								293	93	14	213	4 9 1
ı	a ~1							10	al	Q		/b.
<b>ε</b> τ	_	·	ti	D	. !			T	_ [[			
Form	990-T	EX	empt Organization) (and proxy ta						urn		OMB	No 1545-0047
	-	For caler	dari dar year 2019 or other tax year begin				•	,,	20 I	9	9	<b>@10</b>
Depar	tment of the Treasury		► Go to www irs gov/Form990						_ , 20 _	_	8	<b>919</b> -
	al Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c						01(c)(3		Open to P 501(c)(3) (	ublic inspection for Organizations Only	
A	Check box if address changed		Name of organization ( Check b			-		•	D			cation number e instructions )
0.5		2	HELPING HAND OF GOO SHELTERED WORKSHOP	DWIL	T IV	DUSTRIE	S EXT	EMP		(=p.:	,	,
	empt under section $\mathcal{L}$ 501( $\mathbb{C}$ )( $\mathbb{C}$	Print	Number, street, and room or suite no	lf a P O	hox s	ee instructions			-	13-11	195708	
<u> </u>	408(e) 220(e)	or			50A, 5	cc mon donono			<u> </u>	_		ss activity code
	408A 530(a)	i y pe	800 EAST 18TH STREE	Т						(See in:	structions )	·
	529(a)	ļ	City or town, state or province, countr	-	ZIP or fo	oreign postal co	de					
	ok value of all assets end of year		KANSAS CITY, MO 641									
	10,373,766.	<u> </u>	up exemption number (See instruct			<del></del>	1		1:	<u> </u>		<del></del>
			ck organization type X 501 nization's unrelated trades or busine		•	ion	501(c	) trust		01(a)		Other trust
	ade or business her	_		35555	_	If o	nly one	complete Par			(or first) ur	
			end of the previous sentence, coi	mplete	Parts							describe trie
	ade or business, th											
I D	uring the tax year,	was the o	corporation a subsidiary in an affili	ated g	roup o	r a parent-sul	osidiary o	controlled grou	p?		▶∟	Yes X No
			dentifying number of the parent co Y KETTERLING	rporati	on 🕨				01.0	0.40	7405	
			or Business Income		Γ	(A) Income		e number 🕨				(C) Net
	Gross receipts or		Dusiness modific			(A) moonie		(0) CA	2011303			(O) IVEL
<b>∖</b> b	•		c Balance ▶	1c								į
2			ule A, line 7)	2								
3			2 from line 1c	3_								
4a b	•		ttach Schedule D) Part II, line 17) (attach Form 4797)	4a 4b								
C			rusts	4c		15.4	<u>, -11</u>	<del>-11</del>	<del> </del>			
5		•	an S corporation (attach statement)	5	T	1 7, 200			†			
6	Rent income (Sch	edule C)		6			0 0	2020 K	1			
7			come (Schedule E)	7	19	<u> NOV</u>	23	<u> </u>				
8			nts from a controlled organization (Schedule F)		-	<del> </del>			+			<del></del>
10			(c)(7) (9), or (17) organization (Schedule G) acome (Schedule I)		$\vdash$	<del>- QC</del> :	* 1 m 1 1	, UT	<u>ا</u>			
11	Advertising incom	ne (Sched	ule J)	11				<u> </u>				
හ <sup>12</sup>	Other income (Se	e instruct	tions, attach schedule)	12								
<u>13</u>	Total. Combine lin	nes 3 thro	ough 12	13		<u> </u>	0.					
<b>∑</b> lea			Taken Elsewhere (See instrie unrelated business incom		ns fo	or limitation	ns on d	eductions )	(Dec	ductio	ns must	be directly
₹ 114			directors, and trustees (Schedule K)		1	_				14	· · · · ·	
15					,	•				-		
O <sub></sub>						•				$\overline{}$		
colored						•						
<sup>1</sup> 18 ⊊⊃19			see instructions)									
Ç719 ©720			4562)						• • •	19		
<b>∼</b> 21			on Schedule A and elsewhere on re							21b		
222						· · · · · · · · · · · · · · · · · · ·				1		
23	Contributions to d	leferred c	ompensation plans			<i></i>				23		
24												
25 26			Schedule I)									
26 27			chedule J)						•	26		
28			s 14 through 27									
29			e income before net operating							29		
30			loss arising in tax years beginning									
31 For F	Unrelated busines	s taxable	income Subtract line 30 from line	29 .	• • • •	<del></del>	· · · · ·	· · · · · · · · ·	<u></u>	31		200 T (0010)

