETWORK INC IS
õ			PARENT OF A FAMILY OF ORGA			SSING		
Governance		DIVI	RSE NEEDS OF THE WYANDOTTE	COUNTY COMMUNITY	DECE	VED		
٧e۲	2	Check	this box > if the organization discon	inued its operations or disp	osed of more tha	an 25%-of	its net assets	
တိ	3	Numbe	er of voting members of the governing body	Part VI, line 1a)			7.01	3 10
Activities &	4	Numbe	er of independent voting members of the go	verning body (Part VI line it) HH .c. (1	2020.		4 10
Ę	5		number of individuals employed in calendar	1991) JUL 2 9	2020		5 80
Ę	6		umber of volunteers (estimate if necessary)	` ' ' '	·			6 10
Ą	7a		nrelated business revenue from Part VIII, col	umn (C) line 12	OGDEN	LIT	·-· -	7a 0
			related business taxable income from Form		12 (2) (2) (2)	<u>,,.∪ 1</u>	1 -	7b
	 -	1101 011	related business taxable meeme from Fulli	700-1, III C 00		Р	rior Year	Current Year
	8	Contrib	outions and grants (Part VIII line 1h)			<u> </u>	57,800	
Revenue	9					<u> </u>	,122,978	
Ş.	10	_	m service revenue (Part VIII, line 2g)	1 7-1	•		-31,238	
å			nent income (Part VIII, column (A), lines 3 4	·				
	11		revenue (Part VIII column (A), lines 5, 6d, 8d				407,011	
	12		evenue - add lines 8 through 11 (must equal)	4	,556,551	
	13		and similar amounts paid (Part IX, column (A	•			24,287	
	14		s paid to or for members (Part IX, column (A	•			C	
cs	15	Salarie	Salaries other compensation employee benefits (Part IX, column (A), lines 5-10)				,389,289	3,571,668
-8	16 a	Profess	sional fundraising fees (Part IX, column (A), li	ne 11e)			0	0
Expenses	b	Total fu	indraising expenses (Part IX, column (D), line	25) >	0			
1m	17	Other e	expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		1	,142,988	1,218,207
)	18	Total ex	penses Add lines 13-17 (must equal Part I)	(, column (A) line 25)		4	,556,564	4,826,525
3	19	Revenu	ie less expenses. Subtract line 18 from line 1	2	ĺ		-13	268,928
Assets or Balances						Beginning	of Current Yea	ar End of Year
S E	20	Total as	ssets (Part X, line 16)		Ì	1	,585,649	2,162,324
ASS I Ba	21		abilities (Part X line 26)	•	•		,276,556	
d'id			ets or fund balances Subtract line 21 from I	ne 20	ł		309,093	
	rt II		nature Block	110 20				
			perjury I declare that I have examined this return	including accompanying sche	dules and statem	ents and to	n the hest of m	ny knowledge and helief it is
true	corre	ct and co	omplete Declaration of preparer (other than officer	is based on all information of w	hich preparer has	any knowle	edge	
			P				7-	14-20
Sigi	n	s s	gnature of officer				Date	7100
ler	·e	[\mathcal{P}	1			24.5	
		▶ ,	Kancy Gallstrom, t	res/CED				
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aid		1	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	er's signal/ure	Date		Check if	1
	arer .	MICHA	AEL J ENGLE	IVINE hal	07/15	<u> /2020 </u>	self employed	
	Only	Firmsn	ame ▶BKD, LLP			F₁m	's EIN ▶ 44	
			ddress ▶1201 WALNUT, SUITE 1700 KANSAS			_ Pho	ne no 81	6-221-6300
/lay	the I	RS dis	cuss this return with the preparer show	n above? (see instructions	5)			X Yes No
or l	Paper	work Re	eduction Act Notice, see the separate instri	ictions				Form 990 (2018)
S.A.								<u>.</u> `.

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20-052449-052441

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BE1020 1 000	$\overline{}$	n 990 (20	18)			Page 2
Brefly discribe the organization's mission SEE SCHEDULE 0 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-E27 2 Did the organization case conducting, or make significant changes in how it conducts, any program services on Schedule 0 10 Test, describe these changes on Schedule 0 11 Describe the organization's program service accomplishments for each of its three largest program services. See measured by expenses School 901(c)(3) and 901(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and evenue, if any, for each program service expended 4a (Code) (Expenses \$.1582,930 including grants of \$.16,950 (Revenue \$.1,115,245) WYANDOT BEHAVIORAL HEALTH NETWORK, INC. PROVIDES SUPPORT TO TTS FARILITIES MAINTENANCE, MEDICAL RECORDS AND INFORMATION TECHNOLOGY. 4b (Code) (Expenses \$ including grants of \$.10,950 (Revenue \$.1,115,245) WEALTH NETWORK, INC. PROVIDES SUPPORT TO TTS FACILITIES MAINTENANCE, MEDICAL RECORDS AND INFORMATION TECHNOLOGY. 4c (Code) (Expenses \$ including grants of \$.1,115,245) (Revenue \$.1,115,245) WEALTH NETWORK PROVIDES SUPPORT TO TTS 4d (Code) (Expenses \$ including grants of \$.1,115,245) (Revenue \$.1,115,245) WEALTH NETWORK PROVIDES SUPPORT TO TTS 4d (Code) (Expenses \$.1,115,245) WEALTH NETWORK PROVIDES SUPPORT TO TTS 4d (Code) (Expenses \$.1,115,245) WEALTH NETWORK PROVIDES SUPPORT TO TTS 4d (Code) (Expenses \$.1,115,245) WEALTH NETWORK PROVIDES SUPPORT TO TTS 4d (Code) (Expenses \$.1,115,245) WEALTH NETWORK PROVIDES SUPPORT TO TTS 4d (Code) (Expenses \$.1,115,245) WEALTH NETWORK PROVIDES SUPPORT TO TTS 4d (Code) (Expenses \$.1,115,245) WEALTH NETWORK PROVIDES SUPPORT TO TTS 4d (Code) (Expenses \$.1,115,245) WEALTH NETWORK PROVIDES SUPPORT TO TTS 4d (Code) (Expenses \$.1,115,245) WEALTH NETWORK PROVIDES SUPPORT TO TTS 4d (Code) (Expenses \$.1,115,245) WEALTH NETWORK PROVIDES SUPPORT TO TTS 4d (Code	Pa	rt III				
2 Did the organization undertake any significant program services during the year which were not listed on the propor Form 99 or 990-622 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? If "Yes" describe these changes on Schedule O 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code Scenese \$ 4.382.50 including grants of \$ 35.60) (Revenue \$ 4.382.50) Without BERAYTORAL REALTH NETWORK, TIC. REVOITES SUBPORT TO ITS FAMILY OF ORGANIZATIONS. THE AREAS OF SUPPORT INCLUDE ADMINISTRATION, ACCOUNTING AND BILLING SERVICES, NUMAN RESOURCES, FACILITIES MAINTENANCE, MEDICAL RECORDS AND INFORMATION TECHNOLOGY. 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$)		D (1			<u></u>	X
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?	7	-	•			
prior Form 990 or 990-E27.		SEE S	CHEDULE O			
prior Form 990 or 990-E27.						
prior Form 990 or 990-E27.						
prior Form 990 or 990-E27.	_					
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3 Did the organization cease conducting, or make significant changes in how it conducts, any program services sences?		prior Fo	orm 990 or 990-EZ7			Yes No
services?.	_					
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Form 990 (2018)

