ENVELOPE POSTMARK DATE NOV 1 5 2019,

Form	990-T	Ex	empt Organization (and proxy tax					rn	ОМВ	No 1545-0687
		For cale	ndar year 2018 or other tax year begin			-	• •	2018	ବ	⋒ 1Ω
Donarta	nent of the Treasury	, or care	► Go to www irs.gov/Form990							W 10
	Revenue Service	▶ Do	not enter SSN numbers on this form a					(c)(3)	Open to F 501(c)(3)	ublic Inspection for Organizations Only
A X	Check box if address changed				me changed and se			D Emp	loyer identifi	cation number e instructions)
B Exer	npt under section		GOODWILL OF WESTERN	MIS	SOURI & EA	STERN	KANSAS			
X	501(C) (O3)	Print	Number, street, and room or suite no 1	43-1	125281					
$\overline{}$	108(e) 220(e)	or Type								ss activity code
	108A 530(a)		800 EAST 18TH STREET	ľ			_	(See	nstructions)	
	529(a)		City or town, state or province, country	, and Z	IP or foreign posta	code		7		
	C Book value of all assets KANSAS CITY, MO 64108							<u> </u>		
	ld of year		up exemption number (See instructi							
	8,299,458.	G Che	ck organization type 🕨 🛛 X 501	(c) co	rporation	501(c	trust	401(a)	trust	Other trust
H Ent	ter the number of	the orga	nization's unrelated trades or busine	sses	▶ <u>1</u>		Describ	e the onl	y (or first) u	nrelated
	de or business her					•	complete Parts			describe the
	•		end of the previous sentence, cor	nplete	Parts I and II, co	mplete a S	chedule M for ea	ach additio	onal	
	de or business, th						-			1. 171.
	•		corporation a subsidiary in an affili	-		subsidiary (controlled group?	· · · ·	▶ ∟	Yes X No
			identifying number of the parent con	poration	on <u>P</u>	Talaabaa	e number ▶ 8:	16-942	-7425	
					(A) Inco				1 - 7423	(C) Not
			or Business Income		(A) IIICO	ine	(B) Expe	11262		(C) Net
	Gross receipts or a Less returns and allowa		c Balance ▶	1c						
			ule A, line 7)	2					-	
	-	•	2 from line 1c	3					+	
			ttach Schedule D)	4a		_	-		+	
			Part II, line 17) (attach Form 4797)	4b					 	
			rusts	4c					_	
			an S corporation (attach statement)	5						
				6						
			come (Schedule E)	7						
			ents from a controlled organization (Schedule F)	8			-			
	•		1(c)(7), (9), or (17) organization (Schedule G)							
			ncome (Schedule I)	10						
11	Advertising incon	ne (Sched	dule J)	11						
(2)	Other income (Se	ee instruc	tions, attach schedule)	12						
43	Total. Combine li	nes 3 thr	ough 12	13		0.				
			Taken Elsewhere (See insti					Except	for contr	ibutions,
<u>z</u>	deduction	is must	be directly connected with t	<u>he ur</u>	related busin	ness inco	me)			,
#			directors, and trustees (Schedule K)					_		
<u>15</u>										
A 6										
718 C /Q	Interest (attach s	chedule)	(see instructions)	<u> </u>		<u></u>				
19	Taxes and license	s	See instructions for limitation rules	EC	ENVED.	· · · ·		19		
22 22	Charitable contrit	outions (S	see instructions for limitation rules)	<u> </u>		ည်း		20		
(23)	Depreciation (atta	acn Form	4562)	iv. Q	1 2010			⊢		
22	Less depreciation	ciaimed	on Schedule A and elsewhere only	jwn 2	* 4 COURT - III	74.11		221		
						圖				
			compensation plans	POP	וש, אוד	- · · · ·	· · · · · · · ·	24		
						<u></u> ⋅		25		
			Schedule I)							
			chedule)							
			es 14 through 28						-	
			le income before net operating							
			ig loss arising in tax years beginning							
			e income Subtract line 31 from line	-						
			Notice, see instructions.	<u> </u>				<u></u>		orm 990-T (2018)

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Par	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	1 1	
	instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	1 1	
	of lines 33 and 34,	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	1 1	_
	enter the smaller of zero or line 36 ,	38	0
Par	t IV Tax Computation	,	
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on		
	the amount on line 38 from Tax rate schedule or 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	
Par	t V Tax and Payments	,	
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
b	Other credits (see instructions)		
С	General business credit Attach Form 3800 (see instructions)]	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes Check II from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments A 2017 overpayment credited to 2018]	
b	2018 estimated tax payments		
c	Tax deposited with Form 8868]]	
d	Foreign organizations Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)]	
	Credit for small employer health insurance premiums (attach Form 8941) 50f]	
9	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g]	
51	Total payments Add lines 50a through 50g	51	
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	
55	Enter the amount of line 54 you want	55	
Par	t VI Statements Regarding Certain Activities and Other Information (see instruction	s)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other auth	ority Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	ay have to	file
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign cou	ıntry
	here ▶		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	. X
	If "Yes," see instructions for other forms the organization may have to file		
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 I	pest of my kno	wledge and belief, it
Sig	true correct and complete Declaration of preparer either than taxpeller) is based on all information of which preparer has any knowledge	ov the IRS	discuss this roturn
Her			discuss this return arer shown below
		e instructions)?	
	Print/Type preparer's name Preparer's signature () Date Chec	k i F	PTIN
Paic	MICHAEL J ENGLE		P00482834
	parer Sums name BKD, LLP		-0160260
Use	Only Firm's address ▶ 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246 Phon	eno 816-2	221-6300
	1 - 1		990 T 1994

