Form 4	990-T	Ex	empt Organization		siness Income der section 6033		1	OMB No 1545-0047
مرور المال	ું. લુ	Car ania	ndar year 2019 or other tax year begin				19	<u> </u>
1		POT Cale	► Go to www irs gov/Form990				_	<u> </u>
•	nt of the Treasury venue Service	▶ Do	not enter SSN numbers on this form				3)	Open to Public Inspection for 501(c)(3) Organizations On
ATT	Check box if		Name of organization (Check b	ox if nar	ne changed and see instruction	WED :	Emplo	yer identification number
	address changed				0		(Emplo	yees trust, see instructions)
B Exemp	t under section	1	GOODWILL OF WESTERN	MIS	SOUR & NRAGITERN	KANSAS (
X 50	1(C (\$3_)	Print	Number, street, and room or suite no			10 L	43-13	125281
400	B(e) 220(e)	Type			OCDE	<u> </u>		ated business activity cod structions)
40	8A 530(a)		800 EAST 18TH STREE	T	OGDEN	, UT	(See iii	structions ;
529	9(a)		City or town, state or province, counti	y, and Z	IP or foreign postal code			
	alue of all assets		KANSAS CITY, MO 641	80				
at end	-		up exemption number (See instruct					· · · · · · · · · · · · · · · · · · ·
8	,456,511.	G Che	ck organization type 🕨 X 501	(c) co	rporation 501(c) trust	401(a)	trust Other tr
H Enter	r the number of	the orga	nization's unrelated trades or busine	esses		Describe t	he only	(or first) unrelated
	or business her				· · ·			e than one, describe the
fırst ı	n the blank spa	ace at the	end of the previous sentence, co	mplete	Parts I and II, complete a	Schedule M for each	addition	nal
	or business, th							
			corporation a subsidiary in an affil			controlled group?.		▶ Yes _X
			identifying number of the parent co	rporati	on >	016	0.40	7425
			Y KETTERLING			ne number ▶ 816		1
			or Business Income	1	(A) Income	(B) Expense	es	(C) Net
1a G	ross receipts or	sales						
	ss returns and allowa		c Balance ▶					
	-		ule A, line 7)					
	•		2 from line 1c	3				
			ittach Schedule D)	4a				
	- , , ,		Part II, line 17) (attach Form 4797)	4b		 	/	
	•		rusts	4c		 		
			r an S corporation (attach statement)	6	-	 		
	•	•			······································	 / 		
			come (Schedule E)			 		-
	-		ents from a controlled organization (Schedule F	·				
			1(c)(7), (9), or (17) organization (Schedule G)	10				
	•	•	ncome (Schedule I)	11				
	_	-	dule J)	12				*
	•		ough 12	-	0.	-		***
Part	Deduction	ns Not	Taken Elsewhere (See inst		ons for limitations on	deductions) (De	educti	ons must be direct
T GIVE	connecte	d with t	he unrelated business incor	1e)		, (=		
14 C			directors, and trustees (Schedule K				. 14	
	•							
16 R	epairs and mair	ntenance					. 16	
17 B	ad debts						. 17	
18 In	iterest (attach s	schedule)	(see instructions)				. 18	
	•		<i>.</i> /					
19 Ta	epreciation (att	ach Form	4562)		20			
19 Ta							21b	
20 D		n claimed	l on Schedule A and elsewhere on r	eturn			مم ا	1
20 De 21 Le 22 De 22	ess depreciation	/	/ 					
20 De 21 Le 22 De 22	ess depreciation	/						
20 De 21 Le 22 De 23 Ce 24 En	ess depreciation epletion on tributions to mployee benefi	deferred	compensation plans				. <u>23</u>	
20 De 21 Le 22 De 23 Ce 24 En	ess depreciation epletion on tributions to mployee benefi	deferred	compensation plans				. <u>23</u>	
20 Di 21 Le 22 Di 23 Ci 24 Ei 25 Ei 26 Ei	ess depreciation epletion	deferred t program xpenses (S	compensation plans				. 23 . 24 . 25 . 26	
20 Di 21 Le 22 Di 23 Ci 24 Ei 25 Ei 26 Ei	ess depreciation epletion	deferred t program xpenses (S	compensation plans				. 23 . 24 . 25 . 26	
20 Di 21 Le 22 Di 23 Ci 24 Ei 25 E: 26 E: 27 Oi 28 Te	ess depreciation epletion ontributions to mployee benefi xcess exempt e xcess readershi ther deductions otal deductions	deferred t program xpenses (p costs (S s (attach s	compensation plans s Schedule I) schedule J) schedule) s 14 through 27				. 23 . 24 . 25 . 26 . 27	
20 Di 21 Le 22 Di 23 Ci 24 Ei 25 Ei 26 Ei 27 O 28 Ti 29 Ji	ess depreciation epletion ontributions to mployee benefi xcess exempt e xcess readershi ther deductions otal deductions nrelated busine	deferred tprogram xpenses (p costs (S s (attach s Add line ess taxal	compensation plans		deduction Subtract line	28 from line 13	. 23 . 24 . 25 . 26 . 27 . 28 . 29	
20 Di 21 Le 22 Di 23 C 24 Ei 25 E: 27 O 28 To 29 U 30 D	ess depreciation epletion ontributions to mployee benefit xcess exempt excess readership ther deductions of all deductions of the deduction for ne eduction for ne	deferred t program xpenses (p costs (S s (attach s Add line ess taxal	compensation plans s Schedule I) schedule J) schedule) s 14 through 27	loss	deduction Subtract line or after January 1, 2018 (se	28 from line 13	. 23 . 24 . 25 . 26 . 27 . 28 . 29	