99 PAGE 43

Form	\$90-T(2019) HELPING HAND OF GOODWILL INDUSTRIES EXT EMP	43-1195708 Page 2
Pai		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
(	instructions)	32
33	Amounts paid for disallowed fringes	33
34	Charitable contributions (see instructions for limitation rules)	34
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line	
	34 from the sum of lines 32 and 33	35 0.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	
	instructions) ,	36
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,	
	enter the smaller of zero or line 37	39 0.
Par	t IV Tax Computation	
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0 21),	40
41	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41
42	Proxy tax. See instructions	42
43	Alternative minimum tax (trusts only)	43
44	Tax on Noncompliant Facility Income. See instructions	44
45	Total, Add Ilnes 42, 43, and 44 to line 40 or 41, whichever applies	45
Par		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	
	Other credits (see instructions),	
	General business credit Attach Form 3800 (see instructions)	<b>,</b>
	Credit for prior year minimum tax (attach Form 8801 or 8827)	
	Total credits. Add lines 46a through 46d	
47	Subtract line 46e from line 45	47
48	Other taxes Check if from. Form 4255 Form 8611 Form 8697 Form 8888 Other (attach schedule).	48 0.
49	Total tax. Add lines 47 and 48 (see instructions)	
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50
	Payments A 2018 overpayment credited to 2019 ,	
	2019 estimated tax payments	
	Tax deposited with Form 8868	
e	Foreign organizations Tax paid or withheld at source (see instructions)	
f	Credit for small employer health insurance premiums (attach Form 8941)	
	Other credits, adjustments, and payments Form 2439	
9	Form 4136 Other Total 51g	Í
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   Credited to 2020 estimated tax   Refunded	56
Par	VI Statements Regarding Certain Activities and Other Information (see instructions	s)
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other authority Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	y have to file
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country
	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	gn trust? X
	If "Yes," see instructions for other forms the organization may have to file	
<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	
	Under penalties of penual Tocclare that I have examined this return, including accompanying schedules and statements, and to the briting, control, and complete Declaration of preparer (other than taxpayon) is based on all information of which preparer has any knowledge	est of my knowledge and belt
Sign	Ma	the IRS discuss this return
Here	11/16/2020 +V	the preparer shown below
		instructions)?X Yes No
Paid	Print/Type prepared shame Pregarat's signature Date Check	-01050107
Prep	17AV	nployed P01259107
Use	Firm's name BRD, LLE	EIN ► 44-0160260
JSA	Firm's address ► 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246 Phone	no 816-221-6300
741 1 00		Form <b>990-T</b> (2019)
	3121AM K922 11/13/2020 12:04:38 PM V 19-7.7F 054178	PAGE 44

