

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CRIDER HEALTH CENTER, INC.		D Employer identification number
		Doing Business As		43-1160049
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number
		1032 CROSSWINDS COURT City or town, state or country, and ZIP + 4 WENTZVILLE, MO 63385-4836		(636) 332-8000
F Name and address of principal officer: KARL WILSON 1032 CROSSWINDS COURG WENTZVILLE, MO 63385-4836		G Gross receipts \$ 16,814,050.		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J Website: WWW.CRIDERCENTER.ORG		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1979 M State of legal domicile: MO		
L(c) Group exemption number ▶ N/A				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BUILD RESILIENCE AND PROMOTE HEALTH THROUGH COMMUNITY PARTNERSHIPS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of employees (Part V, line 2a)	5	276
	6 Total number of volunteers (estimate if necessary)	6	140
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,359,598.	4,480,063.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,983,386.	12,322,432.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	94,081.	7,555.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	289,867.	4,000.
		14,726,932.	16,814,050.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,087,029.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,567,227.	10,305,475.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		NONE
	b Total fundraising expenses, Part IX, column (D), line 25) ▶ 475,016.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,773,943.	4,217,228.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,341,170.	15,609,732.	
19 Revenue less expenses. Subtract line 18 from line 12	1,385,762.	1,204,318.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	7,616,053.	8,749,574.
	22 Net assets or fund balances. Subtract line 21 from line 20.	923,216.	1,769,399.
	6,692,837.	6,980,175.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer _____ Date _____

▶ Type or print name and title _____

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD, LLP 910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523		EIN ▶	Phone no. ▶ 417 865-8701

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). **Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Type or print	Name of Exempt Organization	Employer identification number
	CRIDER HEALTH CENTER, INC.	43-1160049
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1032 CROSSWINDS COURT	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WENTZVILLE, MO 63385-4836	

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

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

• The books are in the care of ▶ LAURA HEEBNER

Telephone No. ▶ 636 332-8000 FAX No. ▶ _____

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

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

- ▶ calendar year _____ or
- ▶ tax year beginning 07/01, 2008, and ending 06/30, 2009.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

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

4a (Code:) (Expenses \$ 9,173,015. including grants of \$ 214,115.) (Revenue \$ 9,716,189.)

CRIDER HEALTH CENTER'S COMMUNITY BASED AND OUTPATIENT PROGRAM SERVICES ENCOMPASS THE FOLLOWING ACTIVITIES THAT ARE EXPLAINED IN GREATER DETAIL ON SCHEDULE O: BEHAVIORAL HEALTH OUTPATIENT CLINICS, CRISIS RESPONSE TEAM, PARTNERSHIP WITH FAMILIES, SCHOOL BASED MENTAL HEALTH SERVICES, PINOCCHIO, SCHOOL BASED PREVENTION SERVICES, REHABILITATION CLUBHOUSES, COMMUNITY SUPPORT SERVICES, AND CRIDER KIDS FIRST. APPROXIMATELY 53,388 COMMUNITY MEMBERS WERE SERVED BY THESE PROGRAMS.

4b (Code:) (Expenses \$ 1,695,514. including grants of \$ 34,620.) (Revenue \$ 1,629,393.)

INTEGRATED CARE AT CRIDER HEALTH CENTER INCLUDES PRIMARY HEALTH CARE CLINICS, PEDIATRIC SERVICES, AND DENTAL SERVICES. EXPANDED DESCRIPTIONS OF SERVICES ARE AVAILABLE ON SCHEDULE O. APPROXIMATELY 4,428 PATIENTS WERE SERVED IN FISCAL YEAR 2009.

4c (Code:) (Expenses \$ 1,141,887. including grants of \$ 435,528.) (Revenue \$ 976,850.)

CRIDER HEALTH CENTER OFFERS PATHWAYS AND SUPPORTED COMMUNITY OPTIONS PROGRAM (SCOP), TO INDIVIDUALS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS. THESE PROGRAMS ARE EXPLAINED IN GREATER DETAIL ON SCHEDULE O. IN FISCAL YEAR 2009, APPROXIMATELY 271 PATIENTS WERE SERVED BY THESE PROGRAMS.

4d Other program services. (Describe in Schedule O.) PASS THROUGH GRANTS TO OTHER ORGANIZATIONS

(Expenses \$ 401,163. including grants of \$ 401,163.) (Revenue \$)

4e Total program service expenses ► \$ 12,411,579. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

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

Section A. Governing Body and Management

Table with 11 rows of questions regarding governing body management, including voting members, family relationships, and documentation. Includes sub-rows 1a, 1b, 7a, 7b, 8a, 8b, 9a, 9b, 15a, 15b.

Section B. Policies

Table with 12 rows of questions regarding organizational policies such as conflict of interest, whistleblower, document retention, and compensation. Includes sub-rows 12a, 12b, 12c, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 4 rows of disclosure questions: 17 (states for filing), 18 (public inspection), 19 (document availability), and 20 (person with books and records).