Form	990-T(2019) GOODWILL OF WESTERN MISSOURI & EASTERN KANSAS	43-1125281	Page 2
Pa	한배 및 Total Unrelated Business Taxable Income		
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
•	instructions)	32	
33	Amounts paid for disallowed fringes		
34	Charitable contributions (see instructions for limitation rules)		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line		
•	34 from the sum of lines 32 and 33		0
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
-	instructions)		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	30	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income Subtract line 38 from line 37 If line 38 is greater than line 37.	38	1,000.
•		1 . [0.
Par	enter the smaller of zero or line 37	39	0.
40		T 40 T	
41	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
*1			
40	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)		
42	Proxy tax. See instructions		
43	Alternative minimum tax (trusts only)		
44	Tax on Noncompliant Facility Income. See instructions		
45	Total Add lines 42, 43, and 44 to fine 40 or 41, whichever applies	45	
	t V Tax and Payments		
46 a			
b	Other credits (see instructions),		
C	General business credit Attach Form 3800 (see instructions)		
	Credit for prior year minimum tax (attach Form 8801 or 8827),		
8	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48	
49	Total tax Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3,	50	
51 a	Payments A 2018 overpayment credited to 2019		
b	2019 estimated tax payments	}	
C	Tax deposited with Form 8868		
d	Foreign organizations Tax paid or withheld at source (see instructions)		
е	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941) 51f		
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 51g		
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want		
Par			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		es No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	•	
	here		x
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	an trust?	X
	If "Yes " see instructions for other forms the organization may have to file	g., aug., , , , ,	
59	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
	Under penaltyes of perium declare that I have examined this return, including accompanying schedules and statements, and to the bi	est of my knowledge and	belief il assalta
Sign	ings correct/ and criticals. Declaration of propagar (other than (average) is based on all information of which accomplished any transfer of	,	
Here	111/15/2020 (£1)	y the IRS discuss the	
		n the preparer show instructions)?X Yes	
	Pnnt/Type preparer's game Preparer's signature Date	DTIN	l No
Paid	Check		1107
Prep	2ror - 1/10/20/20/300000	mployed P01259	
Use	Only Firm's name BKD, LLP Firm's	EIN > 44-01602	.60
JSA	Firm's address ▶ 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246 Phone	no 816-221-63	<u> </u>