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2 li 3 C C C C C C C C C C C C C C C C C C	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 4 5	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 4 5	X	X X
4 \$ \$ 6 E 6 E 6 E 6 E 6 E 6 E 6 E 6 E 6 E	Candidates for public office? If "Yes," complete Schedule C, Part I	5		X
5 kg a a a a a a a a a a a a a a a a a a	election in effect during the tax year? If "Yes," complete Schedule C, Part II	5		Х
5 Is a a c a c a c a c a c a c a c a c a c	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
C	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
h h "" till till till till till till till til	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			U
77 C the third thi	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			
til control co	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7		 ``
a C C C C	complete Schedule D, Part III			Х
a C C C	· · · · · · · · · · · · · · · · · · ·	8		х
a C b C c C				
a C b C c C	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			١
a [b [c [debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
a C b C c C	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1.		X
a C b C c C	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		٨
b [c [If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
b [c [Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
0 2 0	complete Schedule D, Part VI	11a	X	
c [Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
tl	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
a C	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
S	Schedule D, Parts XI and XII	12a		Х
b V	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b	X	
ls	s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		İ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		١.,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		,
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16	ŀ	x
	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV </i>	16		<u> </u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		 ``
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		l x
) [Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
		20b		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	1	i	1
1 000	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Pane	4

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
274	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C		24-		
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? 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,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28ь		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	7		
JZ	complete Schedule N, Part II	32		Х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	22		Х
2.4		33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		Ų,	
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_^	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		Ų,	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note All Form 990 filers are required to complete Schedule O	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance	-		
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable]		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable]]		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA		Form	990	(2018)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 80			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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		Х
b	If "Yes," enter the name of the foreign country ▶			l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1		İ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			1
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
	and services provided to the payor?	7a		Х
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			l
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		١
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds			l
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	:		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	1		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		•
	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	· · · · · · · · · · · · · · · · · · ·			,
	Enter the amount of reserves on hand	14a		<u>х</u>
		14b		
	If "Yes," has it filed a Form 720 to report these payments / if "No," provide an explanation in Scriedule O · · · · · · · Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 75		
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O			
			aan	/2010

sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	0		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 1	d		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lationship with			
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or un				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to e				
-	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval				
-	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions und				
_	the year by the following		١.	_	'
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte		Code)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of				
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		10b		
11a	· · · · · · · · · · · · · · · · · · ·	·	11a	Х	
b					
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests				
~	rise to conflicts?	-	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p				
ŭ	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Χ	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review ar				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	•			
2	The organization's CEO, Executive Director, or top management official	and decision	15a	Х	
	Other officers or key employees of the organization		15b		Х
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				Г
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangement			
.00	with a taxable entity during the year?	r arrangement	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization	to evaluate its			
D	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		ĺ
Secti	ion C. Disclosure		•		
17	List the states with which a copy of this Form 990 is required to be filed ▶ KS,				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable),	990 and 990-	T (Sec	tion 5	01(c)
. •	(3)s only) available for public inspection. Indicate how you made these available. Check all that applicable,	ply	. ,500		J . (U)
	Own website Another's website X Upon request Other (explain in Sch				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documen	•	terest	مااوم	/. and
	financial statements available to the public during the tax year	io, commet or m	.5.031	ر ۲۰۰۰ م	,,
20		oooks and recor	ds ►		
	State the name, address, and telephone number of the person who possesses the organization's RANDY CALLSTROM 757 ARMSTRONG AVENUE KANSAS CITY, KS 66101 913-233-3300				
			Form	990	(2018)

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 Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - · List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	office or direct	unles	Pos neck ss pe	more rson	n oth Highest compensated employee	an	(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
(1)REV. KEN NETTLING	1.00									
BOARD CHAIRPERSON	2.00	х		Х				0.	0.	0
(2)KATHY WOLFE-MOORE	1.00									
BOARD MEMBER	2.00	x						0.	0.	0
(3) PAUL VICTOR	1.00									
SECRETARY/TREASURER	2.00	Х		Х				0.	0.	0
(4)JACKIE BENNETT	1.00									
BOARD MEMBER	2.00	Х						0.	0.	0
(5)MIKE BELFONTE	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0
(6)ROSEMARY PODREBARAC	1.00]								
BOARD MEMBER/VICE CHAIR	3.00	Х		Χ				0.	0.	0
(7)THERESE BYSEL	1.00			ĺ						
BOARD MEMBER	2.00	Х						0.	0.	0
(8) FRANK PIPER	1.00			.						
BOARD MEMBER	2.00	Х						0.	0.	0
(9)RACHEL JEFFERSON	1.00									
BOARD MEMBER	0.	Х						0.	0.	0
(10)GREG TAKE	1.00								•	
BOARD MEMBER	0.	Х						0.	0.	0
(11)RANDY CALLSTROM	40.00									
CEO	5.00			Χ				138,491.	0.	11,267
(12) DEB MAIWALD	40.00									
CFO	0.		Щ	Х				95,510.	0.	6,260
(13)										
(14)										

Form 990 (2018)

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and F	ligl	hest Compensat	ed Employees (continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	rson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
										