Part VIII Statement of Revenue

43-1160049

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 481,421.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d 20,122.				
	e	Government grants (contributions) . .	1e 1,680,971.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 2,297,549.				
	g	Noncash contributions included in lines 1a-1f: \$ _____					
	h	Total. Add lines 1a-1f ▶		4,480,063.			
	Program Service Revenue				Business Code		
2a		PATIENT SERVICE REVENUE	621400	12,111,544.	12,111,544.		
b		TREASURE SHOP	621400	137,467.	137,467.		
c		OTHER	621400	73,421.	73,421.		
d		_____					
e		_____					
f		All other program service revenue					
g	Total. Add lines 2a-2f ▶			12,322,432.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		7,555.			7,555.
	4	Income from investment of tax-exempt bond proceeds . . . ▶		NONE			
	5	Royalties ▶		NONE			
			(i) Real	(ii) Personal			
	6a	Gross Rents	4,000.				
	b	Less: rental expenses					
	c	Rental income or (loss)	4,000.				
	d	Net rental income or (loss) ▶			4,000.		4,000.
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶			NONE		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events ▶			NONE		
	9a	Gross income from gaming activities. See Part IV, line 19. a					
b	Less: direct expenses b						
c	Net income or (loss) from gaming activities ▶			NONE			
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory ▶			NONE			
Miscellaneous Revenue			Business Code				
11a	_____						
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶			NONE			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			16,814,050.	12,322,432.		11,555.

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	401,163.	401,163.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	685,866.	685,866.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	389,387.		389,387.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	8,109,078.	6,637,065.	1,213,381.	258,632.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	288,936.	218,087.	62,591.	8,258.
9 Other employee benefits	897,537.	739,680.	129,848.	28,009.
10 Payroll taxes	620,537.	502,972.	102,623.	14,942.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	2,150.	1,601.	446.	103.
c Accounting	110,822.	82,540.	22,973.	5,309.
d Lobbying	46,520.		46,520.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	1,340,209.	1,032,836.	240,949.	66,424.
12 Advertising and promotion	NONE			
13 Office expenses	632,907.	474,537.	102,177.	56,193.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	303,987.	238,481.	62,287.	3,219.
17 Travel	854,178.	804,181.	34,949.	15,048.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	115,856.	78,528.	33,440.	3,888.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	457,764.	248,426.	202,721.	6,617.
23 Insurance	88,985.	76,845.	11,174.	966.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DUES_&_MEMBERSHIPS_-----	78,616.	34,445.	42,393.	1,778.
b REPAIRS_&_MAINTENANCE_-----	121,421.	110,841.	7,873.	2,707.
c BAD_DEBT_-----	40,028.	40,028.		
d OTHER_-----	23,785.	3,457.	17,405.	2,923.
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	15,609,732.	12,411,579.	2,723,137.	475,016.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	800,985.	1	740,787.
	2 Savings and temporary cash investments	252,753.	2	175,311.
	3 Pledges and grants receivable, net	1,308,066.	3	2,012,238.
	4 Accounts receivable, net	1,615,007.	4	1,687,886.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use	15,113.	8	34,992.
	9 Prepaid expenses and deferred charges	179,712.	9	313,295.
	10a Land, buildings, and equipment: cost basis	10a 6,466,003.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 3,063,187.	2,591,076.	10c 3,402,816.
	11 Investments - publicly traded securities	826,820.	11	NONE
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	26,521.	15	382,249.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,616,053.	16	8,749,574.	
Liabilities	17 Accounts payable and accrued expenses	859,384.	17	1,672,953.
	18 Grants payable		18	
	19 Deferred revenue	63,832.	19	87,849.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable.		24	
	25 Other liabilities. Complete Part X of Schedule D		25	8,597.
	26 Total liabilities. Add lines 17 through 25.	923,216.	26	1,769,399.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,425,529.	27	5,756,713.
	28 Temporarily restricted net assets	1,267,308.	28	1,223,462.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	6,692,837.	33	6,980,175.
	34 Total liabilities and net assets/fund balances	7,616,053.	34	8,749,574.

Part XI Financial Statements and Reporting

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,261,257.	530,328.	550,072.	3,359,598.	4,480,063.	10,181,318.
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	8,164,134.	9,562,397.	10,353,034.	11,255,646.	12,322,432.	51,657,643.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	9,425,391.	10,092,725.	10,903,106.	14,615,244.	16,802,495.	61,838,961.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						61,838,961.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	9,425,391.	10,092,725.	10,903,106.	14,615,244.	16,802,495.	61,838,961.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,264.	55,765.	87,497.	59,602.	11,555.	247,683.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	33,264.	55,765.	87,497.	59,602.	11,555.	247,683.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	50,003.	36,090.	25,818.	17,607.		129,518.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						62,216,162.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.39 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	NONE %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.40 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	NONE %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule of Contributors

2008

▶ Attach to Form 990, 990-EZ, and 990-PF.

Name of the organization CRIDER HEALTH CENTER, INC.	Employer identification number 43-1160049
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33¹/₃% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CRIDER HEALTH CENTER, INC.