Form 990-T (2019)								<u> </u>		Page 3
Schedule A - Cost of Good	s Sold . Er	ter method	of invento	ory v	aluation	<u> </u>				
1 Inventory at beginning of year.	1			6	Inventory	at end of year	ar	. 6		
2 Purchases	2			7	Cost of	goods so	ld Subtract line	:		
3 Cost of labor	3				6 from li	ne 5 Enter	here and in Part	· _		
4a Additional section 263A costs					I, line 2 .			. 7		
(attach schedule)	4a			8	Do the	rules of	section 263A (with respect to	Yes	No
b Other costs (attach schedule) .	4b						or acquired fo			
5 Total Add lines 1 through 4b .					to the org	anization?	<u> </u>	<u> </u>		X
Schedule C - Rent Income (Fr	om Real P	roperty a	nd Persoi	nal F	Property	Leased V	Vith Real Prope	erty)		
(see Instructions)			· ·					<u> </u>		
Description of property									_	
(1)									_	
(2)									ü	
(3)							<u> </u>			
(4)							,			
	2 Rent recei	ved or accru	ed				_			
for personal property is more than 10% but not percent			From real and personal properly (if the lage of rent for personal property exceeds r if the rent is based on profit or income)			y exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			ome
(1)										
(2)										
(3)										
(4)										
Total		Total								
(c) Total income Add totals of colum		•	·				(b) Total deducti Enter here and o	n page 1,		
here and on page 1, Part I, line 6, colu				1			Part I, line 6, colu	ımu (B) 🕨		
Schedule E - Unrelated Debt-	rinanced i	icome (se	e instruction	ons)		Т 3 г	Deductions directly co	onnected with or alloca	ble to	
1 Description of debt-fina	and aronady		2 Gross allocable t					iced property		
	iced property		1	ropert		(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)		4				income reportable n 2 x column 6)	8 Allocable de (column 6 x total 3(a) and 3	of colum		
(1)					%	Ï				
(2)					%					
(3)					%					
(4)					%					
Totals						Part I, lir	re and on page 1, ne 7, column (A)	Enter here and Part I, line 7, co		

Form **990-T** (2019)

Schedule F – Interest, Ann	uities, Royalties						i ons (see	e instructi	ons)	
		Exe	mpt Co	ntrolled Org	janizatio	ons				
1 Name of controlled organization	2 Employer identification numb	er		ated income nstructions)		of specified nts made	ıncluded	1		6 Deductions directly connected with income in column 5
(1)										
(2)	_									
(3)				-						
(4)			_							
Nonexempt Controlled Organia	zations									
7 Taxable Income	8 Net unrelated in (loss) (see instruct			Total of specific ayments made	ed	include	t of column ed in the co ation's gros	ntrolling		Deductions directly nected with income in column 10
(1)										
(2)										
(3)	· · · · · · · · · · · · · · · · · · ·									
(4)										
Totals	ncome of a Sec	 tion 501	 (c)(7),	(9), or (17		Part I		mn (A)		ler here and on page 1, if I, line 8, column (B)
1 Description of income	2 Amount of	income		directly cor (attach sch	nected				and set-asides (col. 3 plus col. 4)	
(1)			_							
(2)							_			
(3)		··								
(4)	Enter here and o									Enter here and on page 1, Part I, line 9, column (B)
Totals ► Schedule I–Exploited Exe	empt Activity In	come, O	ther Th	an Adverti	sing Ir	icome (s	see instru	ctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expe direct connecte product unrelated business	enses city ed with tion of ated	4 Net incor from unrelat or business 2 minus col If a gain, co cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 Gros from ac is not u	s income tivity that inrelated s income	6 Expe attributa colum	able to	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 page 1, line 10, c	Part I,		•			•	•	Enter here and on page 1, Part II, line 25
Totals			Consol	idated Bar	eie .					
Part I Income From Per		eu vii a	COLISOI	Tuateu Das	,13	Γ-		Γ		
1 Name of periodical	2 Gross advertising income	3 Dii advertisir		4 Adver gain or (los 2 minus co a gain, co cols 5 thro	s) (col ol 3) If mpute	ı	culation ome	6 Read cos	-	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				<u> </u>		_				
(2)					·					
(3)	1			1						<u> </u>
(4)	+			 				1		
<u> </u>				 		 -				-
Totals (carry to Part II, line (5))				<u> </u>			 -	<u> </u>		Form 990-T (2019)

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)

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 26
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			

Form 990-T (2019)

ATTACHMENT 1

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.

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ATTACHMENT 2

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
ABARCA, MANUEL 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	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.
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, CHAIRMAN	0	0.
PLACE, ANDREW 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.

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ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
SCHADE, JODI 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR, SECRETARY	0	0.
SCHEMENAUER, KELLY 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
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.
COLLINS, MIKE 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
SCHNEIDER, KOLETTE 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
SUFI, AWAIS 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
TOTAL COMPENSATION			0.