						,				
1b Sub-total	ection A .	 	 	 	 	 	* * *	234,001. 0. 234,001.	0. 0. 0.	17,527. 0. 17,527.
Total number of individuals (including but not reportable compensation from the organization)		hose 1		d al	ove	e) who	re	ceived more than	\$100,000 of	·
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	002	lf	"Yes	," (complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5 X
Section B. Independent Contractors										
Complete this table for your five highest com- compensation from the organization. Report convergence year.										
(A) Name and business add	lress							(B) Description of se	rvices	(C) Compensation
ATTACHMENT 1							F			
							F			
2 Total number of independent contractors (in	ncludina bu	ıt not	lım	nited	d to	thos	e lı	sted above) who	received	

more than \$100,000 in compensation from the organization ▶ 1

Pal	rt VIII	Statement of Revenue Check if Schedule O contains a	response or note to ar	ny line in this Part VI			
1			·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns	1a				
iran oun	Ь	Membership dues	4.				
S, G	c	Fundraising events	1. 1				
ar G	d	Related organizations	1 1				
ns,	e	Government grants (contributions)	1e				
er 3	f	All other contributions, gifts, grants,					
ēξ		and similar amounts not included above .	1f 525,304				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1					
	h	Total Add lines 1a-1f		525,304			
nua	}		Business Code				
Şe ve	2a	MANAGEMENT FEE REVENUE	561000	4,318,249	4,318,249		
ce	b						
Ξ	C						<u> </u>
E	d						
Program Service Revenue	e f	All other program service revenue					
Pro	g	Total Add lines 2a-2f		4,318,249	·		
	3	Investment income (including					
		and other similar amounts)		2,462			2,462
	4	Income from investment of tax-exemp	ot bond proceeds . >	0			
	5	Royalties		0			
		(i) Re	eal (ii) Personal				
	6a	Gross rents	9,807				
	ь	Less rental expenses					
	С	Nemai income or (1033)	9,807	00.003			20.007
	d	, , ,	nties (ii) Other	29,807			29,807
	7a	Gross amount from sales of assets other than inventory	(,				
		Loss cost or other basis		•			
	ь	and sales expenses					
	С	Gain or (loss)			_		
	d	Net gain or (loss)	<u> </u>	0			
ne	8a	Gross income from fundraising					
eun		events (not including \$,			
% •		of contributions reported on line 1c)					'
Other Reven		See Part IV, line 18					ļ
₹		Less direct expenses		0			
	1	Net income or (loss) from fundraising	events	0			<u>.</u>
	9a	Gross income from gaming activities See Part IV, line 19	0				
		Less direct expenses	4	1			, ,
		Net income or (loss) from gaming act		0			
			1				
		returns and allowances					
	ь	Less cost of goods sold		() () () () ()	٠		
	С	Net income or (loss) from sales of inver	ntory ▶	0			
		Miscellaneous Revenue	Business Code				-
	11a	MISCELLANEOUS INCOME	624100	219,631			219,631
	b						
	C						
	d	All other revenue		219, 631			

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4,318,249

251,900

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)

		(B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	36,650.	36,650.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,	206 142	071 006	14 207	
trustees, and key employees	286,143.	271,836.	14,307.	
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.	400 000	100.511	
7 Other salaries and wages	2,610,871.	2,480,327.	130,544.	
8 Pension plan accruals and contributions (include	22 227	2		
section 401(k) and 403(b) employer contributions)	33,337.	31,670.	1,667.	
9 Other employee benefits	421,898.	400,803.	21,095.	
0 Payroll taxes	219,419.	208,448.	10,971.	
1 Fees for services (non-employees)				
a Management	0.	20 150	0.000	
b Legal	40,158.	38,150.	2,008.	
c Accounting	82,261.	74,048.	8,213.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other (If line 11g amount exceeds 10% of line 25 column	200	050 000	10 001	
(A) amount list line 11g expenses on Schedule O)	266,419.	253,098.	13,321.	
2 Advertising and promotion	3,475.	3,301.	174.	
3 Office expenses	73,783.	70,094.	3,689.	
4 Information technology	195,137.	185,380.	9,757.	
5 Royalties	0.	050 500	40.07.	
6 Occupancy	267,083.	253,729.	13,354.	
7 Travel	57,507.	54,632.	2,875.	
8 Payments of travel or entertainment expenses	_			
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	5,349.	5,082.	267.	
nterest	40,551.	38,523.	2,028.	
1 Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	51,776.	49,187.	2,589.	
3 Insurance	48,217.	45,806.	2,411.	
4 Other expenses Itemize expenses not covered				
above (List miscellaneous expenses in line 24e If				
line 24e amount exceeds 10% of line 25, column	•			
(A) amount, list line 24e expenses on Schedule (O)	F2 (00	54 012	2 005	····
a DUES & LICENSES	57,698.	54,813.	2,885.	_
bBOARD DEV & RECOGNITION	2,143.	2,036.	107.	
cEMPLOYEE RECRUITMENT	25,615.	24,334.	1,281.	<u> </u>
dOTHER - LESS THAN 5% OF TOTA	1,035.	983.	52.	
e All other expenses	1 000 505	4 500 000	040 505	
Total functional expenses Add lines 1 through 24e	4,826,525.	4,582,930.	243,595.	
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation Check here				
following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
1	5 · · · · · · · · · · · · · · · · · · ·	755,777.	1_	709,953.
2		0.	2	0
3	Pledges and grants receivable, net	0.	3	140,000
4	Accounts receivable, net	3,748.	4	475
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees	•		0
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0
te ts		0.	7	0.
Assets 2	Inventories for sale or use	0.	8	0.
۵ ۲ 9	Prepaid expenses and deferred charges	94,614.	9	122,649.
1 1	a Land, buildings, and equipment cost or	51,021.	3	122,010
'0	other basis Complete Part VI of Schedule D 2, 413, 354.			
	b Less accumulated depreciation 10b 1,821,575.	532,052.	100	591,779.
11	Investments - publicly traded securities	0.	11	0.
12	Investments - other securities See Part IV, line 11	-4,063.	12	-6,713.
13	Investments - program-related See Part IV, line 11	0.	13	0.
14	Intangible assets	0	14	0.
15	Other assets See Part IV, line 11	203,521.	15	604,181.
16	Total assets Add lines 1 through 15 (must equal line 34)	1,585,649.	16	2,162,324.
17	Accounts payable and accrued expenses	585,649.	17	686,112.
18	Grants payable	0.	18	0.
19	Deferred revenue	0.	19	0.
20	Tax-exempt bond liabilities	0.	20	0.
21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
ရွ 22	Loans and other payables to current and former officers, directors,			
abilities 22	trustees, key employees, highest compensated employees, and			
ap	disqualified persons Complete Part II of Schedule L	0.	22	0.
그 23	Secured mortgages and notes payable to unrelated third parties	690,907.	23	665,328.
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	0.
26	Total Market Mar	1,276,556.	26	1,351,440.
Fund Balances 27 28 29	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.	· · · · · · · · · · · · · · · · · · ·		-
<u>E</u> 27	Unrestricted net assets	309,093.	27	541,567.
g 28	Temporarily restricted net assets	0.	28	269,317.
곧 29	Permanently restricted net assets	0.	29	0.
or Fu	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34		_	
	Capital stock or trust principal, or current funds		30	
Assets 30	Paid-in or capital surplus, or land, building, or equipment fund		31	
	Retained earnings, endowment, accumulated income, or other funds [32	
A 33	Total net assets or fund balances	309,093.	33	810,884.
34	Total liabilities and net assets/fund balances	1,585,649.	34	2,162,324.