Employer identification number

43-1160049

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	US DEPT OF HEALTH & HUMAN SVCS - 330 5600 FISHERS LN ROCKVILLE, MD 20852	\$ 608,732.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	US DEPT OF HEALTH & HUMAN SVCS - HOMELES 5600 FISHERS LN ROCKVILLE, MD 20852	\$ 58,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MISSOURI PRIMARY CARE ASSOCIATION 3325 EMERALD LANE JEFFERSON CITY, MO 65109	\$ 1,555,081.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CRIDER HEALTH CENTER FOUNDATION 1032 CROSSWINDS COURT JEFFERSON CITY, MO 63385	\$ 20,122.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MISSOURI DEPARTMENT OF MENTAL HEALTH 1706 E. ELM ST., PO BOX 687 JEFFERSON CITY, MO 65102	\$ 551,972.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	US DEPT OF HEALTH & HUMAN SVCS - IDS 5600 FISHERS LN ROCKVILLE, MD 20852	\$ 10,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CRIDER HEALTH CENTER, INC.

Employer identification number

43-1160049

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	MISSOURI DEPARTMENT OF TRANSPORTATION 105 WEST CAPITOL, PO BOX 270 JEFFERSON CITY, MO 65102-0270	\$ 5,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	THE GOURLEY FAMILY FOUNDATION 25701 E. MILTON THOMPSON RD LEE'S SUMMIT, MO 64086	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	UNITED WAY OF GREATER ST. LOUIS 910 NORTH 11TH STREET ST. LOUIS, MO 63101-1018	\$ 449,921.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	MISSOURI FOUNDATION FOR HEALTH 1000 ST. LOUIS UNION STATION ST. LOUIS, MO 63103	\$ 369,941.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	FRANKLIN COUNTY AREA UNITED WAY PO BOX 3 WASHINGTON, MO 63090	\$ 31,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	ST. CHARLES COUNTY ECONOMIC DEVELOPMENT 5988 MID RIVERS MALL DRIVE, SUITE 1000 ST. CHARLES, MO 63304	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CRIDER HEALTH CENTER, INC.

Employer identification number

43-1160049

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	RORY ELLINGER 797 WEST TERRA LANE O' FALLON, MO 63366	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	WENTZVILLE COMMUNITY CLUB 104 SOUTH TALLEY WENTZVILLE, MO 63385	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	FRANK MARTINEZ 425 CAMBRIDGE PLACE ST. PETERS, MO 63376	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	HARLAN PALS 1210 COUNTRY CLUB ROAD ST. CHARLES, MO 63303	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	DR. LARRY DOYLE 2460 EXECUTIVE DRIVE ST. CHARLES, MO 63303	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	BRUCE SOWATSKY 565 LEXINGTON LANDING PLACE ST. CHARLES, MO 63303	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CRIDER HEALTH CENTER, INC.	Employer identification number 43-1160049
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	JOHN WUNDERLICH 172 FICK FARM ROAD CHESTERFIELD, MO 63305	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	CUIVRE RIVER ELECTRIC CORPORATION 1112 E CHERRY TROY, MO 63379	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	LAURA HEEBNER 1032 CROSSWINDS COURT WENTZVILLE, MO 63385-4836	\$ 5,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	KARL WILSON 1032 CROSSWINDS COURT WENTZVILLE, MO 63385-4836	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	CITY OF ST. CHARLES 200 N 2ND STREET, SUITE 100 ST. CHARLES, MO 63301-2851	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	EXPRESS SCRIPTS ONE EXPRESS WAY ST. LOUIS, MO 63121	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CRIDER HEALTH CENTER, INC.	Employer identification number 43-1160049
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	MCCORMICK FOUNDATION 435 N MICHIGAN AVENUE, SUITE 790 CHICAGO, IL 60611-4066	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	PREFERRED FAMILY HEALTHCARE 2 WESTBURY ST. CHARLES, MO 63301	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	ST. CHARLES COUNTY GOVERNMENT 100 NORTH 3RD STREET, SUITE 318 ST. CHARLES, MO 63301	\$ 39,929.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	VARIETY CHILDREN'S CHARITY ST. LOUIS 2200 WESTPORT PLAZA DRIVE ST. LOUIS, MO 63146	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	MISSOURI DEPARTMENT OF MENTAL HEALTH 1706 E. ELM ST., PO BOX 687 JEFFERSON CITY, MO 65102	\$ 401,163.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047
2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

Name of organization <u>CRIDER HEALTH CENTER, INC.</u>	Employer identification number <u>43-1160049</u>
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$ _____

3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	46,520.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)	46,520.													
d	Other exempt purpose expenditures	12,365,059.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	12,411,579.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	770,579.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	192,645.													
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a														
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount	557,522.	621,238.	696,674.	770,579.	2,646,013.
b Lobbying ceiling amount (150% line 2a, column(e))					3,969,020.
c Total lobbying expenditures			11,245.	46,520.	57,765.
d Grassroots non-taxable amount	139,381.	155,310.	174,169.	192,645.	661,505.
e Grassroots ceiling amount (150% of line 2d, column (e))					992,258.
f Grassroots lobbying expenditures			11,245.	46,520.	57,765.

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Part IV Supplemental Information

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

SEE PAGE 4

Series of horizontal dashed lines for providing supplemental information.

