

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2018 or other tax year beginning 01/01, 2018, and ending 12/31, 2018

2018

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year, D Employer identification number, E Unrelated business activity code, F Group exemption number, G Check organization type.

H Enter the number of the organization's unrelated trades or businesses. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

J The books are in care of TARYN WATERS Telephone number 816-587-4100

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 4b Net gain (loss), 5 Income (loss) from a partnership or an S corporation, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from a controlled organization, 9 Investment income of a section 501(c)(7), (9) or (17) organization, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

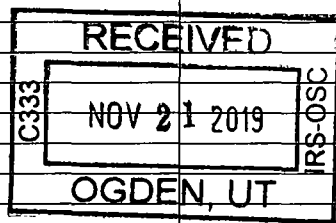


Table with 2 columns: Description, Amount. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed on Schedule A and elsewhere on return, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018, 32 Unrelated business taxable income.

For Paperwork Reduction Act Notice, see instructions Form 990-T (2018)

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Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see Instructions).	33	-103.
34	Amounts paid for disallowed fringes	34	2,822.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see Instructions).	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34.	36	2,719
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	38	1,719.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).	39	361.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	40	
41	Proxy tax. See Instructions	41	
42	Alternative minimum tax (trusts only).	42	
43	Tax on Noncompliant Facility Income. See Instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	361.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).	45a	
b	Other credits (see instructions).	45b	
c	General business credit. Attach Form 3800 (see instructions).	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44.	46	361.
47	Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	361.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.	49	
50a	Payments. A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868.	50c	1,000.
d	Foreign organizations' Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g.	51	1,000.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	639.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax 639. Refunded	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	
		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	
		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$	

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer: <i>Gregory M Sullivan</i> Date: 11/15/2019 Title: EXECUTIVE DIRECTOR		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Preparer's signature: <i>Gregory M Sullivan</i> Date: 11/15/2019		
Paid Preparer Use Only	Print/Type preparer's name	GREGORY M SULLIVAN	Check <input type="checkbox"/> if self-employed PTIN: P01259107
	Firm's name	BKD, LLP	Firm's EIN: 44-0160260
	Firm's address	1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246	Phone no: 816-221-6300

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8				

Schedule F--Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Totals

Schedule G--Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)	

Totals

Schedule I--Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

Totals

Schedule J--Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5))

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

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

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

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2) ATCH 1		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14 ▶			

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

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
TIMOTHY LAYCOCK 400 EAST 6TH STREET PARKVILLE, MO 64152	PAST BOARD CHAIR	0	0.
GREG PRESONELLI 400 EAST 6TH STREET PARKVILLE, MO 64152	PAST BOARD CHAIR	0	0.
CORY MILLER 400 EAST 6TH STREET PARKVILLE, MO 64152	BOARD PRESIDENT	0	0.
MICHELLE BROWN 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
TOM ISENBERG 400 EAST 6TH STREET PARKVILLE, MO 64152	PAST BOARD CHAIR	0	0.
TOMMY TAYLOR 400 EAST 6TH STREET PARKVILLE, MO 64152	PAST BOARD CHAIR	0	0.
VINCENT HAMILTON 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
WAYNE THREATT 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
ROBIN WINNER 400 EAST 6TH STREET PARKVILLE, MO 64152	CO-EXECUTIVE DIRECTOR	0	0.
DENNIS MEIER 400 EAST 6TH STREET PARKVILLE, MO 64152	CO-EXECUTIVE DIRECTOR	0	0.

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

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
CHERYL GIVENS 400 EAST 6TH STREET PARKVILLE, MO 64152	TREASURER	0	0.
BRANDY SHOPE 400 EAST 6TH STREET PARKVILLE, MO 64152	PERSONNEL CMTE CHAIR	0	0.
ANN WHITTY 400 EAST 6TH STREET PARKVILLE, MO 64152	PRGM SVCS CMTE CO-CHAIR/SECRE.	0	0.
DR TERRA FRAZIER 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
ERIKA MOODY 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
JASON BENNETT 400 EAST 6TH STREET PARKVILLE, MO 64152	AUDIT COMMITTEE CHAIR	0	0.
TRACY ELLIS 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
MICHAEL GABRICK 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
BRIDGET MENDOZA 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
AMANDA RICHARDSON 400 EAST 6TH STREET PARKVILLE, MO 64152	PRGM SVCS COMMITTEE CO-CHAIR	0	0.

ATTACHMENT 1 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
SHANE SMEED 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
PARK ULRICH 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
MARISA WIRUHAYARN 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
TARYN WATERS 400 EAST 6TH STREET PARKVILLE, MO 64152	DIRECTOR OF FINANCE	0	0.
SUSAN CASEY 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
BRENDA CLEVINGER 400 EAST 6TH STREET PARKVILLE, MO 64152	MEMBER AT LARGE	0	0.
TOTAL COMPENSATION			<u>0.</u>