Form **990** (2018)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Х

Form 990 (2018)

3h

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

vame	e or tr	ie organization					Employer identii		
WYZ	NDO	OT BEHAVIORAL HEALTH	H NETWORK, IN	C.			26-33380	38	
Pai	τl	Reason for Public Cha	rity Status (All o	rganizations must c	omplet	e this pa	irt) See instructions	3	
The	orga	inization is not a private four	ndation because it	is (For lines 1 through	gh 12, ch	eck only	one box)	1	
1		A church, convention of chu	irches, or associat	ion of churches descr	ribed in s	ection 1	70(b)(1)(A)(ı).		
2		A school described in section							
3		A hospital or a cooperative						(/	
4	H	A medical research organiz	•	•			. ,, ,, ,	V(III) Enter the	
•		hospital's name, city, and st		oonjuneden waar a nee	pharac	001,000	1 3000.011 17 0(2)(1)(7)	Min. Enter the	
_		An organization operated f		a callogo or unworost		d or one	rated by a gayarame	antal unit dagarihad i	_
5		_		a college of universit	y owner	a or ope	rated by a governme	ental unit described i	•
_		section 170(b)(1)(A)(iv). (C	,	1.1		470/			
6	\square	A federal, state, or local go	-						
7		An organization that norma	•	•	pport tr	om a go	vernmental unit or tr	om the general publi	IC
		described in section 170(b)		•					
8	Ш	A community trust describe	•						
9		An agricultural research org	-						
		or university or a non-land-	grant college of ag	riculture (see instruct	ions) Ei	nter the r	name, city, and state o	f the college or	
		university							
0		An organization that norma	lly receives (1) mg	ore than 331/3 % of its	support	from co	ntributions, members	hip fees, and gross	
		receipts from activities rela support from gross investm	ted to its exempt t	unctions - subject to (certain e	xception	s, and (2) no more that s section 511 tay) from	in 331/3 % of its	
		acquired by the organization	n after June 30, 19	975 See section 509((a)(2) (C	Complete	Part III)	1 00311103303	
1		An organization organized a							
2	X	An organization organized a	and operated exclu	isively for the benefit	of, to pe	erform th	e functions of, or to	carry out the purpose	S
		of one or more publicly su							
		Check the box in lines 12a t							
а		Type I. A supporting orga	anization operated	supervised or contro	olled by	its supp	orted organization(s).	typically by giving	
_	_	the supported organization	•	•	-				
		supporting organization				-,,			
b	7	Type II A supporting org				with its	supported organizati	on(s), by having	
-		control or management o							
		organization(s) You must						9	
c		Type III functionally integ	•		ited in co	onnectio	n with, and functiona	Ilv integrated with.	
·		_ its supported organization						.,,	
ч		Type III non-functionally						ted organization(s)	
<u>.</u>		that is not functionally inte	• , ,		•				
		requirement (see instructi							
_		Check this box if the orga	•	•				II. Type III	
Ŭ	_	functionally integrated, or					••	, .,,,,,	
f	Fn	ter the number of supported		_	_			5	1
g		ovide the following information	•						,
		ame of supported organization	(II) EIN	(III) Type of organization	(IV) Is the	organization	(v) Amount of monetary	(VI) Amount of	_
	.,	.,	` '	(described on lines 1-10		ur governing	support (see	other support (see	
A	TT	CHMENT 1		above (see instructions))	Yes	ment?	instructions)	instructions)	
,		landot Contr. Hith.			1.55	110			_
A),	7	thees Links		Ć					
₹	<u>v~y</u>	INEST CAMIC							-
B) ($O_{\Omega M}$	ies Tac		5					
		3							_
C)Ł	<u>.</u>	Wilson Housing Inc		7					
	-[713	Oditori 100.XI II - 100					<u>-</u>		_
Q) ,	hin	adot Cate for Commin	.	5					
- A/) "	יייטוווייע אייע וווען ניטען)			 			-
E) (Cein	adot Cotrfor Communi		1					
r	-VVI								_
Γota	al	ζ		*			4,318,249.		
					L		1,010,210.	<u> </u>	_

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

Schedule A (Form 990 or 990-EZ) 2018

للنك	tll Support Schedule for Orga						
	(Complete only if you checke						alıfy under 🦯
	Part III If the organization fail	s to qualify ur	nder the tests	listed below, p	olease comple	te Part III)	
_	tion A. Public Support		Т	Т		T	
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		-2.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support Subtract line 5 from line 4					<u> </u>	<u> </u>
	tion B. Total Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(6) 2016	(a) 2017	(e) 2016	(1) 10tai
7 8	Amounts from line 4	• 0.11					
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
1	Total support Add lines 7 through 10		,	<u> </u>	L	<u> </u>	
2	Gross receipts from related activities, etc. (s	/				12	
3	First five years If the Form 990 is for organization, check this box and stop here.	<u>/</u>		nd, third, fourth,	or fifth tax ye	ear as a section	501(c)(3) ▶
	tion C. Computation of Public Supp		<u> </u>			T	
4	Public support percentage for 2018 (III						<u>%</u>
5	Public support percentage from 2017 \$ 331/3% support test - 2018. If the org						
va	box and stop here. The organization qu						
ь	331/3% support test - 2017 If the org			-			
	this box and stop here. The organization						
7a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets the	ne "facts-and-c	circumstances"		ızatıon qualıfıes	as a publicly	
h	10%-facts/and-circumstances test - 2						and line
J	15 is 10% or more, and if the orga	-					
	Explain in Part VI how the organization						
	supported organization						. • 🗀
8	Private foundation If the organization						е
J	Instructions			-	-		

Dart III	Support Schedule for	Organizations Described	in Section 509(a)(2)
	Support Schedule for	Organizations Described	III Occion Josianzi

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

	tion A. Public Support			1	T		/
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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		i				
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 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons			/	1		
þ	Amounts included on lines 2 and 3						
	received from other than disqualified			/			!
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
-	line 6)		/				
Sec	tion B. Total Support	l		 	L,., <u>.,</u>	· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	/					
h	Unrelated business taxable income (less						
Ü	section 511 taxes) from businesses					j	
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
	Net income from unrelated business	\vdash	· · · · · · · · · · · · · · · · · · ·				
11	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 VI)						
13	Total support (Add lines 9, 10c, 11,						
	and 12)		<u></u>				
14	First five years If the Form 990 is if	for the organiza	tion's first, seco	nd, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>	· · · · · · · · · · · · · · · · · · ·			<u></u>	▶ 🗍
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2018 (line 8	, column (f), divid	led by line 13, colu	mn (f))		. 15	9
16	Public support percentage from 2017 Scho	edule A, Part III, Iır	ne 15	<u> </u>		16	9
Sec	tion D/Computation of Investmen						
17	Investment income percentage for 2018 (In	ine 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2017	Schedule A, Part	III, line 17	<i>.</i>		18	%
19 a	331/3% support tests - 2018 If the or					e than 331/3%,	and line
/	17 is not more than 331/3%, check th						_
	331/3% support tests - 2017 If the orga		_	·			
/b					•		
/b	line 18 is not more than 331/3% check	this hox and e	top here. The ∩r	danization cualiti	es as a bubliciv	Supported brushin	
/b 20	line 18 is not more than 331/3%, check Private foundation. If the organization		•	-			. —

Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations		V	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1	Yes	X
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	. 2	-	х
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		х
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	-	х
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	_	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a_		x
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b 5c		
С	Substitutions only Was the substitution the result of an event beyond the organization's control?	30		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		Х
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		х
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		х
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		×
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		х
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		х
10 a		10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

_			1
Pε	a	е	ı

	ile A (Form 990 or 990-EZ) 2018		ş	age 5
Part	Supporting Organizations (continued)			
44	Healtha arganization appeared a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		x '
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations		V	- NI -
			res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		x	
Socti	in D. All Type III Supporting Organizations	1	_ ^	
Secu	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	. 2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3	,	
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance) The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	mstruc	Yes	No
2	Activities Test Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	- 2a		- ī
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	 2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			,
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	_За	-	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard Schedule A (Form	3b	990 5	7) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	IS .	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			ın ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organization			
		(B) Current Year	
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Drier Veer	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	organization (see
instructions)			,

Schedule A (Form 990 or 990-EZ) 2018

Part		Supporting Organiza	tions (continued)	·				
Sect	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish e							
2								
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI) See instructions							
7	Total annual distributions Add lines 1 through 6							
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI) See instructions							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
	Section E - Distribution Allocations (see instructions)	(I) Excess Distributions	(II) Underdistributions Pre-2018	(III) Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018							
	(reasonable cause required - explain in Part VI) See							
	instructions							
3	Excess distributions carryover, if any, to 2018							
а	From 2013							
b	From 2014							
С	From 2015							
d	From 2016							
е	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2018 distributable amount							
ı	Carryover from 2013 not applied (see instructions)							
J	Remainder Subtract lines 3g, 3h, and 3i from 3f			·				
4	Distributions for 2018 from							
	Section D, line 7 \$							
а	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount							
С	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2018, if							
	any Subtract lines 3g and 4a from line 2 For result							
	greater than zero, explain in Part VI See instructions							
6	Remaining underdistributions for 2018 Subtract lines 3h							
	and 4b from line 1 For result greater than zero, explain in							
	Part VI See instructions							
7	Excess distributions carry over to 2019. Add lines 3j							
	and 4c							
8	Breakdown of line 7							
а	Excess from 2014							
b	Excess from 2015							
С	Excess from 2016							
d	Excess from 2017							
е	Excess from 2018							
			0.1.1.1.	A /Form 990 or 990-E7) 2018				

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART I, LINE 12G & PART IV, LINE 1

WYANDOT BHAVIORAL HEALTH NETWORK, INC. SUPPORTS TAX EXEMPT ENTITIES RECOGNIZED AS TAX EXEMPT UNDER SECTION 501(C)(3). ALTHOUGH THE SUPPORTED ENTITIES ARE NOT SPECIFICALLY LISTED IN WYANDOT BHAVIORAL HEALTH NETWORK, INC.'S ARTICLES OR BYLAWS, THE ARTICLES OF INCORPORATION FOR WYANDOT BHAVIORAL HEALTH NETWORK, INC. LIST THE ENTITIES WHICH ARE TO BE SUPPORTED BY WYANDOT BHAVIORAL HEALTH NETWORK, INC. BY TYPE DESCRIPTION RATHER THAN NAME. THAT PROVISION OF THE WYANDOT BHAVIORAL HEALTH NETWORK, INC. ARTICLES (FROM ARTICLE III) STATES THAT WYANDOT BEAVIORAL HEALTH NETWORK INC.'S PURPOSES ARE AS FOLLOWS:

A. TO SUPPORT, BY ACTING FOR THE BENEFIT OF, PERFORMING THE

ORGANIZATIONS

RECOGNIZED UNDER INTERNAL REVENUE CODE SECTION 509 (A)(1) OR (2) WHICH ORGANIZATIONS ARE ORGANIZED FOR ONE OR MORE OF THE FOLLOWING PURPOSES:

- I. PROVIDING OUTPATIENT, DIAGNOSTIC AND TREATMENT SERVICES FOR EMOTIONALLY DISTURBED AND MENTALLY ILL PEOPLE OF ALL AGES;
- II. PROVIDING REHABILITATION SERVICES TO INDIVIDUALS RETURNING TO THE COMMUNITY FROM AN INPATIENT FACILITY AND A VARIETY OF COMMUNITY BASED SERVICES TO CHILDREN AND FAMILIES,

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b. Part V. line 1, Part V. Section B, line 1e, Part V. Section D, lines 5, 6, and 8, and Part V, Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

- PROVIDING CONSULTATIVE SERVICES TO HEALTH, WELFARE AND EDUCATION AGENCIES AND INSTITUTIONS, BOTH PUBLIC AND PRIVATE, AND TO INDIVIDUALS WHOSE OCCUPATIONS BRING THEM IN CLOSE ASSOCIATION WITH PSYCHIATRIC PROBLEMS;
- IV. PROVIDING A PROGRAM OF MENTAL HEALTH EDUCATION AND PREVENTIVE MEASURES AND PARTICIPATING WITH OTHERS IN COMMUNITY PLANNING THAT RELATES TO MENTAL HEALTH;
- V. PROVIDING TRAINING, ALONE OR IN COLLABORATION WITH OTHER AGENCIES, FOR STUDENTS ENTERING THE PSYCHIATRIC PROFESSIONS;
- VI. SUPPORTING PROGRAM EVALUATION AND PRACTICAL RESEARCH EFFORTS THAT PROMOTE EFFECTIVENESS OF COMMUNITY BASED MENTAL HEALTH SERVICES;
- VII. PROVIDING PRIMARY HEALTH CARE SERVICES MAINLY TO UNINSURED, UNDERINSURED AND MEDICALLY UNDERSERVED PERSONS;
- VIII. COOPERATING AND PARTNERING WITH PROVIDERS OF MENTAL HEALTH SERVICES IN ORDER TO ADDRESS ALL HEALTH CARE NEEDS OF THE UNINSURED, UNDERINSURED AND MEDICALLY UNDERSERVED;
 - IX. PROVIDING OR CREATING QUALITY AFFORDABLE HOUSING OPPORTUNITIES, AND OTHER SERVICES AND FACILITIES, FOR LOW AND