Part IV Supplemental Information (continued)

GRASSROOTS EDUCATION

SCHEDULE C, PART II-A, QUESTION 1A

LOBBYING EXPENSES ARE RELATED TO GRASSROOTS EDUCATION FOR PASSING LOCAL

SALES TAX INITIATIVES THAT WILL BENEFIT THE COMMUNITY AND THE HEALTH

CENTER SERVING THE COMMUNITY.

OTHER LOBBYING EXPENSES

SCHEDULE C, PART II

THE ORGANIZATION PAYS ANNUAL DUES TO NACHC, MPCA AND MCCHC, A PORTION OF

WHICH MAY BE ATTRIBUTABLE TO LOBBYING.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

CRIDER HEALTH CENTER, INC.

43-1160049

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, Held at the End of the Year. Includes questions 1-9 regarding conservation easements.

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

Table with 3 columns: Question number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIV and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIV.

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

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

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

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

Table with 3 columns: Question, Yes, No. Rows 3a(i), 3a(ii), 3b.

- (i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows 1a-1e and Total.

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

Table with 10 rows for reconciliation of net assets. Columns include line numbers (1-10) and descriptions such as 'Total revenue', 'Total expenses', 'Excess or (deficit) for the year', 'Net unrealized gains', 'Donated services', 'Investment expenses', 'Prior period adjustments', 'Other', 'Total adjustments', and 'Excess or (deficit) for the year per financial statements'.

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

Table with 5 main rows for revenue reconciliation. Sub-rows include 'Net unrealized gains on investments', 'Donated services and use of facilities', 'Recoveries of prior year grants', 'Other', 'Add lines 2a through 2d', 'Subtract line 2e from line 1', 'Investment expenses not included on Form 990', and 'Other'. Columns include line numbers (1-5) and sub-letters (a-e).

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

Table with 5 main rows for expense reconciliation. Sub-rows include 'Donated services and use of facilities', 'Prior year adjustments', 'Losses reported on Form 990', 'Other', 'Add lines 2a through 2d', 'Subtract line 2e from line 1', 'Investment expenses not included on Form 990', and 'Other'. Columns include line numbers (1-5) and sub-letters (a-e).

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

Series of horizontal dashed lines provided for entering supplemental information.

Part XIV Supplemental Information (continued)

RECONCILIATION OF CHANGE IN NET ASSETS

SCHEDULE D, PART XI

BECAUSE THE TAXPAYER IS AUDITED AS A CONSOLIDATED GROUP, THEY ARE NOT
REQUIRED TO COMPLETE SCHEDULE D, PART XI; HOWEVER, DUE TO THE NATURE OF
THEIR OPERATIONS, A RECONCILIATION IS SHOWN BELOW TO FURTHER DETAIL THE
CHANGE IN NET ASSETS.

16,814,050	TOTAL REVENUE - CORE 990, PART VIII, COLUMN (A), LINE 12
(15,609,732)	TOTAL EXPENSES - CORE 990, PART IX, COLUMN (A), LINE 25
1,204,318	EXCESS - REVENUE MINUS EXPENSES
(906,887)	OTHER CHANGES - TRANSFER OF INVESTEMENTS TO CHC FDN
(10,093)	OTHER CHANGES - TRANSFER OF SP EVENT EXP TO CHC FDN
287,338	EXCESS FOR THE YEAR PER THE FINANCIAL STATEMENTS

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

(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
COMMUNITY LIVING PROGRAMS	271	435,528.			
COMMUNITY BASED AND OUTPATIENT PROGRAMS	967	214,115.			
INTEGRATED CARE PROGRAMS	158	34,620.			

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

PROCEDURES FOR MONITORING USE OF GRANTS

SCHEDULE I, PART I, QUESTION 2

ALL GRANTS PAID TO OTHER ORGANIZATIONS ARE PASS THROUGH GRANTS FROM THE

MISSOURI DEPARTMENT OF MENTAL HEALTH, AND CRIDER HEALTH CENTER DOES NOT

PARTICIPATE IN THE DECISION MAKING PROCESS OF WHO IS AWARDED THE GRANTS.

IN ADDITION, THEY ARE NOT RESPONSIBLE FOR MONITORING THE USE OF GRANT

FUNDS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CRIDER HEALTH CENTER, INC.

Employer identification number

43-1160049

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KARL WILSON	(i)	146,785.	7,004.	22,337.	58,806.	9,339.	244,271.	
	(ii)	NONE					NONE	
JAMES BYRD	(i)	141,820.	NONE	19,732.	8,077.	2,150.	171,779.	
	(ii)	NONE					NONE	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization: **CRIDER HEALTH CENTER, INC.** Employer Identification number: **43-1160049**