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Form	990-T (20	·				Page 2
Par		otal Unrelated Business Taxable Income				
33	Total o	unrelated business taxable income computed from all unrelated trades or businesses (see	1		
	instructi	ns),	• •	33		
34	Amount	paid for disallowed fringes		34		
35	Deduction	n for net operating loss arising in tax years beginning before January 1, 2018 (see	1 1		
	instructi	ns),		35		
36	Total of	unrelated business taxable income before specific deduction. Subtract line 35 from the s	um			
		3 and 34		36		
37	Specific	leduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	_	
38	•	I business taxable income. Subtract line 37 from line 36 If line 37 is greater than line				
•		smaller of zero or line 36		38		0.
Par		ax Computation				
39		tions Taxable as Corporations. Multiply line 38 by 21% (0 21)		39		
40	_	Taxable at Trust Rates. See instructions for tax computation Income tax		"		
70		nt on line 38 from Tax rate schedule or Schedule D (Form 1041)		40		
				41		
41	Proxy ta	. See instructions	. •	42		
42	Alternat	e minimum tax (trusts only)	• •	-		
43		oncompliant Facility Income. See instructions			_	
44		d lines 41, 42, and 43 to line 39 or 40, whichever applies	<u> </u>	44		
		ax and Payments				
		ax credit (corporations attach Form 1118, trusts attach Form 1116)				
		dits (see instructions)		1 1		
		business credit Attach Form 3800 (see instructions)		-		
d	Credit for	prior year minimum tax (attach Form 8801 or 8827)		4		
е		dits. Add lines 45a through 45d		45e		
46		line 45e from <u>line 44</u>		46		
47	Other tax	s Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched	ule) .	47		
48	Total ta	Add lines 46 and 47 (see instructions)		48		0.
49	2018 ne	965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		
50 a	Paymer	s A 2017 overpayment credited to 2018]]		
		mated tax payments				
		sited with Form 8868				
		organizations Tax paid or withheld at source (see instructions)		}		
		vithholding (see instructions)]		
f	Credit f	r small employer health insurance premiums (attach Form 8941) 50f		1		
		dits, adjustments, and payments Form 2439		1		
9		rm 4136 Other Total ▶ 50g				
51		ments. Add lines 50a through 50g		51		
52		d tax penalty (see instructions) Check if Form 2220 is attached		52		
53		If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53		
54		ment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid				
55	•	amount of line 54 you want Credited to 2019 estimated tax Refunds		T		
	rt VI	Statements Regarding Certain Activities and Other Information (see instru				
56		time during the 2018 calendar year, did the organization have an interest in or a signatu			authority Ye	es No
50		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of				
		rum 114, Report of Foreign bank and Financial Accounts in 165, enter the name of	1110	loreign	Country	x
	here 🕨		.			$\frac{1}{x}$
57	-	ne tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	a tore	ign trust?	′· · · · · ├─	 ^
		see instructions for other forms the organization may have to file				
58		e amount of tax-exempt interest received or accrued during the tax year \$\bigs\\$ ter penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and t	o the !	hest of m	knowledge and	belief it is
٥.	to	ter penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and t I, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	, tile 1		wileage and	Denet, It IS
Sig	n 👞	1			RS discuss thi	
Hei	· · · -	DWARD J. LADA, JR. 11/15/2019 CEO			preparer show	
	S	nature of officer Date Title	(se	ee instructio		No
D-:	_	Print/Type preparer's name Preparer's signature Date	Chec	ck L ıf	PTIN	
Paid		AICHAEL J ENGLE 11/15/2019		employed	P00482	
	parer	Firm's name ► BKD, LLP			44-01602	
USE	Only	Firm's address ▶ 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246	Phon	eno 81		
ISA					Form 290	1 (2018)

