Form 990-T	990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))					rn	OMB No 1545-0687			
	For sale	For calendar year 2018 or other tax year beginning $01/01$, 2018, and ending $12/31$, 20 18								
Department of the Transver	Por cale	Go to www irs go						²⁰ = -	4	<u> </u>
Department of the Treasury Internal Revenue Service	▶ Do	not enter SSN numbers						(c)(3)	Open to 501(c)(3	Public Inspection for B) Organizations Only
A X Check box if address changed		Name of organization (<u>HELPING</u> HAND	Check b	ox if na	me changed and se	e instructio	ns)	D Empl	oyer ident	efication number see instructions)
B Exempt under section	1	SHELTERED WO								
X 501(C (3)	Print	Number, street, and roor	n or suite no	lf a P C) box, see instruction	ns		43-1	195708	3
408(e) 220(e	or Type								elated business activity code	
408A 530(a	i y pe	800 EAST 18T	H STREE	Т				(See in	istructions)	
529(a)	_	City or town, state or pre	ovince, countr	y, and	ZIP or foreign postal	code		7		
C Book value of all assets		KANSAS CITY,	MO 641	80				<u> </u>		
at end of year	F Gro	up exemption number (See instruct	ions)	>					
8,857,449.	G Che	ck organization type	X 501	(c) cc	orporation	501(c) trust	401(a)	trust	Other trust
H Enter the number of	f the orga	nization's unrelated trad	les or busine	sses	▶ 1		Describ	e the only	(or first)	unrelated
, trade or business he	ere ► <u>A</u> '	TCH 1			If	only one	, complete Parts	I-V If mor	e than on	e, describe the
first in the blank sp	ace at the	end of the previous se	entence, co	mplete	e Parts I and II, co	mplete a \$	Schedule M for ea	ch additio	nal	
trade or business, to										
		corporation a subsidiar				subsidiary	controlled group?	'. <i>.</i>	▶[Yes X No
		identifying number of the	ne parent co	rporati	ion 🕨				7.405	
J The books are in ca							ne number > 8		1425	
		or Business Incom	ie	г—	(A) Incor	me	(B) Expe	nses	-	(C) Net
1a Gross receipts or			_				1			
b Less returns and allow			c Balance	_			 			
		ule A, line 7)							ļ <u>.</u>	
		2 from line 1c					<u> </u>		 	
		ttach Schedule D)		4a					-	
- , , ,		Part II, line 17) (attach For		4b					1	
		rusts		4c					 	
		an 3 corporation (attach state)		6	 				-	
		come (Schedule E)		7					 	
		nts from a controlled organizate								
		1(c)(7) (9) or (17) organizatio							†	
		ncome (Schedule I)		10						
	-	lule J)		11						
12 Other income (S	ee instruc	tions, attach schedule)		12						
13 Total Combine I	nes 3 thr	ough 12	<u>.</u>	13		0.				
Part II Deduction								Except f	or cont	ributions,
		be directly connec								
o		directors, and trustees (
Salaries and wag		<i></i> .								
									 	
Bad debts										
Bad debts	schedule) (see instructions)								
19 Taxes and license	es	See instructions for limit 4562)							-	
20 Charitable contri	butions (S	see instructions for limit	ation rules)	VE/	The At	 		20	-	
Depreciation (att	acn Form	4562)	1	100	FIVED	2-		-	1 '	
	Clatifica	on ochequie A and cist	CWINCIPE OF THE	Juli	· · · · · · · · · · · · · · · · · · ·	2a		22b		
23 Depletion	deferred (compensation plans	YOF N	UV-	2 1 2016 L	Y'			1	
Employee henefu	t programs	compensation plans	· · · · · ·		L U.13 [6	T			 	
Depletion Contributions to Employee benefi Excess exempt e	xpenses /9	Schedule I).	L O.C	317		21			 	
	n costs (S	chedule J)			IN, UT					
		chedule)								
		s 14 through 28							f	
		le income before net								
		g loss arising in tax yea	, -							7.1
	-	ncome Subtract line	_	-	-		, -		<u> </u>	
For Paperwork Reduc	tion Act N	lotice, see instructions							F	orm 990-T (2018)
"X2740 130021AM K9	22 11/	13/2019 1:58:	03 PM	V 1	8-7.6F		054178			PAGE 4