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TED HOUSE CHAIRPERSON	1.	X		X				NONE	NONE	NONE
RICH METZ VICE CHAIRPERSON	1.	X		X				NONE	NONE	NONE
RORY ELLINGER TREASURER	1.	X		X				NONE	NONE	NONE
REGINA CREECH SECRETARY	1.	X		X				NONE	NONE	NONE
HEATHER CUSHING BOARD MEMBER	1.	X						NONE	NONE	NONE
TOM FENNER BOARD MEMBER	1.	X						NONE	NONE	NONE
JOHN HAMMOND BOARD MEMBER	1.	X						NONE	NONE	NONE
MIRIAM MAHAN BOARD MEMBER	1.	X						NONE	NONE	NONE
JOI NIEDNER BOARD MEMBER	1.	X						NONE	NONE	NONE
CARL SANDSTEDT BOARD MEMBER	1.	X						NONE	NONE	NONE
DON SCHAPPE BOARD MEMBER	1.	X						NONE	NONE	NONE
BARBARA SHEETS BOARD MEMBER	1.	X						NONE	NONE	NONE
KEITH SUTHERLAND BOARD MEMBER	1.	X						NONE	NONE	NONE
LEO TIGUE BOARD MEMBER	1.	X						NONE	NONE	NONE
CINDY OSTMANN BOARD MEMBER	1.	X						NONE	NONE	NONE
DAVID ROSS BOARD MEMBER	1.	X						NONE	NONE	NONE
JAN WAGLER BOARD MEMBER	1.	X						NONE	NONE	NONE
KARL WILSON CEO, PRESIDENT	40.			X				176,126.	NONE	68,145.
LAURA HEEBNER SVP, COO	40.			X				130,820.	NONE	14,296.
JAMES BYRD MEDICAL DIRECTOR	40.					X		161,552.	NONE	10,227.
DUSTIN MACE DENTIST	40.					X		118,040.	NONE	11,474.

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

Schedule J-2 (Form 990) 2008

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

CRIDER HEALTH CENTER, INC.

Employer identification number

43-1160049

ORGANIZATION MISSION

FORM 990, PART III, QUESTION 1

TO BUILD RESILIENCE AND PROMOTE HEALTH THROUGH COMMUNITY PARTNERSHIPS

RESULTING IN FULL, PRODUCTIVE, HEALTHY LIVES FOR EVERYONE. CRIDER HEALTH

CENTER DELIVERS COMPREHENSIVE INTEGRATED PRIMARY, DENTAL, AND MENTAL

HEALTH SERVICES TO CITIZENS OF FRANKLIN, LINCOLN, ST. CHARLES, AND WARREN

COUNTIES REGARDLESS OF THEIR ABILITY TO PAY.

Name of the organization CRIDER HEALTH CENTER, INC.	Employer identification number 43-1160049
--	--

990 REVIEW PROCEDURES

FORM 990, PART VI, QUESTION 10

A DRAFT OF THE 990 IS FIRST REVIEWED AND APPROVED BY THE CEO AND COO. A

FINAL DRAFT IS THEN PRESENTED TO THE AUDIT COMMITTEE AND THE FULL BOARD

OF DIRECTORS PRIOR TO FILING.

Name of the organization

Employer identification number

CRIDER HEALTH CENTER, INC.

43-1160049

CONFLICT OF INTEREST POLICY REVIEW

FORM 990, PART VI, QUESTION 12

CONFLICT OF INTEREST SURVEY LETTERS ARE SENT OUT ANNUALLY TO ALL BOARD

MEMBERS AS WELL AS KEY EMPLOYEES. COMPLETED LETTERS ARE REVIEWED BY

SENIOR MANAGEMENT, AND ANY CONFLICTS ARE EVALUATED. IF A CONFLICT IS

FOUND, INTERESTED PARTIES ABSTAIN FROM DISCUSSION AND VOTING, AND ARE NOT

COUNTED IN THE QUORUM ON THE VOTING OF ANY ISSUE RELATED TO THE CONFLICT.

Name of the organization CRIDER HEALTH CENTER, INC.	Employer identification number 43-1160049
--	--

COMPENSATION REVIEW POLICY

FORM 990, PART VI, QUESTION 15

THE BOARD OF DIRECTORS APPROVES AND SETS THE PRESIDENT/CEO'S COMPENSATION

ANNUALLY. PRIOR TO APPROVAL, A REVIEW, INCLUDING THE EXAMINATION OF

COMPENSATION SURVEY'S AND FORM 990S OF OTHER ORGANZATIONS, IS CONDUCTED

BY THE BOARD'S COMPENSATION COMMITTEE.

THE PRESIDENT/CEO APPROVES AND SETS THE COMPENSATION FOR ALL VICE

PRESIDENT POSITIONS AFTER CONDUCTING AN ANNUAL COMPENSATION REVIEW.

Name of the organization CRIDER HEALTH CENTER, INC.	Employer identification number 43-1160049
--	--

DOCUMENT DISCLOSURE

FORM 990, PART VI, QUESTION 19

FINANCIAL STATEMENTS ARE ONLY MADE AVAILABLE FOR LEGITIMATE BUSINESS

PURPOSES SUCH AS REQUESTS FROM FUNDERS, VENDORS, AUDITORS AND FINANCIAL

INSTITUTIONS. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE

MADE AVAILABLE UPON REQUEST. COPIES OF REQUESTED DOCUMENTS WILL BE

MAILED TO REQUESTOR.

