

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

A Check box if address changed

Name of organization (Check box if name changed and see instructions)

D Employer identification number (Employees' trust, see instructions)

B Exempt under section 501(c)(3) 408(e) 408A 529(a)

Print or Type

GOODWILL OF WESTERN MISSOURI & EASTERN KANSAS

43-1125281

Number, street, and room or suite no. If a P O box, see instructions

800 EAST 18TH STREET

E Unrelated business activity code (See instructions)

City or town, state or province, country, and ZIP or foreign postal code

KANSAS CITY, MO 64108

C Book value of all assets at end of year

F Group exemption number (See instructions)

8,299,458

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses 1 Describe the only (or first) unrelated trade or business here ATCH 1

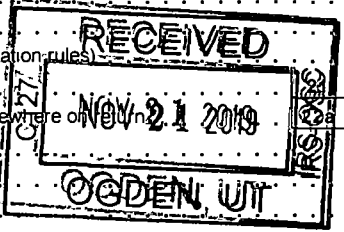
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of JAY KETTERLING Telephone number 816-842-7425

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, etc.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.



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Part III Total Unrelated Business Taxable Income

Table with 2 columns: Description and Amount. Rows 33-38. Row 38 total is 0.

Part IV Tax Computation

Table with 2 columns: Description and Amount. Rows 39-44.

Part V Tax and Payments

Table with 2 columns: Description and Amount. Rows 45a-55.

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

Table with 3 columns: Description, Yes, No. Rows 56-58.

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, Date 11-14-19, Title CEO. May the IRS discuss this return with the preparer shown below? [X] Yes [] No

Paid Preparer Use Only: Print/Type preparer's name MICHAEL J ENGLE, Preparer's signature, Date 11/15/2019, Firm's name BKD, LLP, Firm's address 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246, Firm's EIN 44-0160260, Phone no 816-221-6300

Part III Total Unrelated Business Taxable Income

Table with 2 columns: Description and Amount. Rows 33-38. Row 38 total is 0.

Part IV Tax Computation

Table with 2 columns: Description and Amount. Rows 39-44. Row 44 total is 0.

Part V Tax and Payments

Table with 2 columns: Description and Amount. Rows 45a-55. Row 55 total is 0.

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

Table with 3 columns: Description, Yes, No. Rows 56-58.

Sign Here

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

Signature of officer: EDWARD J. LADA, JR. Date: 11/15/2019 Title: CEO

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Table with 4 columns: Pnnt/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN. Rows for Michael J Engle.

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 2		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14. ▶			

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

ATTACHMENT 2SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
DEGNAN, TIMOTHY 800 EAST 18TH STREET KANSAS CITY, MO 64108	BOARD MEMBER EMERITUS	0	0.
BENTLEY, KEVIN 800 EAST 18TH STREET KANSAS CITY, MO 64108	INTERIM CEO	0	0.
ABARCA, MANUEL 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
ABDULLAHI, HAYAT 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
ALLEN, JEREMY 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR, CHAIR	0	0.
AUTEN, JAMESON 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
BABER, JERRY 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR, TREASURER	0	0.
BARTON, C. ROBERT 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
DORRIAN, KEITH P. 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
GREER, MONICA 800 EAST 18TH STREET KANSAS CITY, MO 64108	CFO (PRIOR)	0	0.

ATTACHMENT 2 (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>
HAMILTON, STEVEN 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
HART, BRUCE 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
HICKOCK, LISA 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
LADA, EDWARD, JR. 800 EAST 18TH STREET KANSAS CITY, MO 64108	CEO	0	0.
MCKINNEY, CARLANDA 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
OTIS, RICK 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR, SECRETARY	0	0.
PLACE, ANDREW 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
SCHADE, JODI 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
SCHEMENAUER, KELLY 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
STEFANY WILLIAMS 800 EAST 18TH STREET KANSAS CITY, MO 64108	FORMER CEO	0	0.

ATTACHMENT 2 (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>
VERTOVEC, CAROLYN 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
WARD, BETH 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
KETTERLING, JAY 800 EAST 18TH STREET KANSAS CITY, MO 64108	CFO	0	0.
TOTAL COMPENSATION			<u>0.</u>