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

MODERATE INCOME INDIVIDUALS AND FAMILIES;

- X. FURNISHING OF ADVISORY SERVICES TO OTHER ENTITIES ENGAGED IN THE DEVELOPMENT AND CONSTRUCTION OF AFFORDABLE HOUSING AND HOUSING FOR UNDERSERVED POPULATIONS;
- XI. REDEVELOPING URBAN NEIGHBORHOODS, INCLUDING BUT NOT LIMITED TO THE PURCHASE OF VACANT OR DISTRESSED SINGLE-FAMILY HOMES, REMODELING AND REHABILITATION OF DISTRESSED PROPERTIES BOTH RESIDENTIAL AND COMMERCIAL, AND SALE OR LEASING OF COMMERCIAL PROPERTIES AND SALE OR LEASING OF RESIDENTIAL PROPERTIES TO INDIVIDUALS IN NEED;
- B. TO OPERATE SOLELY AND EXCLUSIVELY AS A CHARITABLE, EDUCATIONAL, SCIENTIFIC AND CIVIC-MINDED ORGANIZATION; AND
- C. TO ENGAGE IN ANY LAWFUL CONDUCT OR ACTIVITY FOR WHICH NOT-FOR -PROFIT CORPORATIONS MAY BE ORGANIZED UNDER KANSAS LAW, INCLUDING THE EXERCISE OF ALL POWERS NECESSARY OR INCIDENT TO CARRYING OUT ITS CORPORATE PURPOSES OR EXERCISING ALL OTHER POWERS PERMITTED BY LAW.

ADDITIONALLY, THE BYLAWS OF WYANDOT BEHAVIORAL HEALTH NETWORK, INC PROVIDE THAT IT'S BOARD OF DIRECTORS WILL NUMBER FROM SEVEN (7) TO FIFTEEN (15) MEMBERS. IN ACCORDANCE WITH ITS BYLAWS, THE WYANDOT

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

BHAVIORAL HEALTH NETWORK, INC. BOARD OF DIRECTORS MUST INCLUDE TWO
MEMBERS OF EACH OF ITS SUBSIDIARY CORPORATIONS' BOARDS OF DIRECTORS.

(SECTION 3.03 OF AMENDED AND RESTATED BYLAWS, ADOPTED NOVEMBER 19, 2009).

THE BYLAWS OF WYANDOT CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC.,
PACES, INC. AND KIM WILSON HOUSING, INC. ALSO PROVIDE THAT TWO DIRECTORS
FROM EACH OF THESE SUPPORTED ORGANIZATIONS' BOARDS WILL BE MEMBERS OF THE
WYANDOT, INC. BOARD OF DIRECTORS. THE OTHER SUPPORTED ORGANIZATIONS
(JACK'S CREEK APARTMENTS, INC., RAINBOW SERVICES, INC. AND WYANDOT CENTER
HEALTH AND WELLNESS CLINIC, INC.) ARE ACTUALLY SUBSIDIARIES OF WYANDOT
CENTER FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC. AND DO NOT HAVE AN
INDEPENDENT REQUIREMENT OF REPRESENTATION ON THE WYANDOT BHAVIORAL
HEALTH NETWORK, INC. BOARD OF DIRECTORS.

OF THE ORGANIZATIONS WHICH WYANDOT BHAVIORAL HEALTH NETWORK, INC.

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

PACES, INC., RAINBOW SERVICES, INC., JACK'S CREEK APARTMENTS, INC. AND

KIM WILSON HOUSING, INC. ALL HAVE OBTAINED DETERMINATION LETTERS

RECOGNIZING EACH OF THEM AS ENTITIES EXEMPT FROM TAXATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE. THE APPLICATION FOR RECOGNITION

OF TAX EXEMPT STATUS FOR WYANDOT CENTER HEALTH AND WELLNESS CLINIC, INC.

WILL BE SUBMITTED TO THE IRS SOON.

SERVICES, INC.

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

				ATTACHMENT	1
SCHEDULE A, PART I - INFORMATION ABOUT S	UPPORTED C	RGANIZATIO	NS		
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)	(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
WYANDOT CENTER HEALTH AND WELLNESS CLINIC	46-0698856	3	×	0	0
PACES, INC	27-1701100	3	x	2,264,679	0
KIM WILSON HOUSING, INC	26-3389292	7	×	0	0
WYANDOT CENTER, FOR COMMUNITY BEHAVIORAL HEALTHCARE, INC	46-0698856	3	x	2,053,570	0
RAINBOW SERVICES, INC	36-4777539	7	x	0	0
TOTAL AMOUNT OF SUPPORT				4,318,249	0

SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 ► Go to www irs gov/Form990 for instructions and the latest information Inspection

Name	of the organization		Employer identification number
WY	NDOT BEHAVIORAL HEALTH NETWORK, IN		26-3338038
Pa	rt I Organizations Maintaining Donor Adv		or Accounts.
	Complete if the organization answered	I "Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono	r advisors in writing that the assets held	d in donor advised
	funds are the organization's property, subject to th	e organization's exclusive legal control? .	Yes . No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or for	any other purpose
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., red		n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	ield a qualified conservation contribution i	Held at the End of the Tax Year
	easement on the last day of the tax year		
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		2b
C	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra	nsterred, released, extinguished, or term	mated by the organization during the
4	tax year ▶ Number of states where property subject to conse	privation easement is located	
4 5	Does the organization have a written policy re		ction handling of
3	violations, and enforcement of the conservation ea		- 1 1 1 1
6	Staff and volunteer hours devoted to monitoring, inspe		
Ü	Land volunteer hours devoted to monitoring, inspec	cting, manding of violations, and emoreting oc	mocreation casements daring the year
7	Amount of expenses incurred in monitoring, inspec	eting handling of violations, and enforcing	conservation easements during the year
•	►\$	or training or training and are are are are are are are are are are	oonoon oo oo oo oo oo oo oo oo oo oo oo
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	· ·	
9	In Part XIII, describe how the organization reports		
-	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easeme	ents	
Pa	rt III Organizations Maintaining Collection		er Similar Assets.
	Complete if the organization answered	I "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under S	FAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	If the organization elected, as permitted under S works of art, historical treasures, or other simil public service, provide, in Part XIII, the text of the f	ar assets held for public exhibition, ed	ucation, or research in furtherance of
	If the organization elected, as permitted under		
b	works of art, historical treasures, or other simil		
	public service, provide the following amounts relati		and the second of the second o
	(i) Revenue included on Form 990, Part VIII, line		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
	following amounts required to be reported under \$		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

1a Land.............

c Leasehold improvements.....

d Equipment.

b Buildings

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

421,622

 \blacktriangleright

1,399,953

90,234.