Name of the organization CRIDER HEALTH CENTER, INC.	Employer identification number 43-1160049
--	--

CONSOLIDATED AUDIT

FORM 990, PART IV, QUESTION 12 AND PART XI, QUESTION 2

THE ORGANIZATION IS A MEMBER OF A CONSOLIDATED GROUP WHICH RECEIVES

AUDITED FINANCIAL STATEMENTS ON A CONSOLIDATED BASIS. THE CONSOLIDATED

AUDITED FINANCIAL STATEMENTS INCLUDE FINANCIAL INFORMATION FOR CRIDER

HEALTH CENTER, CRIDER CENTER C. H. O. I. C. E. S. AND CRIDER HEALTH CENTER

FOUNDATION, WHO EACH FILE A SEPARATE TAX RETURN.

THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES REPSONSIBILITY FOR THE

OVERSIGHT OF THE CONSOLIDATED AUDIT, AS WELL AS THE CHOICE OF AN

INDEPENDENT ACCOUNTANT.

Name of the organization

Employer identification number

CRIDER HEALTH CENTER, INC.

43-1160049

COMPLETE PROGRAM SERVICE DESCRIPTIONS

FORM 990, PART III, QUESTION 4

*COMMUNITY BASED AND OUTPATIENT PROGRAMS

.. BEHAVIORAL HEALTH OUTPATIENT CLINICS ARE LOCATED IN ST. CHARLES,

WENTZVILLE AND WASHINGTON. AT THESE CLINICS PROFESSIONAL BEHAVIORAL

HEALTH STAFF PROVIDE: PSYCHIATRIC EVALUATION AND TREATMENT, CRISIS

INTERVENTION AND OUTPATIENT CASE MANAGEMENT. IN ADDITION, ASSESSMENTS,

REFERRALS, PSYCHIATRIC NURSING SERVICES AND BRIEF COUNSELING ARE

PROVIDED. 2,889 SERVED.

.. CRISIS RESPONSE TEAM IS PART OF OUR COMMUNITY'S OVERALL RESPONSE IN THE

TIME OF A CRISIS (NATURAL AND/OR MAN-MADE) THE TEAM COLLABORATES WITH

OTHER FIRST RESPONDERS; CITIZENS EMERGENCY RESPONSE TEAMS (CERT), THE

LOCAL EMERGENCY MANAGEMENT OFFICES, THE PUBLIC HEALTH DEPARTMENTS AND THE

AMERICAN RED CROSS. THIS PARTNERSHIP PROVIDES CRISIS INTERVENTION TO HELP

AREA RESIDENTS COPE WITH PSYCHOLOGICAL STRESSES THAT MAY OCCUR FOLLOWING

A TRAUMATIC COMMUNITY INCIDENT AND/OR A NATURAL DISASTER. IN JUNE OF

2008, A NATURAL DISASTER WAS DECLARED DUE TO THE SEVERE FLOODING IN

LINCOLN, ST. CHARLES, PIKE AND RALLS COUNTIES. THE RIVER COMMUNITIES

AFFECTED BY THE FLOODING AND PARTICULARLY THE HOUSEHOLDS THAT ARE

IMPACTED LARGELY MADE UP OF THOSE IN A LOW SOCIOECONOMIC CATEGORY.

THEREFORE, THE DEPARTMENT OF MENTAL HEALTH CONTACTED CRIDER HEALTH CENTER

TO DELIVER CRISIS COUNSELING SERVICES FUNDED BY A FEMA GRANT, THE PROJECT

WAS ENTITLED, LIFERAFT. THE PROJECT WORKED IN CONJUNCTION WITH THE LOCAL

LONG TERM RECOVERY COMMITTEES, THE MISSOURI DEPARTMENT OF MENTAL HEALTH,

FEMA (FEDERAL EMERGENCY MANAGEMENT ADMINISTRATION), THE MCCORMICK

Name of the organization CRIDER HEALTH CENTER, INC.	Employer identification number 43-1160049
--	--

FOUNDATION AND MANY OTHER COMMUNITY PARTNERS TO ENSURE A NON-DUPLICATIVE, COLLABORATIVE EFFORT TO ASSIST DISPLACED FAMILIES IN GETTING THEIR LIVES BACK ON TRACK. SERVICES INCLUDED: THE COORDINATION OF EMERGENCY FOOD, SHELTER AND CLOTHING VOUCHERS, INDIVIDUAL AND GROUP CRISIS COUNSELING, PHONE AND EMAIL CONTACTS, THE DEVELOPMENT AND DISTRIBUTION OF EDUCATIONAL RESOURCE INFORMATION, AND COORDINATION OF COMMUNITY BUILDING EVENTS.