JSA

Form 990-T (2018)			<u> </u>					Page 3
Schedule A - Cost of Go	<u>oods Sold. Er</u>	ter method	of invento					
1 Inventory at beginning of y	ear . 1			6 Inventory	at end of yea	ar	6	
2 Purchases				7 Cost of	goods so	ld Subtract line		
3 Cost of labor	3			6 from I	ine 5 En	ter here and in		
4a Additional section 263A co	osts			Part I, line	2		7	
(attach schedule)	4a			8 Do the	rules of	section 263A (v	with respect to	Yes No
b Other costs (attach schedu	le) . <mark>4b</mark>			property	produced	or acquired fo	r resale) apply	
5 Total Add lines 1 through				to the orga	anization?	<u> </u>	<u> </u>	X
Schedule C - Rent Income (see instructions)	(From Real P	roperty a	nd Persor	nal Property	Leased V	Vith Real Prope	rty)	
Description of property	 -							
(1)			· · · · · ·					
(2)								
(3)								_
(4)						·		
`	2. Rent rece	ved or accrue	ed	-				
(a) From personal property (if the for personal property is more than 50%)	percent	From real and personal property (if the ntage of rent for personal property exceeds or if the rent is based on profit or income) 3(a) Deductions directly connected with the incompact of the rent is based on profit or income)						
(1)								
(2)								
(3)	-							
(4)								
Total		Total						
(c) Total income. Add totals of chere and on page 1, Part I, line 6			-			(b) Total deducti Enter here and o Part I, line 6, colu	n page 1,	
Schedule E - Unrelated D			e instruction	ons)			· · · · · ·	
				ncome from or	3 [nnected with or allocat	ole to
1 Description of det	t-financed property			llocable to debt-financed		debt-finan	(b) Other deductions	
			pr	operty	(a) Straight line depreciation (attach schedule)		(attach schedule)	
(1)								
(2)								
(3)								
(4)								
4 Amount of average 5 Average adjus acquisition debt on or allocable to debt-financed property (attach schedule) (attach schedule)		ible to property	e to 6. Column 7 (operty 4 divided (o			income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%				
(2)				%				
(3)				%	-			
(4)				%		_		
Totals					Enter her Part I, lir	re and on page 1, ne 7, column (A)	Enter here and o Part I, line 7, co	on page 1, lumn (B)
Total dividends-received deduct					. .			

Form 990-T (2018)

Form 990-T (2018)	GOODMILL	OF WEST	EKN	MISSOUR	7 % 54	ASTERN	KANSA	5 4	12-1	123281 Page 4	
Schedule F-Interest, Anni	uities, Royalties	, and Rent	s Fro	m Contro	lled Or	ganizati	ons (see	instructio	ns)		
				ntrolled Or							
Name of controlled organization	2 Employer dentification number 3 Ne		Net unrelated income 4. Total		4. Total	5 Pa		5 Part of column 4 that is included in the controlling irganization's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)				·	 						
(4)					 						
Nonexempt Controlled Organia	zatione				l		L				
7 Taxable Income	8 Net unrelated in (loss) (see instruct			Total of specifi ayments made		ınclude	t of column ed in the col ation's gross	ntrolling [1 Deductions directly nected with income in column 10	
(4)						Organiz	ation's gross	sincome		Column 10	
(1)	- ,										
(2)	·					-					
(3)											
(4)											
						Enter h	columns 5 a nere and on line 8, colu	page 1,	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)	
Schedule G-Investment In	· · · · · · · · · · · · · · · · · · ·	4:an F04/a		(0) 07 (47	· · · ·	ninotion	<u> </u>				
1 Description of income	2 Amount of		(7),	3 Deduction directly co.	ctions nnected	iszattori	4 Se	t-asides schedule)		5 Total deductions and set-asides (col. 3	
			┼—	(attach sc	nedule)					plus col 4)	
(1)			<u> </u>								
(2)											
(3)		<u> </u>	<u> </u>								
(4)			<u> </u>								
Totals ▶ Schedule I-Exploited Exc	Enter here and Part I, line 9, or	olumn (A)	er Th	an Advert	isina In	ncome (e		ctions)		Enter here and on page 1 Part I, line 9, column (B)	
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelated business inc	es with n of d	4 Net incor from unrela or business 2 minus co If a gain, c cols 5 thr	ne (loss) ted trade (column lumn 3) ompute	5 Gross from act	s income divity that nrelated s income	6. Expe	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)	1			1							
(4)	 										
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rtl,			L <u></u>		<u> </u>		Enter here and on page 1, Part II, line 26	
Schedule J- Advertising I	come (see instri	uctions)									
Part I Income From Per			neol	idated Ra	eie						
Taret income from Fer	Todicais Report	eu on a oc	711301	Tuated Da	313						
1 Name of periodical	1 Name of neriodical 1 advertising 1		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)	 			1						_	
(3)	 			1						┥	
(4)	 		_	1				 		-	
<u>\</u>	 			 						 	
Totale (carry to Part II line (5))	_										

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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 hydrine 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) ▶				L	<u> </u>	
Schedule K - Compensation	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
4 Nove			T.Ho.	3 Percent of	4 Compensation	on attributable to

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.			

Form **990-T** (2018)

ATTACHMENT 1

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 2

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
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

NAME AND ADDRESS	TITLE	BUSINESS <u>PERCENT</u>	COMPENSATION
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			0.