28,444.

852,806.

1,441,870.

90,234.

431,184.

41,917.

28,444.

591,779.

Part VII	Investments - Other Securities. Complete if the organization answere	ed "Yes" on Form 990), Part IV, line 11b See Form 990,	Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financia	al derivatives			
	r-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)	····			
(G)				
(H)				-
``	nn (b) must equal Form 990, Part X, col (B) line 12)	-		
Part VIII	Investments - Program Related.	•		
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11c See Form 990,	Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuate Cost or end-of-year marke	
(1)			· · · · · · · · · · · · · · · · · · ·	
(2)				
(3)				
(4)				
(5)				·
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 13)		100 - 1	
Part IX	Other Assets. Complete if the organization answere), Part IV, line 11d See Form 990,	
		escription		(b) Book value 604,181
	RCOMPANY RECEIVABLE			004,101
(2)				
(3)				
(4)				
(5)				
_(6)				
_(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col (B)	line 15)	<u></u>	604,181
Part X	Other Liabilities. Complete if the organization answere line 25	ed "Yes" on Form 990), Part IV, line 11e or 11f See Forr	m 990, Part X,
1	(a) Description of liability	(b) Book valu	ue	· ·-
(1) Feder	ral income taxes	(2/ 220120		
(2)	TOT INCOMO LOXOS	·		
(3)				
(4)				
				
(5)				
(6)			 	
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 25			
	or uncertain tax positions. In Part XIII, provide the i's liability for uncertain tax positions under FIN 4			

Part XIII Supplemental Information (continued)

SCHEDULEI (Form 990)

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

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

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OMB No 1545-0047

201 8	Open to Publi	Inspection

Department of the Treasury	(▲	► Attach to Form 990				Open to rubilic
Internal Revenue Service	05 A	to www.irs.gov	Go to www.irs.gov/Form330 for the latest information	atest information			inspection.
Name of the organization						Employer identification number	on number
WYANDOT BEHAVIORAL HEALTH NETWORK,	INC					26-3338038	8
Part General Information on Grants and Assistance	d Assistance	0					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ubstantiate th	e amount of the	grants or assistar	ice, the grantees	eligibility for the grant	s or assistance, and	
the selection criteria used to award the grants or assistance $^{ m 2}$	ts or assistand	е?		:			X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	dures for mor	itoring the use	of grant funds in the	United States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV line 21 for any recipient that received more than \$5,000. Part II can be distincted additional space is needed.	omestic Org	yanizations ar	nd Domestic Gov	ernments. Con	plete if the organizadditional species	ation answered "Y	es" on Form 990,
י מונול, וווכבו, וכן מוון יכוףוניו	2000			ממלים מילים	ממוסומי מוסומי	555	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY HEALTH COUNCIL OF WYANDOTTE CTY							
755 MINNESOTA AVE KANSAS CITY, KS 66101	01-0674969	501(C)(3)	17,500				GENERAL OPERATIONS
(2) KANSAS CITY KANSAS POLICE DEPARTMENT							
700 MINNESOTA AVE KANSAS CITY, KS 66101		GOVERNMENT		5,700	FMV	POLICE DOG	SUPPORT
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
	T						
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government	organizations lis	ited in the line 1 tak	ole		▲ :: :: :: ::	2.
3 Enter total number of other organizations listed in the line 1 table	ted in the line	1 table				A · · · · · · · · · · · · · · · · · · ·	
For Paperwork Reduction Act Notice, see the Instructions for	tions for Form 990	06				Sch	Schedule I (Form 990) (2018)

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WYANDOT BEHAVIORAL HEALTH NETWORK, INC.

Schedule I (Form 990) (2018)

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

	· (a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
es es						
4						
လ						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	information re	quired in Part I, I	ine 2, Part III, o	olumn (b), and any o	ther additional

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

COPIES OF THE GRANT AWARDS ARE MAINTAINED BY THE CFO AND THE CEO'S

ADMINIYTRATIVE ASSISTANT. INDIVIDUAL GRANT ACTIVITY IS TRACKED VIA EXCEL

WORKSHEETS. BACK-UP DOCUMENTATION IS MAINTAINED IN THE ACCOUNTING DEPT.

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Open to Public Inspec<u>tion</u>

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Name of the organization

WYANDOT BEHAVIORAL HEALTH NETWORK, INC.

Employer identification number

OMB No 1545-0047

26-3338038

FORM 990, PART III, LINE 1

WYANDOT BEHAVIORAL HEALTH NETWORK, INC. IS THE PARENT OF A FAMILY OF ORGANIZATIONS FOCUSED ON ADDRESSING DIVERSE NEEDS OF THE WYANDOTTE COUNTY COMMUNITY. SUBSIDIARIES INCLUDE NOT FOR PROFIT AGENCIES THAT PROVIDE BEHAVIORAL HEALTH SERVICES TO ADULTS, CHILDREN AND ADOLESCENTS, AN AGENCY THAT CREATES HOUSING OPPORTUNITIES FOR SOCIAL SERVICE AGENCY CLIENTS, A COMMUNITY DEVELOPMENT ORGANIZATION, AN ORGANIZATION THAT OWNS A 50 UNIT LOW-TO-MODERATE INCOME APARTMENT COMPLEX AND AN ON-SITE PRIMARY HEALTH CLINIC.

FORM 990, PART VI, SECTION B, 11B

AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. ORGANIZATION'S CEO, CFO AND ACCOUNTING STAFF THEN REVIEW THE 990 AND ADDRESS ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE. FINAL 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING THE 990.

FORM 900, PART VI, SECTION B, LINE 12C

AT THE TIME OF HIRE OR ELECTION (IN THE CASE OF DIRECTORS) AND ANNUALLY THEREAFTER, THE OFFICERS, DIRECTORS AND KEY EMPLOYEES SHALL PROVIDE THE APPLICABLE CONFLICT OF INTEREST DISCLOSURES WHICH SHALL BE COMPLETED TO IDENTIFY ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES IN WHICH IT IS BELIEVED A CONFLICT MAY ARISE. IF A CONFLICT ARISES, THE OFFICER, DIRECTOR OR KEY EMPLOYEE ABSTAINS FROM THE VOTE OF THE CONFLICTED

Employer identification number 26-3338038

POSITION. ANNUAL MONITORING AND REVIEW PROCEDURE SHALL BE PART OF THE ORGANIZATION'S COMPLIANCE PLAN. AN APPROPRIATE REPORT SHALL BE SUBMITTED TO THE EXECUTIVE COMMITTEE CONCERNING ANY INTEREST DISCLOSED.