Form 990-T (2019)												Page 3	
Schedule A - Cost of Go	ods Sc	old. En	ter metho	d of invent	ory					V			
1 Inventory at beginning of y	ear , 1				6	Inventory	at end of year						
2 Purchases	2				7	Cost of	goods so	id. Subtract line					
3 Cost of labor	3					6 from li	ne 5 Enter	here and in Part					
4a Additional section 263A co	sts					I, line 2 .			7				
(attach schedule)	4a				8	Do the	rules of	section 263A (v	vith r	espect to	Yes	No	
<b>b</b> Other costs (attach schedu								or acquired for				اا	
5 Total. Add lines 1 through Schedule C - Rent Income	4b . 5					to the org	janization?			<u></u>		X	
	(From I	Real P	roperty a	ind Perso	nal	Property	Leased V	Vith Real Prope	rty)				
(see instructions)													
Description of property													
(1)													
(2)			· <del>-</del>										
(3)													
(4)						<del></del>		1					
			ved or accru					-					
for personal property is more than 10% but not percentage of			tage of rent fo	and personal property (if the nt for personal property exceeds nt is based on profit or income)  3(a) Deductions directly connected with the in columns 2(a) and 2(b) (attach schematic in columns 2(b) (attach schematic in columns 2(b)) (attach schematic in columns 2(c)) (attach schematic in colum									
(1)													
(2)			·										
(3)													
(4)													
Total			Total						•				
(c) Total income Add totals of co	•		•	·-				(b) Total deduction  Enter here and or	page 1				
here and on page 1, Part I, line 6								Part I, line 6, colur	nn (B)	<u> </u>			
Schedule E - Unrelated De	ept-Finai	ncea II	ncome (s	ee instructi T	ions)	)	3 1	Deductions directly cor	anactad	with or allocal	blo to		
4 December of deb						me from or		debt-financed p			d property		
1 Description of deb	t-financed p	горепу		allocable to debt-finance property			(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)				
(1)				<del> </del>				,		(4.11-5.11-5-11-5			
(2)													
(3)							-						
(4)													
4 Amount of average acquisition debt on or allocable to debt-financed debt-financed roperty		ole to property	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))					
property (attach schedule)	(atl	ach sche	dule)	"	50/4/1		_			o(a) and o			
(1)						<u>%</u>	<del></del>						
(2)				<del></del>		%	+						
(3)				-		<u>%</u>	<del></del>						
(4)				<u> </u>		%	+						
Totals								re and on page 1, ne 7, column (A)	Ente Par	er here and o t I, line 7, co	on page lumn (E	∍ 1, B)	
Total dividends-received deducti													

Form 990-T (2019)

Schedule F - Interest, Ann				ontrolled Or			Lutions (3	ee manaci	10113)	······································
Name of controlled organization	2 Employer identification numb	tification number 3 N		lated income instructions)		of speci ents mad	I monage in the contr		rolling	6 Deductions directly connected with income in column 5
(1)			_							
(2)										
(3)										
(4)										, <u> </u>
Nonexempt Controlled Organiz	zations									
7 Taxable Income	8 Net unrelated in . (loss) (see instruc	<b>I</b>		Total of specific		inc	Part of colum luded in the d anization's gro	controlling		. Deductions directly nected with income in column 10
(1)									<u> </u>	
(2)										
(3)			_		_					
(4)										<del></del>
Totals			 (c)(7),	(9), or (17	▶ ) Orga	En Pa	dd columns 5 fer here and o int I, line 8, col	n page 1, umn (A)	Ente	d columns 6 and 11 er here and on page 1, 1 I, line 8, column (B)
1 Description of income	2 Amount o	f income		3 Deduction directly con (attach sch	nected			Set-asides h 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	column (A)	her Th	an Adverti	sing Ir		(see instr	uctions)		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 Experior directe connecte producti unrela business i	tly d with on of ted	4 Net incom from unrelat or business 2 minus col If a gain, cc cols 5 thro	ed tradé (column umn 3) ompute	from	ross income activity that ot unrelated ness income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				1		<u> </u>				
(2)	-			+		ļ <u> </u>		<del> </del>		+
(3)				+		ļ	-	+		<del>   </del>
(4)				+		-				
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F line 10, co	Part I,							Enter here and on page 1, Part II, line 25
Schedule J – Advertising In Part I Income From Peri			onsol	idated Bas	is					
1 Name of periodical	2 Gross advertising income	3 Dire advertising		4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col 1 3) If npute		Circulation	6 Read	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				W.Y.				1		V C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(2)					12.381			1		A THE STATE OF THE STATE OF
(3)				SEC. 142100	STATE OF					21.010.02.02.02.02.02.02.02.02.02.02.02.02.02
(4)				THE WASHING	- (****C** (*)E*)				-	
. • • • • • • • • • • • • • • • • • • •				156255 -11 191250 %	10,1548,19		·· ···	1		45 TABRESON SALVAROUS 150 B
Totals (carry to Part II, line (5))										Form <b>990-T</b> (2019)

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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 ▶			<b>网络公司公司</b>		<b>教堂等</b>	··· <u>-</u>
Totals, Part II (lines 1-5) ▶	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

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.

## 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.
BABER, JERRY 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR, TREASURER	0	0.
HICKOK, LISA 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.
SCHADE, JODI 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR, SECRETARY	0	0.
HAMILTON, STEVEN 800 EAST 18TH STREET KANSAS CITY, MO 64108	DIRECTOR	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	0.

ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
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.
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.
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.