.. PARTNERSHIP WITH FAMILIES CREATES A COMPREHENSIVE SYSTEM OF CARE FOR A CHILD OR YOUNG PERSON DIAGNOSED WITH A SERIOUS EMOTIONAL DISORDER. CRIDER'S CARE COORDINATORS HELP FAMILIES BUILD AN INDIVIDUALIZED TREATMENT PLAN WITH A COMPREHENSIVE TEAM OF ORGANIZATIONS/AGENCIES AND INDIVIDUALS IN THEIR FAMILY OR COMMUNITY THAT SUPPORT THEM. FAMILY-LEAD TEAMS WORK TOGETHER TO ESTABLISH AND MEET THE TREATMENT PLAN GOALS BY PROVIDING INDIVIDUALIZED, STRENGTH-BASED SERVICES IN A COORDINATED EFFORT. INSTEAD OF TEN VOICES SINGING DIFFERENT SONGS, THE TEAM IS ABLE TO SING TOGETHER AS ONE. USING THIS STRENGTH-BASED APPROACH, INDIVIDUALLY IDENTIFIED SERVICES ARE WRAPPED AROUND THE FAMILY IN PARTNERSHIP WITH LOCAL RESOURCES. 363 SERVED

.. SCHOOL-BASED MENTAL HEALTH SERVICES ARE DESIGNED TO PROVIDE SPECIALIZED MENTAL HEALTH SERVICES IN THE SCHOOLS. CRIDER'S SCHOOL BASED MENTAL HEALTH SPECIALISTS ARE EMBEDDED IN THE LOCAL SCHOOLS WORKING WITH HIGH RISK CHILDREN (THE ONES WITH THE MOST INTENSIVE MENTAL HEALTH NEEDS), EQUIPPING THEM WITH THE SKILLS THEY NEED TO BE SUCCESSFUL IN BOTH SCHOOL AND AT HOME. SCHOOL BASED MENTAL HEALTH SPECIALISTS WORK DIRECTLY WITH YOUNG PEOPLE AND THEIR FAMILIES, AS WELL AS PROVIDE CONSULTATION WITH THE SCHOOL STAFF. 639 SERVED

Name of the organization CRIDER HEALTH CENTER, INC.	Employer identification number 43-1160049
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.. PINOCCHIO IS AN EARLY INTERVENTION SCHOOL BASED PROGRAM DESIGNED TO DEVELOP AND PROMOTE SOCIAL SKILLS, COMMUNICATION, AND PERSONAL GROWTH IN YOUNG CHILDREN, ELEMENTARY SCHOOL AGE, KINDERGARTEN THROUGH THIRD GRADE.

CRIDER'S PINOCCHIO SPECIALISTS HELP STUDENTS WITH EMERGING BEHAVIORAL, SCHOOL ADJUSTMENT OR EMOTIONALLY-BASED LEARNING PROBLEMS. 219 SERVED

.. SCHOOL-BASED PREVENTION SERVICES ARE PREVENTION PROGRAMS PROVIDED TO AREA SCHOOL CHILDREN TO ENCOURAGE POSITIVE MENTAL HEALTH AMONG CHILDREN AND YOUTH. PROGRAMS ARE DESIGNED TO ACT AS A PREVENTIVE TOOL GIVING CHILDREN AND YOUTH KNOWLEDGE AND SKILLS, EQUIPPING THEM TO BE BETTER PREPARED WHEN "REAL LIFE" CIRCUMSTANCES CHALLENGE THEM. THE PROGRAM AND MENU OF TOPICS WERE DEVELOPED T TO HELP CHILDREN AND YOUTH DEAL WITH THE PRESSURES OF TODAY. SOME OF THE TOPICS INCLUDE: HEALTHY DATING RELATIONS, BULLYING AND TEASING, HANDLING PEER PRESSURE AND DEALING WITH LOSS AND DEPRESSION. THE PROGRAMS ARE HIGH ENERGY, AGE APPROPRIATE, AND PROVIDE CHILDREN A SAFE ENVIRONMENT TO PRACTICE THEIR NEW SKILLS. 48,517 SERVED

.. REHABILITATION CLUBHOUSES CALLED HEADWAY AND HARMONY ARE CERTIFIED PROGRAMS THAT PROVIDE PRE-VOCATIONAL SKILL BUILDING, SUPPORTED EMPLOYMENT AND SOCIAL SUPPORT FOR ADULTS WITH SERIOUS MENTAL ILLNESS IN A NON-RESIDENTIAL CLUBHOUSE SETTING. 415 SERVED.

.. COMMUNITY SUPPORT SERVICES HELP ADULTS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS LIVE INDEPENDENTLY BY ASSISTING THEM IN ACQUIRING COMMUNITY LIVING SKILLS, FINDING HOUSING, COORDINATING PSYCHIATRIC AND MEDICAL TREATMENT AND CASE MANAGEMENT. 346 SERVED.

Name of the organization CRIDER HEALTH CENTER, INC.	Employer identification number 43-1160049
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.. CRIDER KIDS FIRST IS A PROGRAM THAT HELPS DIVORCING PARENTS TO UNDERSTAND EMOTIONAL ISSUES FACED BY CHILDREN DURING A DIVORCE. THE PROGRAM PROVIDES THESE FAMILIES WITH THE SKILLS NECESSARY TO ENSURE THAT CHILDREN REBOUND FROM DIVORCE.