FORM 990, PART VI, SECTION B, LINE 15A & 15B LINE 15A: THE ORGANIZATION'S PROCESS FOR DETERMINING CEO COMPENSATION BEGINS WITH AN INITIATIVE LEAD BY THE CHAIRPERSON OF THE BOARD OF DIRECTORS. THE CHAIRPERSON COMPARES COMPENSATION AND SALARY DATA WITH OTHER ORGANIZATIONS OF A SIMILAR SIZE AND INDUSTRY. THE CHAIRPERSON REVIEWS THE DATA AND MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE. WITH APPROVAL THE EXECUTIVE COMMITTEE PRESENTS ITS RECOMMENDATION TO THE BOARD OF DIRECTORS IN A CLOSED SESSION. THE COMPENSATION IS THEN VOTED UPON BY ALL INDEPENDENT MEMBERS OF THE BOARD. THIS PROCESS WAS LAST COMPLETED IN OCTOBER, 2018. IN SUBSEQUENT YEARS, THE BOARD OF DIRECTORS HAS AWARDED BONUSES TO THE CEO IN LIEU OF A SALARY INCREASE.

LINE 15B: ANNUAL PERFORMANCE REVIEWS ARE TYPICALLY CONDUCTED IN OCTOBER FOR EMPLOYEES WHO WERE EMPLOYED PRIOR TO JANUARY 1ST OF THAT YEAR. THE CEO EVALUATES THE PERFORMANCE OF HIS DIRECT REPORTS. WITHIN THE FRAMEWORK OF THE OVERALL AMOUNT BUDGETED FOR SALARY INCREASES AND CASH FLOW PROJECTIONS BEING STABLE, HE MAY ELECT TO GIVE HIS STAFF THE SAME PERCENTAGE OF MERIT INCREASE THAT ALL SATISFACTORY EMPLOYEES ARE ENTITLED TO.

FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

Name of the organization

WYANDOT BEHAVIORAL HEALTH NETWORK, INC.

Employer identification number

26-3338038

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9

TRANSFER FROM AFFILIATE

232,863

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

TEMPORARY PERSONNEL

COMPENSATION

SYNERGY STAFFING 9900 W 109TH STE 250 OVERLAND PARK, KS 66210 112,111.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

WYANDOT BEHAVIORAL HEALTH NETWORK, INC.

Open to Public

OMB No 1545-0047

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

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

► Attach to Form 990

Employer identification number Inspection

26-3338038

Direct controlling entity (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part I (3) <u>4</u> (5) **E** 9 (2)

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Part II

										٠			10		
) 12(b)(13) plied iy?	No														
(g) Section 512(b)(13) controlled entity?	Yes		×		×		×		×		×		×		
(f) Direct controlling entity			WYANDOT BHN		WYANDOT CTR		WYANDOT BHN		WYANDOT CTR.		WYANDOT CTR		WYANDOT BHN		
(e) Public charity status (if section 501(c)(3))			3		10		7		₂		7		3		
(d) Exempl Code section			501(C)(3)		501(C)(3)	,	501(C)(3)		PENDING		501(C)(3)		501(C)(3)		
(c) Legal domicile (state or foreign country)			KS		KS		KS		KS		KS		KS		
(b) Primary activity			HEALTH CENTER KS		HOUSING		HOUSING		PRIMARY CARE		HEALTH CENTER		MENTAL HEALTH		
(a) Name, address, and EIN of related organization		лем неметн 48-0576044	KANSAS CITY, KS 66101	45-2151046	KANSAS CITY, KS 66101	26-3389292	KANSAS CITY, KS 66101	Triness CLINI 46-0698856	KANSAS CITY, KS 66101	36-4777539	KANSAS CITY, KS 66101	27-1701100	KANSAS CITY, KS 66101		
Name, address, and		(1) WYANDOT CTR FOR COMM BEHAVIORAL HEALTH	757 ARMSTRONG AVENUE	(2) JACK'S CREEK APARTMENTS, INC	757 ARMSTRONG AVENUE	(3) KIM WILSON HOUSING, INC	730 ARMSTRONG AVENUE	(4) WYANDOT CENTER HEALTH AND WELLNESS CLINI	757 ARMSTRONG AVENUE	(5) RAINBOW SERVICES, INC	757 ARMSTRONG AVENUE	(6) PACES, INC	757 ARMSTRONG AVENUE	(7)	

For Paperwork Reduction Act Notice, see the instructions for Form 990

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Schedule R (Form 990) 2018

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

Page 2

(k) Percentage ownership

managing partner?

Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)

allocations

(h) Dispreparana

(g) Share of end-ofyear assets

(f) Share of total

(d) Direct controlling

(b) Primary activity

(c)
Legal
domicile
(state or
foreign

income

(e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514)

Yes No

ŝ

Yes

Part III

(a) Name, address, and EIN of related organization Part IV (2) (9) Ð (3) 3 (2) 5

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

(a) Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of Percentage Section (1) Sectin (1) Section (1) Section (1) Section (1) Section (1) Section (1)	(n) Percentage ownership	Section 512(b)(control	on (13)
								Yes No	∫ ≎
(1) WYANDOT MANAGEMENT CORPORATION, INC 26-3337921									I
757 ARMSTRONG AVENUE KANSAS CITY, KS 66101	SOFTWARE OWNER	KS	WYANDOT BHN	C CORPORATION	-2,650	26,424	100 0000	×	
(2)									1
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						Schedule R (Form 990) 2018	(Form 99	0) 20	₩

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PAGE 42

²	Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990,	" on Form 990, Par	Part IV, line 34, 35b, or 36			
According to tay year, in the congruence with one or more related organizations (see organizations) 19 10 10 10 10 10 10 10				L	Yes	ž
A	During the tax year, did the organization engage in any of the following transactions with one or		ed in Parts II-IV?			
15				: :		<u> </u>
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI 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

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(k) Percentage ownership																-		Schedule R (Form 990) 2018
	Š			Ţ														(Forn
(J) General or managing partner?	Yes																	edule R
(1) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)											;							Sch.
tionate ons?	^o Z			†					-									
(h) Disproportionate atlocations?	Yes																 	
(g) hare of 1-of year assets																		
(f) Share of total income																		
artners on (3) tions?	ŝ																	
(e) Are all partners section 501(c)(3) organizations?	Yes No																	
(d) Predominant income (related, unrelated, excluded from tax under	sections 512 514)								i									
(c) Legal domicile (state or foreign country)																		
(b) Primary activity																		
(a) (b) (c) (d) (d) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	

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Supplemental Information
Provide additional information for responses to questions on Schedule R See instructions