Form	990-T (2018)	Page 2
Par	t III 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	
	instructions)	35
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	
	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,	
	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	
42	Alternative minimum tax (trusts only).	
43	Tax on Noncompliant Facility Income. See instructions	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	
Par		<u> </u>
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	1
	Other credits (see instructions)	1
	General business credit Attach Form 3800 (see instructions)	-}
	Credit for prior year minimum tax (attach Form 8801 or 8827)	-{
	Total credits. Add lines 45a through 45d	45e
	Subtract line 45e from line 44.	46
46		
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule) .	
48	Total tax. Add lines 46 and 47 (see instructions)	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49
	Payments A 2017 overpayment credited to 2018	-
	2018 estimated tax payments	-{
	Tax deposited with Form 8868	-
	Foreign organizations Tax paid or withheld at source (see instructions)	- 1
	Backup withholding (see instructions)	-
	Credit for small employer health insurance premiums (attach Form 8941) 50f	4 1
g	Other credits, adjustments, and payments Form 2439	
	Form 4136 Other Total ▶ 50g	4
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	
Pai	t VI Statements Regarding Certain Activities and Other Information (see instruction	
56	At any time during the 2018 calendar year did the organization have an interest in or a signature or	·
	over a financial account (bank securities, or other) in a foreign country? If "Yes," the organization m	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes" enter the name of the	· · · · · · · · · · · · · · · · · · ·
	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 ▶ \$	
٠.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true correct, and complete Declaration of prepayer (other than laxpayer) is based on all information of which preparer has any knowledge	best of my knowledge and belief, it
Sig		ay the IRS discuss this return
Her	e 1-14-19 LEU W	th the preparer shown below
		ee instructions)? X Yes No
Paid	Print/Type preparer's name Preparer's signature () NOV 1 5 2010 Check	
	Self-del Sel	employed P00482834
	Firm's name DNO, CLF	s EIN ► 44-0160260
	Firm's address ► 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246 Phon	_{le no} 816-221-6300
JSA		Form 990-T (2018

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Schedule F-Interest, Anni	ities, Royalties			ntrolled Org			auo	113 (300	III delle	113)		
Name of controlled organization	2 Employer identification numb	er 3 Ne	3 Net unrelated income (loss) (see instructions)		4 Total of specific payments made		_	5 Part of column 4 that included in the controllir organization's gross inco		olling	ng connected with income	
(1)												
(2)	_				L							
(3)												
(4)									_			
Nonexempt Controlled Organiz	zations								_			
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)												
Totals	come of a Sec		; <u>)(7),</u>			Pa	irt I, fi	re and on pression of the second seco	nn (A)		ler here and on page 1, irt I, line 8, column (B)	
1 Description of income	2 Amount of	income		3 Deduction directly cor (attach sch	nected				-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)												
(2)												
(3)												
(4)												
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	er Th	an Advert	ising In	come	e (se	e instru	ctions)		Enter here and on page 1 Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business ind	with n of d	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)				
(1)				-								
(2)												
(3)	· ·	_		1								
(4)												
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa	art I,			<u> </u>			L		Enter here and on page 1, Part II, line 26	
Totals ▶ Schedule J-Advertising Ir	1	unations'		<u></u>							<u> </u>	
			nna - 11	datad Da	- io				-			
Part I Income From Per	iodicais Repor	ted on a Co	onson	dated Bas	SIS							
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)				1							\exists	
(3)	-			1							7	
	-			1					-		7	
(4)	· -			 							1	
Totals (carry to Part II, line (5))											5 000 T 10010	

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Total Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 4 Advertising 7 Excess readership costs (column 6 gain or (loss) (col 2 Gross 6 Readership 3 Direct 5 Circulation 1 Name of periodical advertising 2 minus col 3) If minus column 5, but costs advertising costs income not more than a gain, compute ıncome column 4) cols 5 through 7 (1) (2) (3) (4) Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to 4 Compensation attributable to 2 Title unrelated business (1) % (2) ATCH 2 % (3) % (4)%

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
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.
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.
HICKOK, LISA 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.
OTIS, RICK 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR, SECRETARY	0	0.
SCHADE, JODI 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.

ATTACHMENT 2 (CONT'D)

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	Ó	0.
HAMILTON, STEVEN 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
BENTLEY, KEVIN 800 EAST 18TH STREET KANSAS CITY, MO 64108	VP OF HUMAN RESOURCES	0	0.
AUTEN, JAMESON 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
HART, BRUCE 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	. 0	, 0.
MCKINNEY, CARLANDA 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	0	0.
PLACE, ANDREW 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	. ,	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.

ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
LADA, JR., EDWARD 800 EAST 18TH STREET. KANSAS CITY, MO 64108	CEO	0	0.
KETTERLING, JAY 800 EAST 18TH STREET KANSAS CITY, MO 64108	CFO	0	0.
TOTAL COMPENSATION			0.