*INTEGRATED CARE

.. PRIMARY HEALTH CARE CLINICS FOR CHILDREN AND ADULTS ARE LOCATED IN WENTZVILLE AND WARRENTON. CRIDER'S EXCEPTIONAL MEDICAL STAFF IS OFFERING HIGH QUALITY HEALTH CARE TO AN UNDERSERVED GROUP, INCLUDING INDIVIDUALS WHO DO NOT HAVE HEALTH INSURANCE, AS WELL AS THOSE ON MEDICAID OR MEDICARE. CRIDER'S SERVICE DELIVERY MODEL OF INTEGRATED HEALTH CARE (TREATING THE MENTAL HEALTH NEEDS, MEDICAL NEEDS AND DENTAL NEEDS IN ONE LOCATION, WITH ONE MEDICAL RECORD) ENABLES EACH PATIENT TO RECEIVE THE CARE THEY NEED TO BECOME HEALTHIER AND MORE PRODUCTIVE. PHYSICAL EXAMS, CHOLESTEROL SCREENINGS, DIABETES MANAGEMENT, THYROID EVALUATION, VACCINATIONS AND MANY OTHER PREVENTIVE CARE SERVICES ARE PROVIDED AT CRIDER HEALTH CENTER. 2,624 ADULTS SERVED.

.. PEDIATRIC SERVICES ARE OFFERED COMPREHENSIVELY AS A TEAM EFFORT WITH PARENTS AND CAREGIVERS, FOCUSING ON PREVENTION THROUGH GROWTH AND DEVELOPMENTAL SCREENING, SCHOOL PHYSICALS, IMMUNIZATIONS AND LAB TESTING. SERVICES ARE PRESENTED IN A WAY TO EMPOWER PARENTS TO HELP THEIR CHILDREN LIVE HEALTHY, ACTIVE LIVES. 594 SERVED

Name of the organization CRIDER HEALTH CENTER, INC.	Employer identification number 43-1160049
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.. DENTAL SERVICES ARE PROVIDED FOR ADULTS AND CHILDREN THROUGH CRIDER HEALTH CENTER'S DENTAL CLINIC IN WASHINGTON, MO. CHECK UPS, CLEANINGS, X-RAYS, GENERAL DENTAL TREATMENTS AND EMERGENCY DENTAL CARE IS PROVIDED. IN ADDITION TO THE DENTAL CLINIC SERVICES, A DENTAL SEALANT PROGRAM FOR CHILDREN HAS BEEN IMPLEMENTED FOR STUDENTS IN THE FRANKLIN COUNTY SCHOOL DISTRICT. DENTAL SERVICES: ADULTS-505 AND CHILDREN-705 TOTAL SERVED: 1,210

*COMMUNITY LIVING

.. PATHWAYS IS A 24 HOUR ASSISTED LIVING FACILITY PROVIDING AN OPEN, SELF-SUFFICIENT, COMMUNITY ENVIRONMENT FOR ADULTS WITH PERSISTENT SERIOUS MENTAL ILLNESS.

.. SUPPORTED COMMUNITY OPTIONS PROGRAM (SCOP) IS A PLACEMENT PROGRAM FOR PERSONS AFFECTED BY A SERIOUS AND PERSISTENT MENTAL ILLNESS. CRIDER HEALTH CENTER IS A DESIGNATED VENDOR FOR EVALUATING INDIVIDUAL WHO REQUEST RESIDENTIAL PLACEMENT THROUGH THE DMH. CRIDER MAY UTILIZE RESIDENTIAL FACILITIES, DAY PROGRAM AND SPECIALIZED SERVICES WHICH ARE DESIGNED TO MAINTAIN A PERSON WHO IS ACCEPTED INTO THE PLACEMENT PROGRAM IN THE LEAST RESTRICTIVE ENVIRONMENT IN ACCORDANCE WITH THE PERSON'S INDIVIDUALIZED TREATMENT, HABITATION OR REHABILITATION PLAN. 271 SERVED

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

**Open to Public
Inspection**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

▶ **See separate instructions.**

Name of the organization

CRIDER HEALTH CENTER, INC.

Employer identification number

43-1160049

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CRIDER HEALTH CENTER FOUNDATION 35-2296346 1032 CROSSWINDS COURT WENTZVILLE, MO 63385	FUNDRAISING	MO	501(C)(3)	7	CRIDER MC
CRIDER CENTER C. H. O. I. C. E. S 05-0549000 1032 CROSSWINDS COURT WENTZVILLE, MO 63385	LOW INC HOUSE	MO	501(C)(3)	7	CRIDER MC

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

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

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

	Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input checked="" type="checkbox"/>	
d Loans or loan guarantees to or for other organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)		<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)		<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
h Exchange of assets		<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)		<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input checked="" type="checkbox"/>	
m Sharing of facilities, equipment, mailing lists, or other assets	<input checked="" type="checkbox"/>	
n Sharing of paid employees	<input checked="" type="checkbox"/>	
o Reimbursement paid to other organization for expenses	<input checked="" type="checkbox"/>	
p Reimbursement paid by other organization for expenses	<input checked="" type="checkbox"/>	
q Other transfer of cash or property to other organization(s)	<input checked="" type="checkbox"/>	
r Other transfer of cash or property from other organization(s)	<input checked="" type="checkbox"/>	

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) CRIDER HEALTH CENTER FOUNDATION	Q	558,538.
(2)		
(3)		
(4)		
(5)		
(6)		

